KAISER PERMANENTE®

DIVISION OF RESEARCH
Northern California

2014 KAISER PERMANENTE MEMBER HEALTH SURVEY

CONFIDENTIAL

Do we have your correct information?
Please print any CHANGES below.

Address: _____

_____

Daytime phone: (_____)_____

Email address: _____

Study ID:

We are doing this survey to learn about our adult membership's health-related needs and preferred methods of communication with Kaiser Permanente about their health and health care.

IMPORTANT:

- **YOUR information is very important even if you are healthy, rarely use Kaiser Permanente services, or are not totally happy with the services you have received.**
- **YOU will be entered into a drawing for one of 100 $100 gift cards when we receive your completed questionnaire.**
- **This questionnaire should be filled out only *by or for* YOU (the person named above).**
- **To complete this online, go to www.mhs.kaiser.org/sr or email me at nancy.gordon@kp.org and I will email you a link to the online questionnaire.**
- **Mark the box with an X or ✓ to indicate your answer. If none of the answers in a list applies to you, leave that question blank.**

Your answers are absolutely confidential. They will not become part of your health records or shared with your doctors or anyone outside the Division of Research in a way that identifies you. Your name and Study ID are on the questionnaire so we can note that you returned it and contact you if needed. If you have any questions about the survey, please call toll-free: **(800) 723-8055 (choose Member Health Surveys)** or email me at **nancy.gordon@kp.org**.

Please return your completed survey in the enclosed postage-paid envelope to:
Kaiser Permanente Division of Research, 2000 Broadway, Oakland, CA 94612 attn: NPG

Thank you for you taking the time to do this!

Dr. Nancy Gordon
Member Health Survey Director

Which of these $100 gift cards would you choose if you win the drawing?

☐ Target ☐ Safeway ☐ Starbucks ☐ Amazon.com

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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. During the <u>past 12 months</u>, which of the following health problems did you have or were you treated for? *(Check **ALL** you had, were treated for, or used medication or special diet for)*

☐ Diabetes *(other than only during pregnancy)*
☐ Prediabetes
☐ High blood pressure
☐ Heart disease (e.g., heart attack, angina, blocked artery, atrial fibrillation, congestive heart failure)
☐ Stroke
☐ TIA (Trans Ischemic Attack or "mini-stroke")
☐ High cholesterol (diagnosed by a clinician)
☐ Cancer *(specify type):*_____
☐ Asthma
☐ COPD, emphysema, or chronic bronchitis
☐ Environmental (pets, plants, etc.) or food allergies
☐ Parkinson's disease
☐ Osteoporosis *(brittle or thinning bones)*
☐ Osteoarthritis *("wear and tear" arthritis)*
☐ Frequent heartburn or acid reflux (GERD)
☐ Enlarged prostate/BPH ***(MEN ONLY)***
☐ Severe back pain or sciatica
☐ Severe neck or shoulder pain
☐ Migraine headaches
☐ Other type of severe headaches
☐ Chronic (frequent or ongoing) pain *(describe):*
_____
☐ Urine leakage at least once a week *(describe):*
  ☐ After feeling pressure to urinate
  ☐ When coughing, lifting, exercising, etc.
☐ Vision problem (with or without glasses/lenses)
☐ Problems with hearing and/or deafness
☐ Frequent problems with balance or walking
☐ Frequent problems with memory
☐ Frequent problems falling or staying asleep
☐ Depression, sadness, or very low spirits lasting at least 2 weeks
☐ Anxiety or panic lasting at least 2 weeks
☐ Problem with alcohol or drugs
☐ **None of these problems**

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

☐ Heart disease, heart surgery, or a heart attack
☐ A stroke
☐ TIA (Trans Ischemic Attack or "mini-stroke")
☐ High blood pressure (hypertension)
☐ Diabetes *(other than only during pregnancy)*
☐ Cancer *(specify type)*:_____
☐ Liver disease
☐ Adult depression lasting at least 2 weeks
☐ Problems with alcohol or drugs
☐ Chronic (ongoing) pain *(describe)*:
_____
☐ A hysterectomy *(surgery to remove womb/uterus)*

6. In the <u>past 12 months</u>, how many times have you fallen to the ground or fallen on stairs? ____ *Falls*

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

☐ Yes ☐ No

8. Do you regularly use a hearing aid?

☐ Yes ☐ No ☐ I am deaf or have a hearing problem that a hearing aid won't help

9. Do you have difficulty driving, or watching TV or reading, or doing any of your daily activities because of your eyesight?

