KAISER PERMANENTE

Division of Research

2008 KAISER PERMANENTE MEMBER HEALTH SURVEY

CONFIDENTIAL

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

<Name>
<Street Address>
<City, State, Zipcode>

Address: _____
_____

Daytime phone: (_____) _____

Email address: _____

Study ID: 123456 **Passcode:** 1234567

Your participation is *very* important to us, even if you rarely use Kaiser for your medical care.

The survey results will be used to help Kaiser:

- Learn about the health-related needs and interests of our culturally diverse adult membership.
- Make decisions about current and new health information and services.
- Conduct research to improve the health 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 division. 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 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: **(800) 723-8055 (choose Member Health Surveys)** or email us: **dor.mhs@kp.org**.

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

To complete this survey online at our secure website, go to **www.dor.kaiser.org/studies/mhs2008/** and use the Study ID and Passcode printed above to start the survey.

Thank you for your participation!

Nancy P Gordon

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 12916
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. 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 took medicine 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
❒ Asthma
❒ Chronic bronchitis
❒ Emphysema/COPD
❒ Environmental allergy (hay fever, etc.)
❒ Parkinson's disease
❒ 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

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

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

6. During the <u>past 12 months</u>, did you use any of the following prescription or OTC (not requiring a prescription) medicines? *(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
❒ Medicine for enlarged prostate (BPH)
❒ Medicine for heartburn/acid reflux (Prilosec, etc.)
❒ Antacids for upset stomach, ulcer, etc.
❒ 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, Motrin, ibuprofen, etc.)
❒ Prescription medicine for depression
❒ Prescription medicine for anxiety or panic

7. 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 multiple vitamin
- ❒ Calcium with Vitamin D
- ❒ Calcium without Vitamin D (incl. Tums or Rolaids)
- ❒ Vitamin C
- ❒ Fish oil or Omega-3 Fatty Acid
- ❒ Glucosamine
- ❒ Melatonin
- ❒ Saw palmetto/prostate formula with saw palmetto
- ❒ Ginkgo biloba
- ❒ St. John's Wort
- ❒ Chinese herbal remedies for cold/flu: _____
- ❒ Herbal/homeopathic remedies for cold/flu: _____
- ❒ Other herbals, supplements, or medicinal teas: _____

8. 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 or remedy, 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 (*describe*): _____
- ❒ 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 or other type of self-help group

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

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

10a. Compared to this time <u>last year</u>, do you weigh: ❒ About the same ❒ More ❒ Less

11. How often do 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 12)***

11a. On days you exercise, how many <u>total minutes</u> do you usually exercise? _____ *Minutes per Day*

11b. On days you exercise, what type of exercise do you usually get? *(Check **ONE** answer only)*

- ❒ Low impact (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)

12. 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 14)***

13. 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 total years 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 total years 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

14. How often do you usually 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

15. 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*

16. 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 17***

16a. 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*

17. How many total hours of sleep do you usually get <u>in a 24 hour day</u>, including naps? _____ *Hours*

18. During the <u>past 12 months</u>, did any of these situations or problems occur? *(Check **ALL** that apply)*
❒ Feared for **your safety because of anger or threats** of a current or former spouse, partner, or boyfriend/girlfriend → **Did you get help from Kaiser with your situation?** ❒ Yes ❒ No
❒ 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**

19. 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

20. How satisfied have you been with your life in general during the <u>past 12 months</u>?
❒ Very satisfied ❒ Satisfied ❒ Dissatisfied ❒ Very dissatisfied

21. 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

22. 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

23. Are you currently doing any of the following to improve or maintain your health?
*(Check **ALL** that apply)*
❒ Try to get moderate or vigorous exercise every day
❒ Take daily walks or doing 10,000 Steps program
❒ Try to eat mostly healthy foods
❒ Trying to lose weight by exercising and/or dieting
❒ Taking steps to quit smoking or stay off cigarettes
❒ Try to manage stress effectively
❒ Try to get enough sleep to feel well-rested
❒ Limit alcohol to 1-2 drinks daily or don't drink
❒ Do enjoyable activities at least 1-2 times a week

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

24. Do you have a Kaiser Permanente doctor or nurse practitioner you consider to be your regular or personal doctor/clinician? ❒ Yes ❒ No

