KAISER PERMANENTE

Division of Research

2002 KAISER PERMANENTE MEMBER HEALTH SURVEY

CONFIDENTIAL

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

_____

_____

Daytime phone: (_____) _____

E-mail address: _____

This Member Health Survey has three main purposes:

- to help Kaiser learn about members' health related needs and interest in different health-related services (including patient education, alternative medicine, and support services)
- to help Kaiser monitor how well we are providing health care to our culturally diverse adult membership
- to help Kaiser conduct high quality health research that will hopefully lead to improving the health and health care services of our members and the larger community.

The survey is **confidential.** Your answers will not be shared with your doctor or employer, become part of your medical record, or affect your medical care, Health Plan membership, or dues.

If you have any questions about or need help with the survey, call us toll-free at (1-800) 723-8055 (choose "Member Health Survey") or email us at MHS2002@kp.org. Please write your phone number, e-mail, and any address corrections above**. This questionnaire should be filled out ONLY for the person named above.**

Please return your questionnaire to: Kaiser Permanente, Division of Research, P.O. Box 2087, Oakland, CA 94604. A pre-addressed, postage paid envelope has been enclosed for this purpose.

Thank you for your help.

These questions are about your health and health-related habits

1. During the <u>past 12 months</u>, did you have (or take medication for) any of the following health problems? *(Check ALL that 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/chronic obstructive pulmonary disease
- ☐ Environmental allergy (e.g., hay fever)
- ☐ Parkinson's disease
- ☐ Enlarged prostate *(Men only)*
- ☐ Urine leaks (at least once a week) after feeling pressure to urinate or when coughing, lifting, exercising, etc.
- ☐ Premenstrual syndrome (PMS)
- ☐ Osteoporosis (brittle bones)
- ☐ Arthritis or rheumatism
- ☐ 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

2. 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)*: _____
- ☐ Chronic (ongoing) pain *(describe)*: _____
- ☐ Depression lasting at least 2 weeks as an adult
- ☐ Problems with alcohol or drugs

3. *<u>Questions 3A-3C are for WOMEN ONLY</u>:*

A. Have you had a hysterectomy (operation to remove the uterus or womb)? ☐ Yes ☐ No

B. Are you past menopause ("the change of life"), meaning you have had no menstrual periods for at least 12 months)? …… ☐ Yes ☐ No

IF YES TO A OR B:

C. After the hysterectomy or after you passed the menopause, did you <u>ever</u> take estrogen/hormone replacement therapy (HRT)? ……. ☐ Yes ☐ No

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

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

5. Compared to other persons your age, would you say your health is:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

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

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

7. Health is often 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:	☐	☐	☐	☐	☐

8. 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	☐	☐	☐	☐

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

☐ Asthma medicine or spray
☐ Heart medicine (not including aspirin)
☐ Baby aspirin (to prevent stroke/heart attack)
☐ High blood pressure medicine
☐ Insulin or other diabetes medicine
☐ Cholesterol/lipid lowering medicine
☐ Antacids for upset stomach, ulcer, etc.
☐ Prescription or non-prescription sleep medicine
☐ Nicotine patch or nicotine gum
☐ 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

10. 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)
☐ Glucosamine
☐ Melatonin
☐ Gingko biloba
☐ Echinacea
☐ St. John's Wort
☐ Kava Kava
☐ Other herbals/supplements:_____

11. 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 (Feldenkreis 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 herbal medicine or herbal supplement
☐ Any homeopathic medicine
☐ Megavitamin/high dose vitamin therapy (do not include daily multiple vitamins)
☐ Very low fat diet (Pritikin, Dean Ornish, 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

