KAISER PERMANENTE

2011 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: **Passcode:**

We are doing this survey to learn about our adult membership's health-related needs and preferred methods for communicating about health. The survey has 4 sections:

1. Your Health and Health-Related Habits
2. Health Services You've Received In and Outside Kaiser Permanente
3. Your Communication Tools and Preferences
4. Information Describing Who Participated In This Survey

PLEASE NOTE:

- **Even if you rarely use Kaiser for your medical care, it is *very important* for us to hear from you; the survey results must accurately represent our entire membership.**
- **This questionnaire should be filled out *ONLY* by or for the person named above.**
- **You will be entered into a drawing for one of 100 $50 gift certificates when we receive your completed questionnaire by mail or online.**

Your answers are absolutely confidential. Your name and Study ID are on the questionnaire so we can note that you returned the questionnaire and contact you, if needed, to make sure we understand your answers. If you have any questions about the survey, please call toll-free: **(800) 723-8055 (choose Member Health Surveys)** or email the survey staff at: **dor.mhs@kp.org**.

If you prefer to complete the questionnaire online at our secure website, please type the following url into your browser's address box: **www.dor.kaiser.org/studies/mhs2011/** To enter your survey, you will need to use the Study ID and Passcode printed above.

Thank you for your participation!

Nancy Gordon, ScD
Member Health Survey Director

Please return your survey in the enclosed postage-paid envelope or send to:
Kaiser Permanente Division of Research
Attn: Member Health Survey
2000 Broadway, Oakland, CA 94612

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Section 1: 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 medication for)*

❒ Heart attack or myocardial infarction
❒ Heart problems, including angina
❒ TIA (Trans Ischemic Attack)
❒ 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
❒ Parkinson's disease
❒ Osteoporosis *(brittle bones)*
❒ Arthritis or rheumatism
❒ Frequent heartburn or acid reflux (GERD)
❒ 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) after feeling pressure to urinate or when coughing, lifting, exercising, etc.
❒ Vision problem (with or without glasses/lenses)
❒ Problems with hearing and/or deafness
❒ Problems with balance or walking
❒ 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 problems or a heart attack
❒ A stroke
❒ TIA (Trans Ischemic Attack)
❒ 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)*:
_____
❒ ***<u>WOMEN only</u>*:** A hysterectomy *(surgery to remove womb or uterus)*

6. In the <u>past 12 months</u>, how many times have you fallen to the ground or fallen on stairs?
(Write "0" if none) _____ *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. **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

10. **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

11. **Which one of the following statements best describes your situation?** *(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

12. **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

13. **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

14. **During the past 12 months, 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
❒ 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

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

16. **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 multivitamin
❒ Calcium with Vitamin D
❒ Calcium without Vitamin D (incl. Tums or Rolaids)
❒ Vitamin C (separate from in a multivitamin)
❒ Vitamin D (not with calcium or in a multivitamin)
❒ Fish oil, flaxseed oil, other Omega-e Fatty Acids
❒ Ginkgo biloba
❒ Glucosamine
❒ Melatonin / sleep formula containing melatonin
❒ Herbal or homeopathic cold/flu remedies
❒ Other herbals *(List:)* _____
_____
❒ Other vitamins, minerals, or supplements *(List):*_____

17. During the <u>past 12 months</u>, did you use any of the following methods to <u>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 therapies
- ❒ Deep breathing, mindfulness, or other relaxation or meditation technique
- ❒ Guided imagery/visualization techniques
- ❒ Hypnosis or self-hypnosis
- ❒ Any homeopathic medicines
- ❒ Any herbal medicines/remedies
- ❒ Chinese, Indian, or Native American medicines
- ❒ Megavitamin (very high dose vitamin) therapy
- ❒ 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 or other type of self-help group

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

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

19a. Compared to this time <u>last year</u>, do you weigh: ❒ About the same ❒ More ❒ Less

20. 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*

21. 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

22. 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

23. 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 24)***

23a. On days you exercise, how many <u>total minutes</u> do you usually exercise? ____ *Minutes per Day*

