Health of Seniors Survey Instructions

This survey asks about you and your health. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us. If you are unable to complete this survey, a family member or “proxy” can fill out the survey about you. If you have joined a new health plan or re-enrolled in traditional Medicare since March 1998, please write the name of your new health plan or insurance below and complete and return this survey.

Please return the survey with your answers in the enclosed postage-paid envelope.

- Answer the questions by putting an ‘x’ in the box next to the appropriate answer category like this:

43. Are you male or female?

☐ Male □ Female

- Be sure to read all the answer choices given before marking a box with an ‘X’.

- You are sometimes told to answer some questions in this survey only when you have answered a previous question. When this happens you will see an italicized instruction like the one below:

If you answered “Yes” to question 29 or 30 above, (you have arthritis), answer the next question.

All information that would permit identification of any person who completes this survey will be kept strictly confidential. This information will be used only for the purposes of this study and will not be disclosed or released for any other purposes without your permission. If you have any questions or want to know more about the study, please call the vendor administering this survey.
Health of Seniors Survey

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

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

2. Compared to one year ago, how would you rate your health in general now?

<table>
<thead>
<tr>
<th>Much better now than one year ago</th>
<th>Somewhat better now than one year ago</th>
<th>About the same as one year ago</th>
<th>Somewhat worse now than one year ago</th>
<th>Much worse now than one year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Yes, limited a lot</th>
<th>Yes, limited a little</th>
<th>No, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Bending, kneeling, or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Walking more than a mile</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Bathing or dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

   a. Cut down on the **amount of time** you spent on work or other activities

   b. **Accomplished less** than you would like

   c. Were limited in the **kind** of work or other activities

   d. Had **difficulty** performing the work or other activities
      *(for example, it took extra effort)*

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

   a. Cut down on the **amount of time** you spent on work or other activities

   b. **Accomplished less** than you would like

   c. Didn't do work or other activities as **carefully** as usual

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. How much **bodily** pain have you had during the **past 4 weeks**?

<table>
<thead>
<tr>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
8. During the **past 4 weeks**, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all  A little bit  Moderately  Quite a bit  Extremely

1  2  3  4  5

9. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

**How much of the time during the past 4 weeks...**

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. did you feel full of pep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. have you been a very nervous person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. have you felt so down in the dumps that nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f. have you felt downhearted and blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>g. did you feel worn out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>h. have you been a happy person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>i. did you feel tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

10. During the **past 4 weeks**, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
11. How TRUE or FALSE is each of the following statements for you?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Don't Know</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. I expect my health to get worse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. My health is excellent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions about activities.

12. Because of a health or physical problem, do you have any difficulty doing the following activities? (Please mark one response for each activity.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>I am unable to do this activity</th>
<th>Yes, I have difficulty</th>
<th>No, I do not have difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bathing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Dressing</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Eating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Getting in or out of chairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Walking</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Using the toilet</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Now we are going to ask some questions about specific medical conditions.

13. During the **past 4 weeks**, how often have you had any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chest pain or pressure when you exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Chest pain or pressure when resting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
14. During the **past 4 weeks**, how often have you felt short of breath under the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. When lying down flat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. When sitting or resting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. When walking less than one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. When climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

15. During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)

<table>
<thead>
<tr>
<th>Problem</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Numbness or loss of feeling in your feet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Ankles or legs that swell as the day goes on</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Tingling or burning sensation in your feet especially at night</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Decreased ability to feel hot or cold with your feet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Sores or wounds on your feet that did not heal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

16a. Have you **ever** had paralysis or weakness on one side of the body?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes, I have it</th>
<th>Yes, but it went away</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
16b. Have you ever lost the ability to talk?

Yes, I have lost it   Yes, but it returned   No

1   2   3

17. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?