12. How tall are you without shoes? ..... _____ Feet _____ Inches

13. How much do you weigh without your shoes and clothes? *(skip if pregnant)* ..... _____ Pounds

14. 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

15. 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

16. 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

17. 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 adul

} → ***Skip to Question 19***

18. 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

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

☐ Yes ☐ No → ***Skip to Question 21***

20. Do you smoke cigarettes now, even occasionally?

☐ Yes →

a. How many cigarettes do you usually smoke per day? ..... _____ Cigarettes
b. How many years in total have you smoked? ..... _____Years
c. Have you made a serious quit attempt in the <u>past 12 months</u>? ☐ Yes ☐ No
d. 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. In what month and year did you <u>quit</u> smoking? _____ (Month) _____ (Year)

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

22. 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

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

☐ Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied

24. During the <u>past 12 months</u>, did any situations or problems occur that caused a great deal of stress or turmoil in your life? *(Check ALL that apply)*

☐ Job loss/layoff, unwanted change in job or work hours in order to keep your job
☐ Fear of job loss or change in job/work hours, etc.
☐ Other problems related to working or school
☐ Experienced harassment or discrimination
☐ Had trouble with a personal or family relationship
☐ New or worsening problem with your own health
☐ New/worsening health problem of family member
☐ Major illness/death of close family member/friend
☐ Worry about finances/financial security
☐ Fear for the safety of yourself, your family or friends because of the anger or threats of a current or former spouse, partner, or boyfriend/girlfriend
☐ Worry about your own/your family's safety due to threats of terrorist actions
☐ Worry about your own/your family's safety for other reasons such as neighborhood violence, robberies, vandalism, gangs, etc.
☐ Other:_____

25. How much can lifestyle/habits like what you eat, exercise, and weigh affect your health?

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

26. How much can stress and emotional troubles (such as depression or anxiety) affect your health?

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

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

27. 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

28. 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 years.*

	NEVER HAD THIS	HAD THIS WITHIN THE PAST: 12 MONTHS	2 YEARS	3-5 YEARS	6-10 YEARS	11 + YEARS
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 ……	☐	☐	☐	☐	☐	☐
ONLY WOMEN answer h, i, j and k:						
h. Pap (Papanicolaou) test to check for cervical cancer ……..	☐	☐	☐	☐	☐	☐
i. Mammogram to check for breast cancer (x-ray where breast is pressed between 2 plastic plates) ..	☐	☐	☐	☐	☐	☐
j. Breast exam by a clinician to check for lumps …….	☐	☐	☐	☐	☐	☐

k. Do you examine your breasts for lumps at least every 2 months? ☐ Yes ☐ No

29. Did you get a flu (influenza) shot between <u>September 2001 and March 15, 2002</u>? ☐ Yes ☐ No

30. <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

31. <u>During the last 12 months</u>, how many of <u>your own</u> prescriptions did you get filled at non-Kaiser pharmacies? ……____ Prescriptions

32. During the <u>past 12 months</u>, have you done any of the following?

☐ Participated in a Kaiser-sponsored group health education or patient education program
☐ Used ANY Kaiser or non-Kaiser smoking cessation services (group program or one-on-one counseling)
☐ Received one-on-one counseling from Kaiser staff to help you change other health-related behaviors or manage a chronic health condition like diabetes or hypertension
☐ Used the Kaiser Permanente *Healthwise Handbook* to look up health or self-care information
☐ Listened to taped health messages on the Kaiser Permanente Healthphone (1-800-33 ASK ME)
☐ Used Kaiser-provided health education materials (pamphlets, videos, etc.)
☐ Read Kaiser Permanente's member newsletter *Partners in Health*
☐ Obtained health information or health advice from an internet website (Kaiser or non-Kaiser)
☐ Used KP Online to get health information or participate in a health chat room or group
☐ Used KP Online to make an appointment or communicate with a Kaiser health professional

33. In addition to talking directly with your doctor, how would you like to learn about your health, such as how to take care of health problems and how to improve your health)? *(Check ALL that apply)*