☐ Yes ☐ No ☐ I am legally blind

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

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

11. Which of the following describes your situation? *(Check **ALL** that apply)*

☐ I usually need help from another person to move around
☐ I usually use a motorized wheel chair or motorized scooter to move around
☐ I usually use a cane, walker, or poles when I walk around
☐ I don't need help from another person or special aid, but have some trouble getting around
☐ I am not limited at all in my ability to get around

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

☐ 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
☐ Managing and taking your medicines
☐ Using the telephone
☐ Bathing in a tub or shower
☐ Dressing
☐ Eating food and drinking liquids
☐ Using the toilet
☐ Cutting your toe nails

13. During the <u>past 12 months</u>, did <u>you</u> frequently use any of the following services?

☐ Housekeeper or house cleaner
☐ Home-delivered meals
☐ Shopping/food delivery service
☐ Transportation service (e.g., Paratransit)
☐ Paid caregiver, companion or attendant
☐ Unpaid caregiver (e.g., relative or friend)

14. 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:_____
☐ No **If <u>only spouse/partner</u>, is there anyone else nearby who could help?** ☐ Yes ☐ No

15. During the <u>past 12 months</u>, did you use any of the following prescription or OTC (not requiring a prescription) medicines <u>at least twice a week</u>? *(Check **ALL** that apply)*

☐ Asthma medicine or spray
☐ Heart medicine (not including aspirin)
☐ Aspirin (low dose) to prevent stroke/heart attack
☐ High blood pressure medicine
☐ Insulin or other diabetes medicine
☐ Cholesterol/lipid lowering medicine
☐ Laxatives or other products for constipation
☐ Heartburn / acid reflux medicine *(Pepcid, etc.)*
☐ Antacids for upset stomach
☐ Prescription or OTC sleep medicine
☐ Prescription or OTC quit smoking medicine
☐ Prescription or OTC weight loss medicine
☐ Prescription pain medicine
☐ OTC pain medicine
☐ Anti-inflammatory medicine for joint/muscle or arthritis pain *(Advil, ibuprofen, etc.)*
☐ Prescription medicine for depression
☐ Prescription medicine for anxiety or panic

16. How many <u>prescription</u> medicines do you regularly take? _____ *Prescription medicines*

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

☐ Daily multivitamin
☐ Calcium with or without Vitamin D included
☐ Vitamin D (separate from calcium or multivitamin)
☐ Vitamin C (separate from in a multivitamin)
☐ Fish oil, flaxseed oil, other Omega-3 fatty acids
☐ Glucosamine
☐ Melatonin or sleep formula containing melatonin
☐ Other supplements *(List):*

_____
_____

18. During the past 12 months, did you use any of the following methods to help manage or prevent your own health problems? *(Check **ALL** that apply)*

- ☐ Chiropractic
- ☐ Acupuncture
- ☐ Acupressure
- ☐ Massage therapy
- ☐ Yoga or Pilates
- ☐ Tai Chi, Chi Gong
- ☐ Deep breathing, mindfulness, or other relaxation/meditation technique
- ☐ Guided imagery/visualization techniques
- ☐ Hypnosis or self-hypnosis
- ☐ Any herbal medicines/remedies/supplements
- ☐ Any homeopathic medicines
- ☐ Vegetarian or vegan diet
- ☐ Other special diet:_____
- ☐ Prayer or spiritual practice you do yourself
- ☐ Religious or spiritual healing by others
- ☐ Psychological counseling or therapy
- ☐ 12-Step program or other self-help/support group