25. <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*

26. <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 through <u>non</u>-Kaiser websites sites)? _____ *Prescriptions*

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 "HAD THIS 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. FOBT test to check for colon/rectal cancer (using a special kit at home, a bit of stool/ bowel movement is put in a test tube or on paper and then sent or brought to a Kaiser lab)	❒	❒	❒	❒	❒	❒	❒
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	❒	❒	❒	❒	❒	❒	❒

29. Did you get a flu (influenza) shot or intranasal FluMist immunization between <u>October 2007 and March 31, 2008</u>? ❒ Yes ❒ No

30. 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**
- ❒ Visited a Kaiser **Health Education Center** or **Resource Desk**
- ❒ Used Kaiser or non-Kaiser **smoking cessation services** (group, one-on-one counseling, or online)
- ❒ Used any Kaiser or non-Kaiser **weight loss or Healthy Eating, Active Living** program (group, one-on-one counseling, or online program)
- ❒ Got **health information** or advice **from any** Kaiser or non-Kaiser **Internet website**
- ❒ Got **one-on-one counseling** from Kaiser to help **change health-related behaviors** (smoking, diet, etc.) or **manage a chronic health condition** (such as diabetes, hypertension, heart disease, etc.)
- ❒ Used Kaiser **health education materials** (handouts, pamphlets, DVDs, videos, tapes, etc.)
- ❒ Read one of Kaiser's **member newsletters** (*Partners in Health* or *Senior Outlook)*
- ❒ Used Kaiser's ***Healthwise Handbook*** to look up health information
- ❒ Used Kaiser's **online Health Encyclopedia** or **Drug Encyclopedia** on the Kaiser website
- ❒ Used **online health education programs** (preparing for a procedure, health calculator, or Healthy Lifestyle programs for nutrition, weight, stress, walking) on the Kaiser website
- ❒ Used the **Kaiser website** to **make appointments, refill prescriptions, or email** Kaiser doctors/staff

31. 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 email/Internet**
- ❒ Listen to **"podcasts" or online audio downloads**
- ❒ Watch a **health video or DVD at home**
- ❒ Read **newsletters mailed to your home**
- ❒ Use an **interactive computer program**
- ❒ Get health information from **Internet websites**
- ❒ Watch **health programs on TV**
- ❒ Read **printed tip sheets and other handouts**
- ❒ Read **tip sheets/articles on doctor's Home Page**

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

33. Do you have access to the Internet? ❒ Yes, at home ❒ Yes, at other location ❒ No

***<u>IF YES</u>* → Is it:** ❒ Dial up *(not high speed)* ❒ High Speed DSL ❒ Broadband (cable) ❒ Other:_____

34. Can you receive email? ❒ Yes, at home ❒ Yes, at other location ❒ No

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

36. 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. Have you filled out (or had someone fill out for you) an Advance Health Care Directive form? *

❒ Yes ❒ No ❒ Don't Know

** To get an AHCD, go to "Contact Member Services" at www.kp.org or call (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.

37. What is your sex? ❒ Male ❒ Female ❒ Transgender *(describe)*: _____

38. What is your date of birth? *(Year should **not** be 2008)* ___ ___ /___ ___ /___ ___ ___ ___
MONTH DAY YEAR

39. 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, North African, or Central Asian
❒ South Asian (Indian, Pakistani, etc.)
❒ Chinese
❒ Filipino
❒ Japanese
❒ Korean
❒ Southeast Asian *(specify)*: _____
❒ Other Asian *(specify)*: _____
❒ Hawaiian/Pacific Islander *(specify)*: _____
❒ Native American Indian or Alaska Native
❒ Other *(specify)*: _____

40. 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 *(incl. AA degree)*
❒ Completed 4-year college degree *(B.A., B.S., etc.)*
❒ Completed graduate degree

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

❒ English ❒ Spanish ❒ Chinese ❒ Other: _____

42. What is your current work status? *(Check **ALL** that apply)*

❒ 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 student
❒ Part-time or full-time volunteer
❒ Other *(specify)*: _____

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

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

44. *(Optional)* **Are you gay or bisexual?** ❒ No ❒ Yes, gay ❒ Yes, bisexual

45. Which of the following best describes your total household (family) income from all sources in 2007, before taxes? *(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
❒ $100,001 - $150,000
❒ More than $150,000

Thank you very much for your help!