KAISER PERMANENTE

Division of Research

2005 KAISER PERMANENTE MEMBER HEALTH SURVEY

CONFIDENTIAL

Address Corrections (Please ***print***)

_____

_____

Daytime phone: (_____) _____

E-mail address: _____

Your response to this survey is very important to us. The results will be used to help Kaiser:

- Make decisions about current and new health information and health improvement services
- Learn about the health-related needs and interests of our culturally diverse adult membership
- Conduct health research to improve the health and health care of our members and the communities we serve.

Your answers are absolutely confidential. No reports using survey information will use your name, and your individual responses will not be given to anyone outside the research department. Your name and study ID number are on the questionnaire so that we can note that you returned the questionnaire and re-contact you, if needed, to clarify your answers.

Please refer to the enclosed letter and information sheet for more details. If you still have any questions about confidentiality, the purpose of the survey, or how to complete the survey, please call toll-free: **(1-800) 723-8055 (choose Member Health Survey)** or e-mail us: **MHS2005@kp.org**.

Because people were specially selected for this survey based on their age, sex and medical facility used, **this questionnaire must be filled out ONLY for the person named above.**

Please write your phone number, e-mail and any address corrections above.

Thank you for your participation!

Nancy Gordon
Member Health Survey Director

Please return your survey in the enclosed postage-paid envelope to:
Kaiser Permanente, Division of Research, P.O. Box 2087
Oakland, CA 94604

These questions are about your health and health-related habits.

1. In general, would you say your health is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

2. Health can be thought of as having two components, physical health (including pain) and emotional well-being or mental health (such as whether you feel depressed or anxious). In general, how would you rate:

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
a. Your physical health	☐	☐	☐	☐	☐
b. Your emotional/mental health	☐	☐	☐	☐	☐

3. How much does your health interfere with your work or other regular daily activities?

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT
a. Your physical health (including pain)	☐	☐	☐	☐
b. Your emotional/mental health	☐	☐	☐	☐

4. Overall, how satisfied are you with your health?

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

5. During the <u>past 12 months</u>, did you have (or take medication for) any of the following health problems? *(Check **ALL** you had or took medication for)*

☐ Heart attack or myocardial infarction
☐ Heart problems, including angina
☐ Stroke
☐ High blood pressure (diagnosed by a clinician)
☐ High cholesterol (diagnosed by a clinician)
☐ Cancer *(specify type)*:_____
☐ Diabetes (other than only during pregnancy)
☐ Asthma
☐ Chronic bronchitis
☐ Emphysema/COPD
☐ Environmental allergy (e.g., hay fever)
☐ Parkinson's disease
☐ ***(MEN ONLY)*** Enlarged prostate or BPH
☐ Frequent heartburn or acid reflux
☐ Osteoporosis (brittle bones)
☐ Arthritis or rheumatism
☐ Urine leaks (at least once a week) after feeling pressure to urinate or when coughing, lifting, exercising, etc.
☐ Severe back pain or sciatica
☐ Severe neck or shoulder pain
☐ Migraine headaches
☐ Other type of severe headaches
☐ Chronic (frequent or ongoing) pain *(describe)*:_____
☐ Problem seeing even with glasses
☐ Hearing problem or deafness
☐ Frequent problems with sleep
☐ Depression, sadness, or very low spirits lasting at least 2 weeks
☐ Anxiety or panic lasting at least 2 weeks
☐ Problem with alcohol or drugs

6. Have you <u>EVER</u> had: *(Check **ALL** that apply)*

☐ Heart problems or a heart attack
☐ A stroke
☐ High blood pressure (hypertension)
☐ Diabetes (other than only during pregnancy)
☐ Cancer *(specify type)*: _____
☐ Adult depression lasting at least 2 weeks
☐ Problems with alcohol or drugs
☐ Chronic (ongoing) pain *(describe)*: _____

7. (<u>*WOMEN ONLY)*</u> Have you had a hysterectomy (surgery to remove the uterus or womb)?