19. How tall are you without shoes? ____ *Feet* ____ *Inches*

20. How much do you weigh without your shoes and clothes? ____ *Pounds*

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

22. 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

23. How often do you try to avoid eating foods that are high in salt or sodium (like most canned, packaged, processed, and "fast" foods and foods seasoned with a lot of salt)?
☐ All the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ Never

24. How often do you usually do physical activity or exercise (such as walking, running, swimming, tennis, soccer, gardening, dancing, yoga, exercise classes, etc.)?
☐ 7 days/week ☐ 5 days/week ☐ 3 days/week ☐ 1 day/week ☐ Never → ***If NEVER, go to Question 25***
☐ 6 days/week ☐ 4 days/week ☐ 2 days/week ☐ Less than once a week

24a. On days you exercise, how many total minutes do you usually exercise? ____ *Minutes*

24b. On days you get exercise, what type of exercise do you usually get? *(Check **ONE** answer only)*
☐ Light (barely increasing your breathing and heart rate, like an easy walk or swim)
☐ Moderate (noticeably increasing your breathing and heart rate, like walking fast or uphill)
☐ Vigorous (causing a large increase in your breathing and heart rate, like running or swimming fast)

25. Have you ever regularly smoked cigarettes (that is, smoked daily for at least a year)?
☐ Yes ☐ No ☐ I have never smoked cigarettes → ***If Never, go to Question 27***

26. Do you smoke cigarettes now, even occasionally?

☐ **YES**
Please answer a-d →

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 total years have you smoked? _____ *Years*
d. Have you made a serious attempt to quit in the past 12 months? ☐ Yes ☐ No

☐ **NO**
Please answer e-g →

e. How many cigarettes did you usually smoke per day? ____ *Cigarettes*
f. How many total years did you smoke? ____ *Years*
g. When did you last smoke? ☐ Less than 6 months ago ☐ 1-5 years ago ☐ 6-12 months ago ☐ Over 5 years ago

27. During the past 12 months, how often have you usually 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 28***

27a. On days when you had a drink, how many drinks did you usually have?
(1 drink = a 12-oz. can of beer, 5 oz. of wine, or a 1.5 oz. shot of hard liquor) ____ *Drinks*

28. In a typical weekday, how many total hours of sleep do you usually get, including naps? ____ *Hours*

29. During a typical weekday, about how many total hours (out of 24 hours) are you usually sitting or lying down? Include time when you are sitting at work, eating, and riding in a vehicle; sitting or lying down while reading, talking, watching TV, and using a computer, tablet, or mobile phone; and lying down when you nap or sleep. ____ *Hours*

30. During the past 12 months, how often have you felt very stressed, tense or anxious?
☐ Never ☐ A little of the time ☐ Some of the time ☐ Much of the time ☐ Most of the time

31. During the past 12 months, how often have you felt depressed or very sad?
☐ Never ☐ A little of the time ☐ Some of the time ☐ Much of the time ☐ Most of the time

32. How often do you feel lonely or isolated from those around you?
☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

33. In general, how satisfied are you with your life?
☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

34. Taken all together, how would you say things are these days – would you say you are:
☐ Very happy ☐ Pretty happy ☐ Not very happy ☐ Not at all happy

35. Are you currently doing any of the following to improve or maintain your health?
*(Check **ALL** that apply)*

☐ Getting moderate or vigorous exercise most days
☐ Taking walks for at least 30 minutes most days
☐ Taking steps to quit smoking or stay off cigarettes
☐ Taking steps to lose weight or maintain weight loss
☐ Learning what is in food by reading labels/recipes
☐ Trying to eat mostly healthy foods
☐ Limiting alcohol to 1 drink a day or none at all
☐ Trying to manage stress effectively
☐ Trying to get enough sleep to feel well-rested
☐ Doing enjoyable activities at least once a week
☐ Doing activities to keep your brain stimulated
☐ Visiting with people at least once a week
☐ Taking all medicines as prescribed
☐ Taking actions to reduce risk of falling

36. 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

37. 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

38. During the past 12 months, did any of these situations or problems occur? *(Check **ALL** that apply)*

☐ You were **physically hurt, abused** or **feared for your safety** because of anger or threats of a current or former spouse/partner or boyfriend/girlfriend, or a person you depend on for care
☐ You felt **harassed or discriminated against**
☐ You worried about your or your family's **safety due to neighborhood violence**, robberies, etc.
☐ You worried a great deal about your or your family's **financial security**
☐ **Other major life stress** such as loss of a job, separation/divorce, death of a loved one, etc.