- ☐ Small group appointments with a clinician (for problems like diabetes and blood pressure)
- ☐ Individual counseling from a health educator
- ☐ Brief telephone counseling sessions
- ☐ 1/2 to all day health education workshop
- ☐ 1 session (2-hour) introductory program
- ☐ Multi-session class to learn skills
- ☐ Health newsletters mailed to your home
- ☐ Listen to taped health messages by phone
- ☐ Watch a health video at home
- ☐ Use a computer program at Kaiser
- ☐ Use a computer program at home/work/other
- ☐ Access information from internet web sites
- ☐ Watch health programs on cable TV
- ☐ Read short articles or brochures
- ☐ Read 1-2 page self-care tip sheets
- ☐ Other:_____

34. 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?.....	☐	☐	☐	☐	☐

35. 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

These next questions will help us describe the Health Plan members who participated in this survey and analyze how their experiences and needs differ.

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

37. What is your date of birth? *(Write month, day, and year. Year should not be 2002)* _____

38. 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 (Arab, Israeli sabra)
- ☐ Indian or Pakistani
- ☐ Chinese
- ☐ Southeast *Asian (specify)*:_____
- ☐ Japanese
- ☐ Korean
- ☐ Filipino
- ☐ Other *Asian (specify)*:_____
- ☐ Hawaiian/Pacific Islander *(specify)*:_____
- ☐ Native American Indian or Alaska Native
- ☐ Other *(specify)*:_____

39. What is the <u>highest</u> 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

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

☐ English ☐ Spanish ☐ Cantonese ☐ Other:_____

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

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

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

44. 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
☐ Fulltime or almost fulltime student
☐ Other:_____

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

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

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

47. Which of the following best describes your total household (family) income from all sources in <u>2001, before taxes</u>? *(Check ONE answer only)*

☐ 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
☐ More than $100,000

If you are AGED 64 OR UNDER, please stop here. Thank you.
If you are Aged 65 OR OVER, please continue with Questions 48 to 64.

48. What is your living situation now? *(Check only ONE answer)*

☐ Live in a house, condo, or mobile home I/we own
☐ Live in a rented house, apartment, or mobile home
☐ Live in someone else's home
☐ Live in senior citizen housing
☐ Live in a nursing home
☐ Other:_____

49. 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: _____

50. Which of the following statements fits you BEST in terms of health? *(Check only ONE answer)*

☐ 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

51. During the <u>past 12 months</u>, did <u>you</u> use any of the following types of services through Kaiser or community-based agencies? *(Only check the services you 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

52. <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

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

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

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

☐ Yes ➜ **Who would help you?** ☐ Spouse/partner ☐ Relative ☐ Friend ☐ Other:_____

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

55. 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

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

☐ Yes ☐ No

57. Do you regularly use a hearing aid?

☐ Yes ☐ No (but I have a hearing problem) ☐ No (no hearing problem) ☐ No (I am deaf)

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

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

59. 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

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

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

☐ Yes ➜ **When was this last done?** ☐ Within the past 12 months ☐ More than 12 months ago

☐ No **Were you also asked about use of supplements (herbs, vitamins, etc.)?** ☐ Yes ☐ No

62. Have you EVER had a pneumonia shot (pneumococcal vaccine)?

☐ Yes, at Kaiser ☐ Yes, but not at Kaiser ☐ No ☐ Not sure

63. Has a Kaiser doctor, nurse, social worker, or patient educator ever talked with you about your end-of-life care preferences (such as resuscitation instructions or other major medical interventions if you are terminally ill or in a coma)?

☐ Yes ☐ No

64. An Advance Health Care Directive (AHCD) is an official legal document that allows you to designate someone to make health care decisions on your behalf if you are unable to speak for yourself, and to give specific instructions about your medical care. 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 regarding your end-of-life care preferences?

☐ Yes ➜ **Did you complete this Advance Directives form <u>before July 2001</u>?** ☐ Yes ☐ No

☐ No **Is this Advance Directives form on file at Kaiser?** ☐ Yes ☐ No

This is the end of the survey. Thank you for your help.