☐ Yes ☐ No

8. During the <u>past 12 months</u>, how many times have you fallen to the ground? Please include all falls in which any part of your body above the ankle hit the floor or ground, and falls which occurred on stairs. *(Write "0" if none)* ..... _____ *Falls*

9. Do you have problems with your teeth, gums, or mouth that make it difficult to eat or talk?

☐ Yes ☐ No

10. Do you regularly use a hearing aid?

☐ Yes
☐ No → Do you have a hearing problem? ☐ Yes ☐ No ☐ I am deaf and a hearing aid wouldn't help

11. Can you see well enough to read newspaper print--with glasses or contact lenses if necessary?

☐ Yes, with both eyes ☐ Yes, but with one eye only ☐ No, I cannot see well enough to read

12. Considering all things, how well can you take care of yourself at this time? *(Check only **ONE**)*

☐ Not at all able ☐ Not very well ☐ Fairly well ☐ Very well ☐ Completely able

13. Which one of the following statements fits you BEST in terms of your health? *(Check only **ONE**)*

☐ Must stay in the house most of the time
☐ Need help from another person in getting around inside or outside the house
☐ Need the help of a cane, walker, wheelchair, etc., in getting around inside or outside
☐ Don't need help from another person or special aid, but have trouble getting around freely
☐ Not limited in any of these ways

14. <u>Because of a disability, health problem, or frailty due to age</u>, do you need help *from another person for any of these activities of daily living?* *(Check **ALL** you need help with)*

☐ Getting to places out of walking distance
☐ Shopping for groceries, etc.
☐ Doing routine household chores
☐ Doing laundry
☐ Preparing meals
☐ Managing money
☐ Getting in and out of bed or chairs
☐ Taking medicines
☐ Using the telephone
☐ Bathing in a tub or shower
☐ Dressing
☐ Eating food and drinking liquids
☐ Using the toilet
☐ Cutting your toe nails

15. If you became too sick, injured or frail to take care of yourself, is there <u>at least</u> one person living near you who would take care of you or arrange for the care you would need?

☐ Yes → **Who would help you?** ☐ Spouse/partner ☐ Relative ☐ Friend ☐ Other:_____
If <u>only spouse/partner</u>, is there anyone else nearby who could help? ☐ Yes ☐ No

☐ No

16. During the <u>past 12 months</u>, did you use any of the following medicines? *(Check **ALL** that apply)*

☐ Asthma medicine or spray
☐ Osteoporosis medicine
☐ Heart medicine (not including aspirin)
☐ Aspirin to prevent stroke/heart attack
☐ High blood pressure medicine
☐ Insulin or other diabetes medicine
☐ Cholesterol/lipid lowering medicine
☐ Medicine for heartburn/acid reflux (e.g., Prilosec)
☐ Antacids for upset stomach, ulcer, etc.
☐ Prescription or non-prescription sleep medicine
☐ Nicotine gum or patch, Welbutrin, or other medication to help with quitting smoking
☐ Prescription/nonprescription weight loss medicine
☐ Prescription pain medicine
☐ Non-prescription pain medicine
☐ Anti-inflammatory medicine for joint/muscle or arthritis pain (e.g., Advil or ibuprofen)
☐ Prescription medicine for depression
☐ Prescription medicine for anxiety or panic
☐ Hormone replacement therapy

17. How many <u>prescription</u> medicines do you regularly take? ____ *Medicines*

18. During the <u>past 12 months</u>, did you use any herbs or other nutritional supplements <u>to treat or prevent your own health problems</u>? *(Check **ALL** that apply and list others)*

☐ Calcium (including Tums or Rolaids)
☐ Daily multiple vitamin
☐ Glucosamine
☐ Melatonin
☐ Gingko biloba
☐ Echinacea
☐ Saw palmetto/prostate formula with saw palmetto
☐ St. John's Wort
☐ Kava Kava
☐ Other supplements/medicinal teas:
_____

19. During the <u>past 12 months</u>, did you use any of the following methods <u>to help treat or prevent your own health problems</u>? *(Check **ALL** that apply)*