39. During the past 12 months, did you provide unpaid care to a relative or friend who is or was seriously ill or physically, developmentally, mentally, or emotionally disabled? (Helping with personal needs, managing finances, arranging for services, etc.) ☐ Yes ☐ No

40. Do you have an Advance Directive for Health Care and/or someone who will legally be able to make medical and end-of-life health care decisions for you if the need arises? ☐ Yes ☐ No

Health Services You've Received In and Outside Kaiser Permanente

41. In the past 12 months, have you received advice or counseling from a Kaiser Permanente (KP) doctor, nurse, health educator, health coach, or other KP health care professional about:
*(Check **ALL** that apply)*

☐ Your diet (salt, fats, fiber, etc.)
☐ Losing weight
☐ Getting enough exercise
☐ Getting enough sleep
☐ Quitting smoking
☐ Stress or emotional problems (like depression)
☐ How to reduce your risk of falling
☐ Health screening tests recommended for you
☐ Immunizations (shots) recommended for you
☐ A review of all the medicines and supplements you take

42. Did you get a flu (influenza) shot between September 2013 and March 31, 2014?
☐ Yes, at Kaiser Permanente ☐ Yes, outside Kaiser Permanente ☐ No

43. Have you EVER had a pneumonia shot (pneumococcal vaccine)?
☐ Yes, at Kaiser Permanente ☐ Yes, outside Kaiser Permanente ☐ No ☐ Not sure

44. When did you last have your teeth cleaned and checked by a dentist or dental hygienist?
☐ Less than 7 months ago ☐ 7-12 months ago ☐ More than 1 year ago ☐ Never had this done

45. 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 (screening tests, immunizations, etc.)	☐	☐	☐	☐	☐
c. The information and advice you've received about how to improve your health and well-being	☐	☐	☐	☐	☐

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

47. During the past 12 months, how many of your own prescriptions did you get filled at non-Kaiser Permanente (KP) pharmacies and/or through non-KP websites? ____ *Prescriptions*

48. During the past 12 months, did you:

a. Start to take a medicine in smaller doses or less frequently than prescribed, or decide not to fill a prescription *because of the cost*? ☐ Yes ☐ No

b. Delay or not get medical care you thought you needed *because of the cost*? ☐ Yes ☐ No

c. Eat less fruit and vegetables than you wanted to *because of the cost*? ☐ Yes ☐ No

Your Communication Tools and Preferences

49. Do you have a mobile phone?

☐ Yes → **a. What type do you have?** ☐ Cell phone ☐ Smartphone (e.g., iPhone, Android)
b. On your phone, are you able to: ☐ Get text messages ☐ Use apps

☐ No

50. Do you have access to a desktop, laptop, or tablet computer if you want to use one?
☐ Yes, at home ☐ Yes, at work ☐ Yes, at another location (library, neighbor, etc.) ☐ No access

51. Do you use the Internet, e.g., to get information from websites? If so, how and where do you use it?

☐ Yes, I use it by myself
☐ Yes, but someone else helps or uses it for me
☐ No, I do not use the Internet

a. What do you/your helper usually use to get on the Internet?
☐ Desktop or laptop computer ☐ Tablet (e.g., iPad) ☐ E-reader
☐ Cell phone ☐ Smartphone ☐ Other:_____

b. Where do you use the Internet? ☐ Home ☐ Work ☐ Other:_____

52. Are you able to send and receive/check email, and if so, how?

☐ Yes, I do this myself
☐ Someone does this for me
☐ No, I do not use email

What do you/your helper usually use to send/check your email?
☐ Desktop or laptop computer ☐ Cell phone ☐ Smartphone
☐ Tablet (e.g., iPad) ☐ Other:_____

