KAISER PERMANENTE

Division of Research

2008 KAISER PERMANENTE MEMBER HEALTH SURVEY

CONFIDENTIAL

<Name>

<Street Address>

<City, State, Zipcode>

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

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 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

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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 past 12 months, which of the following health problems did you have or were you treated for? *(Check **ALL** you had, were treated for, 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 (hay fever, etc.)
❒ Parkinson's disease
❒ ***(MEN)*** 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 EVER 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)*: ____________
____
❒ ***(WOMEN)*** Hysterectomy (uterus or womb removed)

7. During the past 12 months, how many times have you fallen to the ground? Please include all falls where any part of your body above the ankle hit the floor or ground, and falls on stairs.
(Write "0" if none)_____ Falls

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

❒ Yes ❒ No

9. **Do you regularly use a hearing aid?**
   ❒ Yes ❒ No ❒ I am deaf or have a problem that a hearing aid won't help

10. **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

11. **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

12. **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 to get around in the house or outside
    ❒ Need the help of a cane, walker, wheelchair, etc. to get 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

13. **Because of a disability, health problem, or frailty due to age, 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
    ❒ Taking medicines
    ❒ Using the telephone
    ❒ Bathing in a tub or shower
    ❒ Dressing
    ❒ Eating food and drinking liquids
    ❒ Using the toilet
    ❒ Cutting your toe nails

14. **If you became too sick, injured or frail to take care of yourself, is there at least 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 ❒ Other Relative ❒ Friend ❒ Other: _________
    ❒ No **If only spouse/partner, is there anyone else nearby who could help?** ❒ Yes ❒ No

15. **During the past 12 months, did you use any of the following prescription or OTC (not requiring a doctor's 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
    ❒ Osteoporosis medicine
    ❒ 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
    ❒ Progesterone cream
    ❒ Hormone replacement therapy

16. **How many prescription medicines do you regularly take?** _____ *Medicines*

17. **During the past 12 months, did you use any herbals, nutritional supplements, or other "natural" remedies to treat or prevent your own health problems?** *(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/formula containing 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:
    ____

18. During the <u>past 12 months</u>, did you use any of the following methods <u>to 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 *(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

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

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

20a. Compared to this time <u>last year</u>, do you weigh: ❒ About the same ❒ More ❒ Less

21. How often do you usually get physical exercise (such as walking, swimming, gardening, golf, tennis, etc.)?

❒ 5 or more times a week ❒ 1 to 2 times a week ❒ Once a month or less
❒ 3 to 4 times a week ❒ 2 to 4 times a month ❒ Never ***(Go to Question 22)***

21a. On days you exercise, how many <u>total minutes</u> do you usually exercise?____ *Minutes per Day*

21b. 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)

22. 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 24)***

23. 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

24. 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

25. 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*

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

27. During the past 12 months, 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 28***

27a. 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*

28. During the past 12 months, 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**

29. During the past 12 months, 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

30. During the past 12 months, how often have you felt depressed or sad?

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

31. How satisfied have you been with your life in general during the past 12 months?

❐ Very satisfied ❐ Satisfied ❐ Dissatisfied ❐ Very dissatisfied

32. 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

33. 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

34. 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 drink daily or don't drink at all
❐ Do enjoyable activities at least 1-2 times a week
❐ Do activities to keep your brain stimulated
❐ Visit with people at least once a week
❐ Take all medicines as prescribed

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

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

❐ Yes → **In department of**: ❐ Adult/Internal Medicine ❐ Ob/Gyn ❐ Family Practice ❐ Other *(specify)*:______________
❐ No

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

37. During the last 12 months, how many of your own prescriptions did you get filled at non-Kaiser pharmacies (including through non-Kaiser websites)? _______ *Prescriptions*

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

- ❒ 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

39. **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

40. **When did you last 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 *(MEN ONLY)*	❒	❒	❒	❒	❒	❒	❒
i, j, k & l should be answered by WOMEN ONLY							
i. 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	❒	❒	❒	❒	❒	❒	❒

41. **Did you get a flu (influenza) shot or intranasal FluMist immunization between October 2007 and March 31, 2008?** ❒ Yes ❒ No

42. **Have you EVER had a pneumonia shot (pneumococcal vaccine)?** ❒ Yes ❒ No ❒ Not sure

43. **In the past 12 months, 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

44. 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

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

45. 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)
- ❒ 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** (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

46. 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**

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

48. 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:____________

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

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

51. 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.

52. **What is your sex?** ❒ Male ❒ Female ❒ Transgender *(describe)*:____________________

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

54. **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)*: ____________

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

56. **What language do you prefer to use when talking about or learning about your health**
❒ English ❒ Spanish ❒ Chinese ❒ Other *(specify)*: ____________

57. **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)*: ____________

58. **Are you currently:** *(Check only **ONE** answer)*
❒ Married ❒ In a committed relationship ❒ Widowed ❒ Single, divorced, or separated

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

60. **Which of the following best describes your total household (family) income from all sources <u>in 2007, before taxes</u>?** *(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 - $150,000
- ❒ More than $150,000

61. **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 use paratransit
- ❒ I take a taxi
- ❒ Other: ____________

62. **Do you have any comments about <u>health education and health improvement services</u> Kaiser currently provides or that you would like Kaiser to consider offering?**

____

____

Thank you very much for your help!