- ☐ Chiropractic
- ☐ Acupuncture
- ☐ Acupressure
- ☐ Massage therapy
- ☐ Yoga
- ☐ Body work (Feldenkrais method, etc.)
- ☐ Tai Chi, Chi Gong, other movement therapy
- ☐ Deep breathing, mindfulness, or other relaxation or meditation technique
- ☐ Guided imagery/visualization techniques
- ☐ Hypnosis or self-hypnosis
- ☐ Biofeedback
- ☐ Any homeopathic medicine
- ☐ Any herbal medicine, herbal supplement or herbal medicinal tea
- ☐ Megavitamin/high dose vitamin therapy (do not include daily multiple vitamins)
- ☐ Very low fat diet (Pritikin, Dean Ornish, etc.)
- ☐ Very low carb diet (Atkins, South Beach, etc.)
- ☐ Other special diet: _____
- ☐ Energy healing (magnets, laying on of hands, special energy-emitting machines, etc.)
- ☐ Prayer or spiritual practice you do yourself
- ☐ Religious or spiritual healing by others
- ☐ Psychological counseling or therapy
- ☐ 12-Step program / other type of self-help group

20. How tall are you without shoes? _____ *Feet* _____ *Inches*

21. How much do you weigh without your shoes and clothes? _____ *Pounds*

22. During the <u>past 12 months</u>, how often did you usually get physical exercise (such as walking, swimming, gardening, golf, tennis, etc.)?

- ☐ 5 or more times a week
- ☐ 3 to 4 times a week
- ☐ 1 to 2 times a week
- ☐ 2 to 4 times a month
- ☐ Once a month or less
- ☐ Never ***(Go to Question 23)***

22a. On days you exercised, how many <u>total minutes</u> did you usually exercise? ___ *Minutes per Day*

22b. How many <u>days a week</u> did you usually get <u>at least 30 minutes</u> of <u>moderate or vigorous</u> exercise (causing an increased breathing or heart rate)? ___ *Days per Week*

23. Have you ever regularly smoked cigarettes (that is, smoked daily for at least a year)?

☐ Yes ☐ No ☐ I have never smoked cigarettes ***(Go to Question 25)***

24. Do you smoke cigarettes now, even occasionally?

☐ YES **--->**

a. How often do you usually smoke? ☐ Every day ☐ Some days ☐ Very rarely

b. How many cigarettes do you usually smoke per day? _____ *Cigarettes*

c. How many years in total have you smoked? _____*Years*

d. Have you made a serious attempt to quit in the <u>past 12 months</u>? ☐ Yes ☐ No

e. Are you planning to try to quit smoking in the <u>next 6 months</u>? ☐ Yes ☐ No

☐ NO **--->**

a. How many cigarettes did you usually smoke per day? _____ *Cigarettes*

b. How many years in total did you smoke? _____ *Years*

c. When did you last smoke? ☐ Less than 6 months ago ☐ 1-5 years ago ☐ 6-12 months ago ☐ Over 5 years ago

25. About how often do you try to eat reduced fat (low-fat or non-fat) foods?

☐ All the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ Never

26. During an average <u>day</u>, about how many servings of fruits and vegetables do you usually eat? *(1 serving = a half cup or a medium piece)* _____ *Servings per Day*

27. How many total hours of sleep <u>per 24 hours</u> do you usually get (including naps)? ____ *Hours*

28. During the <u>past 12 months</u>, how often have you had a drink containing alcohol?

☐ Almost every day
☐ 5 to 6 times a week
☐ 3 to 4 times a week
☐ 1 to 2 times a week
☐ 2-4 times a month
☐ 1 time a month or less
☐ Never in the past 12 months **(used to drink)**
☐ Never in the past 12 months **(never drank as adult)**

} ***If Never, go to Question 29***

28a. On days when you had a drink, how many drinks did you usually have?
(1 drink = a 12-oz. can of beer, 4 oz. of wine, or 1 oz. shot of hard liquor) _____ *Drinks*

29. During the <u>past 12 months</u>, did any of these situations or problems occur? *(Check **ALL** that apply)*

☐ Feared for the **safety** of yourself, your family, or friends **because of anger or threats** of a current or former spouse, partner, or boyfriend/girlfriend
☐ Felt **harassed or discriminated against**
☐ Worried about your or your family's **safety due to neighborhood violence**, robberies, etc.
☐ Worried a great deal about your or your family's **financial security**