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

☐ Participated in any Kaiser Permanente group or individual **health education program/service**
☐ Used any **quit smoking program/service** (health coach, group, phone quit line, web-based, etc.)
☐ Used any **weight loss or Healthy Eating, Active Living program/service** (health coach, group, counseling, web-based, email-based, etc.)
☐ Got help from a Kaiser Permanente **patient educator** or **health coach** with **changing health-related behaviors** (e.g., diet, exercise) or **managing a chronic health condition** like diabetes
☐ Used Kaiser Permanente **print health education materials** (handouts, pamphlets, etc.)
☐ Read one of Kaiser Permanente's **member or patient newsletters**
☐ Got **health information** or advice from **kp.org** or **other Internet websites**
☐ Used the **kp.org online Health Encyclopedia** or **Drug Encyclopedia**
☐ Got health information from your **doctor's home page** on the kp.org website **(kp.org/my doctor)**
☐ Used any **kp.org online health education programs** (preparing for a procedure, health calculator, or Healthy Lifestyle programs for nutrition, weight, stress, physical activity, etc.)
☐ Listened to a **kp.org podcast**
☐ Used any **health app** to help with diet, exercise, sleep, monitoring a health condition, etc.
☐ Used the **kp.org website** to **view lab results, refill prescriptions, or email** doctors/other staff
☐ Used **a Kaiser Permanente app** to use kp.org secure features or get reminders
☐ Participated in an **online chat room or online community** to get advice/support for a health condition

54. In which of these ways <u>would you like to get</u> information and advice about how to manage health conditions and make changes in health behaviors (diet, exercise, etc.)? *(Check **ALL** that apply)*

☐ **Telephone sessions** with a **health coach**
☐ **In-person counseling** with a patient educator
☐ **Video/Skype session** with a patient educator
☐ Communications using **kp.org secure email**
☐ **One-session** class, workshop or group **program**
☐ **Multi-session** class or group **program**
☐ Watch **DVDs at home**
☐ **Interactive computer programs**
☐ **Print materials** (e.g., brochures, tip sheets)
☐ Health **newsletters/information <u>by mail</u>**
☐ Health **newsletters/information <u>by email</u>**
☐ Get information from **Internet websites**
☐ Get information from **your doctor's home page**
☐ Listen to **podcasts** or **online audio** programs
☐ **One-session online** interactive program
☐ **Multi-session online** interactive **program**
☐ Watch online **videos on kp.org, YouTube,** etc.
☐ Watch live **webinars or talks** on kp.org
☐ Use a **health app** on your tablet or smartphone
☐ Join an **online chat room/online community**

Information Describing Who Participated in This Survey

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

56. What is your date of birth? (*Year should **not** be 2014)* __ __ / __ __ / __ __ __ __
MONTH DAY YEAR

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

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

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

☐ 8th grade or less *(primary or middle school)*
☐ 9th - 11th grade *(some high school)*
☐ 12th grade *(high school graduate or G.E.D.)*
☐ Technical/trade school certificate
☐ Some college *(no degree)*
☐ Associate's Degree *(e.g., AA, AS)*
☐ Bachelor's Degree *(e.g., BA)*, teaching credential
☐ Graduate or professional degree *(e.g., MA, MD)*

59. What is your current work status? Do you do unpaid volunteer work on a regular basis?

☐ Working for pay → **How many hours/week?** ___
☐ Self-employed → **How many hours/week**? ___
☐ Unemployed or laid off
☐ Retired or unable to work due to health/disability
☐ Full-time homemaker or unpaid caregiver
☐ Part-time or full-time student
☐ Volunteer → **How often?**_____
☐ Other *(specify)*: _____

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

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

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

62. Which of the following best describes your total household (family) income from all sources in 2013, 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
☐ $100,001 - $150,000
☐ More than $150,000

63. When you are going someplace that is too far to walk, how do you usually get there? *(Check **ALL** that apply)*

☐ I drive myself
☐ My spouse or housemate drives me
☐ A family member or friend drives me
☐ I take a taxi
☐ I take a bus or BART
☐ I use paratransit
Other *(specify)*: _____

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

_____

_____

Thank you for your help!