23b. 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)

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

25. During the <u>past 12 months</u>, 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 26***

25a. 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*

26. 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 28)***

27. Do you smoke cigarettes now, even occasionally?

❒ YES → ***(Please answer a-e)***

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
e. Are you planning to try to quit smoking in the next 6 months? ❒ Yes ❒ No

❒ NO → ***(Please answer f-g)***

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

28. During the past 12 months, did any of these situations or problems occur? *(Check **ALL** that apply)*
❒ You were **physically hurt** or **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?** ❒ Yes ❒ No
❒ 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**

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 very sad?
❒ Most of the time ❒ Much of the time ❒ Some of the time ❒ A little of the time ❒ Never

31. Overall, how satisfied are you with the life you lead?
❒ Very satisfied ❒ Fairly satisfied ❒ Not very satisfied ❒ Not at all satisfied

32. 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

33. Considering all things, how would you rate the overall quality of your life?
❒ Excellent ❒ Very good ❒ Good ❒ Fair ❒ Poor

34. 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 daily walks or doing 10,000 Steps program
❒ 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
❒ Limiting calories to help control weight
❒ Trying to eat mostly healthy foods
❒ 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

35. 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

36. 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

Section 2: Health Services You've Received In and Outside Kaiser Permanente

37. In the past 12 months, have you received advice or counseling from a Kaiser Permanente (KP) doctor, nurse, health educator, wellness 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
- ❒ How to reduce your risk of falling
- ❒ Quitting smoking
- ❒ Stress or emotional problems (like depression)
- ❒ Health screening tests recommended for you
- ❒ Immunizations (shots) recommended for you
- ❒ A review of all the medicines and supplements you take

38. Did you get a flu (influenza) shot between September 2010 and March 31, 2011?

❒ Yes, at Kaiser Permanente ❒ Yes, outside Kaiser Permanente ❒ No

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

❒ Yes, at Kaiser Permanente ❒ Yes, outside Kaiser Permanente ❒ No ❒ Not sure

40. For each of these screening tests below, please indicate whether your most recent one was done at Kaiser Permanente (KP), done outside KP, or that you have never had this test.

	Last Done at KP	Last Done Outside KP	Never Had This Test
a. Blood pressure check by a doctor or nurse	❒	❒	❒
b. Blood cholesterol test *(check of both HDL and LDL)*	❒	❒	❒
c. Blood glucose test *(checks for diabetes or pre-diabetes)*	❒	❒	❒
d. FOBT/FIT colorectal cancer screening *(tests a bowel movement ("poop") sample for blood; often done at home and sent to lab)*	❒	❒	❒
e. Sigmoidoscopy or colonoscopy *(doctor examines colon and rectum for cancerous polyps using a flexible tube)*	❒	❒	❒
Only WOMEN should answer f and g:			
f. Mammogram *(checks for breast cancer)*	❒	❒	❒
g. Bone density test *(checks for osteoporosis / brittle bones)*	❒	❒	❒

41. During the past 12 months, did you use any of the following services from Kaiser Permanente (KP) 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
- ❒ Physical, speech, or rehab therapist
- ❒ Housekeeper or errand service
- ❒ Home-delivered meals or shopping service
- ❒ Transportation service

42. 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

43. 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	❒	❒	❒	❒	❒

44. 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*

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

46. During the <u>past 12 months</u>, did you:

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

b. Delay or <u>not</u> get medical care you thought you needed *<u>because of the cost</u>?* ❒ Yes ❒ No

Section 3: Your Communication Tools and Preferences

47. Do you have a mobile phone (cell phone or a smart phone like Blackberry, iPhone, or Droid)?

❒ Yes → **Can you receive text messages on this phone?** ❒ Yes ❒ No
❒ No

48. Are you able to access a computer (desktop, laptop, or netbook) if you want to use one?

❒ Yes, at home ❒ Yes, at another location (like work, library, neighbor, etc.) ❒ No