30. During the <u>past 12 months</u>, how often have you felt very stressed, tense or anxious?

☐ Most of the time ☐ Much of the time ☐ Some of the time ☐ A little of the time ☐ Never

31. During the <u>past 12 months</u>, how often have you felt depressed or sad?

☐ All the time ☐ Much of the time ☐ Some of the time ☐ Rarely ☐ Never

32. How satisfied have you been with your life in general during the <u>past 12 months</u>?

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

33. How much do you think habits/lifestyle such as exercise, what you eat and your weight can affect your health?

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

34. How much do you think stress and emotional troubles (such as depression or anxiety) can affect your health?

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

35. In the <u>past 12 months</u>, have you done things to try to improve your health? *(Check **ALL** that apply)*

☐ Lost weight
☐ Tried to lose weight
☐ Quit smoking or tried to quit smoking
☐ Started to eat healthier foods
☐ Started to exercise more
☐ Learned to manage stress/emotions better
☐ Started to get more sleep
☐ Cut down on or quit using alcohol and/or drugs

This next section asks about your use of and opinions about health services.

36. Do you have a Kaiser Permanente doctor or nurse practitioner whom you consider to be your regular or personal doctor/clinician?

☐ Yes ➜ **In department of**: ☐ Adult/Internal Medicine ☐ Ob/Gyn ☐ Family Practice ☐ Other:_____

☐ No

37. <u>During the past 12 months</u>, how many visits to non-Kaiser health professionals (doctor, chiropractor, etc.) did you make for <u>your own health</u>? (*Do **NOT** include dentists*) ____*Visits*

38. <u>During the last 12 months</u>, how many of <u>your own</u> prescriptions did you get filled at <u>non</u>-Kaiser pharmacies (including from non-Kaiser internet sites)? ____ *Prescriptions*

39. During the <u>past 12 months</u>, did <u>you</u> use any of the following services from Kaiser or community agencies? *(Check only the services you've used for **<u>yourself</u>**)*

- ☐ Nursing home or convalescent home
- ☐ Adult day care or adult day health care program
- ☐ Home health aide, paid companion or attendant
- ☐ Visiting nurse
- ☐ Social worker or case manager
- ☐ Mental health/counseling services
- ☐ Therapist (physical, speech, etc.)
- ☐ Housekeeper or errand service
- ☐ Home-delivered meals
- ☐ Transportation service
- ☐ Non-Kaiser Hospital (overnight stay)
- ☐ Non-Kaiser Emergency Room visit

40. During the past <u>12 months</u>, was <u>cost</u> ever an issue so that:

a. You did <u>not</u> fill a prescription for medicine, took medicine in smaller doses than prescribed or took medicine less frequently than prescribed? ☐ Yes ☐ No

b. You delayed or did <u>not</u> get medical care you thought you needed? ☐ Yes ☐ No

41. When did you <u>last</u> have the following health screening procedures? *Check the FIRST box that applies to you for EACH procedure. For example, if you had a checkup more than 1 year ago but not more than 2 years ago, you would check the box under "within the past 2 yrs".*

	NEVER HAD THIS	HAD THIS WITHIN THE PAST: 12 MONTHS	2 YRS	3 YRS	4-5 YRS	6-10 YRS	HAD 11+ YRS AGO
a. Routine health checkup or health appraisal	☐	☐	☐	☐	☐	☐	☐
b. Blood cholesterol test	☐	☐	☐	☐	☐	☐	☐
c. Blood pressure check by a health professional	☐	☐	☐	☐	☐	☐	☐
d. Test to check for blood in your stool/bowel movement (uses a special kit you take home)	☐	☐	☐	☐	☐	☐	☐
e. Sigmoidoscopy or colonoscopy to check for colon/rectal cancer or polyps (flexible tube inserted into the rectum [hole in buttocks])	☐	☐	☐	☐	☐	☐	☐
f. Dental exam by a dentist or hygienist	☐	☐	☐	☐	☐	☐	☐
g. Eye and vision exam by an eye doctor	☐	☐	☐	☐	☐	☐	☐
h. PSA test for prostate cancer *(MEN ONLY)*	☐	☐	☐	☐	☐	☐	☐
<u>Questions i,j,k,l should be answered by WOMEN ONLY</u>							
l. Pap test (check for cervical cancer)	☐	☐	☐	☐	☐	☐	☐
j. Mammogram (x-ray check for breast cancer where breast is pressed between 2 plastic plates)	☐	☐	☐	☐	☐	☐	☐
k. Breast exam by a clinician to check for lumps	☐	☐	☐	☐	☐	☐	☐
l. Bone mineral density (BMD) test for osteoporosis	☐	☐	☐	☐	☐	☐	☐

42. Did you get a flu (influenza) shot or intranasal FluMist immunization between <u>October 2004 and January 31, 2005</u>?

☐ Yes
☐ No → **Would you have gotten this if there hadn't been a shortage of flu vaccine?** ☐ Yes ☐ No

43. Have you EVER had a pneumonia shot (pneumococcal vaccine)? ☐ Yes ☐ No ☐ Not sure

44. In the <u>past 12 months</u>, have you received advice or counseling from a Kaiser doctor, nurse, health educator, or other Kaiser health care professional about: *(Check **ALL** that apply)*

- ☐ Your diet (what you eat)
- ☐ Losing weight
- ☐ Getting more exercise
- ☐ Quitting smoking
- ☐ Stress or emotional problems (like depression)
- ☐ Health screening tests recommended for you

45. Has your current regular Kaiser doctor or a Kaiser pharmacist reviewed <u>all</u> the medicines (prescription and non-prescription) you are regularly taking?

☐ Yes → **When was this last done?** ☐ Within the past 12 months ☐ More than 12 months ago
Were you also asked about use of supplements (herbs, vitamins, etc.)? ☐ Yes ☐ No

☐ No

46. During the <u>past 12 months</u>, have you done any of the following? *(Check **ALL** that apply)*

☐ Participated in a Kaiser group or individual **health education program**
☐ Used Kaiser or non-Kaiser **smoking cessation services** (group program, one-on-one counseling, Internet/web)
☐ Used Kaiser or non-Kaiser **weight loss program** (group program, one-on-one counseling, Internet/web)
☐ Had **one-on-one counseling from Kaiser** to help change health-related behaviors or learn to **manage a chronic health condition** (such as diabetes, hypertension, heart disease, etc.)
☐ Used **Kaiser's *Healthwise Handbook*** to look up health information
☐ Listened to **taped health messages** on **Kaiser's Healthphone** (1-800-33 ASK ME)
☐ Used **Kaiser health education materials** (handouts, pamphlets, videos, tapes,etc.)
☐ Read ***Partners in Health,* Kaiser's member newsletter**
☐ Got health information or advice from an **internet website** (Kaiser or non-Kaiser)
☐ Used **Kaiser's Member Website** to get health **information or participate** in an online chat-room or online Healthy Lifestyle Programs (e.g., Balance, Nutrition, Relax, Breathe, 10,000 Steps)
☐ Used **Kaiser's Member Website** to **make appointments, refill prescriptions, or communicate** with Kaiser staff

47. In addition to talking with your doctor, how would you prefer to learn about taking care of health problems and improving your health? *(Check **ALL** that apply)*

☐ **Small group appointments** with a clinician or health educator (for diabetes, etc.)
☐ **Individual counseling** with a health educator
☐ **Brief telephone counseling** sessions
☐ ½ **to all day** health education **workshop**
☐ **Multi-session group** program to learn skills
☐ **Multi-session group** program over the **phone**
☐ **Multi-session** program **using e-mail/Internet**
☐ Listen to **taped health messages by phone**
☐ Watch a **health video at home**
☐ Read **health newsletters mailed to your home**
☐ Use a **computer-based program**
☐ Get **information from internet web sites**
☐ Watch **health programs on TV**
☐ Read **short articles, brochures, or handouts**
☐ Read **1-2 page health information handouts**