49. Are you able to use the Internet to get information from websites, and if so, how?

*(Check **All** that apply)*

❒ Yes, at home
❒ Yes, at another location
❒ Someone does this for me

→ **What is usually used to get onto the Internet?** *(Check **All** that apply)*
❒ Computer, laptop, netbook ❒ Cell phone ❒ Smart phone
❒ Tablet (iPad, iTouch, etc.) ❒ Other:_____

❒ No, I am not able to use the Internet

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

❒ Yes
❒ Someone does this for me
❒ No

→ **What is usually used to send/check your email?** *(Check **All** that apply)*
❒ Computer, laptop, netbook ❒ Cell phone ❒ Smart phone
❒ Tablet (iPad, iTouch, etc.) ❒ Other:_____

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

❒ Participated in a Kaiser Permanente group or individual **health education program**
❒ Visited a Kaiser Permanente **Health Education Center** or **Resource Desk**
❒ Used Kaiser Permanente or other **smoking cessation service** (group, one-on-one, or online/email)
❒ Used a Kaiser Permanente or other **weight loss or Healthy Eating, Active Living program** (group, one-on-one counseling/coaching, online program, or email-based program)
❒ Got **health information** or advice **at kp.org** (Kaiser Permanente's website) or **other Internet websites**
❒ Got **one-on-one counseling** from Kaiser Permanente to help **change health-related behaviors** (smoking, diet, etc.) or **manage a chronic health condition** (diabetes, hypertension, heart disease, etc.)
❒ Used Kaiser Permanente **print health education materials** (handouts, pamphlets, DVDs, etc.)
❒ Read one of Kaiser Permanente's **member newsletters** (like *Partners in Health* or *Senior Outlook)*
❒ Used the **online Health Encyclopedia** or **Drug Encyclopedia** on the **kp.org** website
❒ Used **online health education programs** (preparing for a procedure, health calculator, or Healthy Lifestyle programs for nutrition, weight, stress, physical activity) on kp.org
❒ Got health information from your **doctors' home page** on the kp.org website (kp.org/my doctor)
❒ Used the **kp.org website** to **view lab results, refill prescriptions, or email** doctors

52. In addition to talking or emailing 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
❒ Communications using **secure email**
❒ **One session** health education **workshop**
❒ **Multi-session class/group** in-person program
❒ **Multi-session group** program over the **phone**
❒ **One session** program **using email/internet**
❒ **Multi-session** program **using email/Internet**
❒ Use an **interactive computer program**
❒ Watch live **"webinar" programs/talks** on kp.org
❒ **Podcasts** and **online** (kp.org) **audio** programs
❒ Watch health **videos on kp.org/other websites**
❒ Watch health **DVDs at home**
❒ Get Information from **Internet websites**
❒ Get information from **your doctor's home page**
❒ Get information **text messaged** to your cell phone
❒ Health **newsletters and tip sheets <u>emailed</u> to you**
❒ Health **newsletters and tip sheets <u>mailed</u> to you**

Section 4: Information Describing Who Participated In This Survey

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

54. What is your date of birth? (*Year should **not** be 2011)* __ __ / __ __ / __ __ __ __
MONTH DAY YEAR

55. 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, etc.)
❒ Chinese
❒ Filipino
❒ Japanese
❒ Korean
❒ Southeast Asian *(specify)*: _____
❒ 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 *(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 *(AA, AS, etc.)*
❒ Bachelor's degree *(BA, BS, etc.)*
❒ Graduate or professional degree *(MA, MD, etc.)*

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

❒ English ❒ Spanish ❒ Chinese ❒ Other: _____

58. What is your current work status?

❒ 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, parent or unpaid caregiver
❒ Part-time or full-time student
❒ Part-time or full-time volunteer
❒ Other *(specify)*: _____

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, lesbian/gay ❒ Yes, bisexual

61. Which of the following best describes your total household (family) income from all sources in 2010, 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

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 use paratransit
❒ I take a taxi
❒ Other: _____

63. 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.