48. Do you have access to a personal computer? ☐ Yes, at home ☐ Yes, at other location ☐ No

49. Do you have access to the internet? ☐ Yes, at home ☐ Yes, at other location ☐ No

50. Can you receive e-mail? ☐ Yes, at home ☐ Yes, at other location ☐ No

51. How would you rate Kaiser Permanente on:

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
a. Medical care you've received when sick or injured?	☐	☐	☐	☐	☐
b. Preventive medicine services you've received (e.g., screening tests and immunizations)**?**	☐	☐	☐	☐	☐
c. The information and advice you've received about how to improve your health and well-being?	☐	☐	☐	☐	☐

52. An Advance Health Care Directive (AHCD) is a legal document that names someone who can legally give instructions about your medical care or make end-of-life care decisions for you if you are unable to speak for yourself. Types of AHCD forms include Durable Power of Attorney for Health Care and Natural Death Act Declaration. Do you have an Advance Health Care Directive form?*

☐ Yes ---> **Is this Advance Care Directive form on file at Kaiser?** ☐ Yes ☐ No
☐ No **If you want information about the AHCD, please call Member Services at (1-800) 464-4000*

Your answers to these last questions will help us describe the group of members who participated in this survey and analyze how their experiences and needs differ. This is confidential and will only be used for research purposes.

53. What is your sex? ☐ Male ☐ Female ☐ Transgender *(describe)*: _____

54. What is your date of birth? *(Year should not be 2005)* __ __ / __ __ / __ __ __ __
MONTH DAY YEAR

55. What describes your race and ethnicity? *(Check **ALL** that apply)*

☐ White or Euro-American
☐ African-American
☐ Other Black *(specify)*:_____
☐ Mexican or Central American ancestry
☐ Other Hispanic/Latino *(specify)*:_____
☐ Middle Eastern
☐ South Asian (Indian, Pakistani, etc.)
☐ Chinese
☐ Southeast Asian *(specify)*:_____
☐ Japanese
☐ Korean
☐ Filipino
☐ Other Asian *(specify)*:_____
☐ Hawaiian/Pacific Islander *(specify)*:_____
☐ Native American Indian or Alaska Native
☐ Other *(specify)*:_____

56. What is the highest level of school you completed? *(Check only **ONE** answer)*

☐ 8th grade or less
☐ 9th - 11th grade
☐ 12th grade (high school graduate or G.E.D.)
☐ Some college or technical school
☐ Completed 4-year college (eg., B.A., B.S.)
☐ Completed graduate degree

57. What language do you most prefer to use when talking about or learning about your health?

☐ English ☐ Spanish ☐ Cantonese ☐ Other:_____

58. What is your current work status? *(Check only **ONE** answer)*

☐ Working for pay ➜ How many hours/week?____
☐ Unemployed, laid off, on strike
☐ Retired or unable to work due to health/disability
☐ Fulltime homemaker, parent or unpaid caregiver
☐ Part-time or full-time volunteer
☐ Other:_____

59. Are you currently: *(Check only **ONE** answer)*

☐ Married ☐ In a committed relationship ☐ Widowed ☐ Single, divorced, or separated

60. *(Optional)* **Are you gay, lesbian or bisexual?** ☐ No ☐ Yes, gay/lesbian ☐ Yes, bisexual

61. Which of the following best describes your total household (family) income from all sources in 2004, before taxes? *(Check only **ONE** answer)*

☐ Under $15,000
☐ $15,000 - $25,000
☐ $25,001 - $35,000
☐ $35,001 - $50,000
☐ $50,001 - $65,000
☐ $65,001 - $80,000
☐ $80,001 - $100,000
☐ $100,000 - $135,000
☐ More than $135,000

62. When you are going someplace that is too far to walk, how do you usually get there?

☐ I drive myself
☐ My spouse or housemate drives me
☐ A family member or friend drives me
☐ I take a bus or BART
☐ I take a taxi
☐ Other: _____

63. Do you have any comments about health education and health improvement services Kaiser currently provides or that you would like Kaiser to consider offering?

_____

_____

This is the end of the Member Health Survey. Thank you for your help!