Yes   No

1   2

18. Can you hear most of the things people say (with a hearing aid if that's how you hear best)?

Yes   No

1   2

19. Do you now have acid indigestion or heartburn?

Yes   No

1   2

20. Do you have difficulty controlling urination?

Yes   No

1   2

Has a doctor ever told you that you had:

21. Hypertension or high blood pressure

Yes   No

1   2

22. Angina pectoris or coronary artery disease

Yes   No

1   2

23. Congestive heart failure

Yes   No

1   2

24. A myocardial infarction or heart attack

Yes   No

1   2

25. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat

Yes   No

1   2

26. A stroke

Yes   No

1   2

27. Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)

Yes   No

1   2

28. Crohn’s disease, ulcerative colitis, or inflammatory bowel disease

Yes   No

1   2

Has a doctor ever told you that you had:

29. Arthritis of the hip or knee

Yes   No

1   2

30. Arthritis of the hand or wrist

Yes   No

1   2
31. Sciatica (pain or numbness that travels down your leg to below your knee)
   1  2

32. Diabetes, high blood sugar, or sugar in the urine
   1  2

33. Any cancer (other than skin cancer)
   1  2

If you answered "yes" to questions 29 or 30 above (that you have arthritis),
34. During the past 4 weeks, how would you describe the arthritis pain you usually had? (Mark one response)

   Severe Moderate Mild Very Mild None
   1  2  3  4  5

If you answered "yes" to question 33 above (that you have had cancer),
35. Are you currently under treatment for:
   Yes No
   a. Colon or rectal cancer
      1  2
   b. Lung cancer
      1  2
   c. Breast cancer
      1  2
   d. Prostate cancer
      1  2

36. In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work, school or housework)?

   All of the time Most of the time Some of the time A little of the time None of the time
   1  2  3  4  5

37. In the past 4 weeks, how often did you have pain, numbness or tingling that travels down your leg and below your knee?

   All of the time Most of the time Some of the time A little of the time None of the time
   1  2  3  4  5
38. In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?  
   Yes ☐ No ☐

39. In the past year, have you felt depressed or sad much of the time?  
   Yes ☐ No ☐

40. Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?  
   Yes ☐ No ☐

41. In general, compared to other people your age, would you say that your health is:
   1 ☐ Excellent
   2 ☐ Very good
   3 ☐ Good
   4 ☐ Fair
   5 ☐ Poor

42. Have you ever smoked at least 100 cigarettes in your entire life?  
   Yes ☐ No ☐ Don’t know ☐ 
   Go to Question 43

43. Do you now smoke every day, some days, or not at all?  
   Every day ☐ Some days ☐ Not at all ☐ Don’t know ☐ 
   Go to Question 45
44. How long has it been since you quit smoking?
   - [ ] Less than 12 months
   - [ ] 12 months or more  Go to Question 47
   - [ ] Don’t know  Go to Question 47

45. During the past 12 months, how many times have you visited a doctor or other health professional in your plan (not counting overnight hospital visits)?
   - [ ] None  Go to Question 47
   - [ ] 1 visit
   - [ ] 2 to 4 visits
   - [ ] 5 to 9 visits
   - [ ] 10 or more visits

46. On how many of these visits were you advised to quit smoking by a doctor or health professional in your plan?
   - [ ] None
   - [ ] 1 visit
   - [ ] 2 to 4 visits
   - [ ] 5 to 9 visits
   - [ ] 10 or more visits

47. In what year were you born?  ____________

48. Are you male or female?
   - [ ] Yes
   - [ ] No
49. Are you of Hispanic or Spanish family background?
   1 Yes  2 No

50. How would you describe your race?
   1 American Indian or Alaskan Native
   2 Asian or Pacific Islander
   3 Black or African American
   4 White
   5 Another race or multiracial

51. What is your current marital status?
   1 Married
   2 Divorced
   3 Separated
   4 Widowed
   5 Never married

52. What is the highest grade or level of school that you have completed?
   1 8th grade or less
   2 Some high school, but did not graduate
   3 High school graduate or GED
   4 Some college or 2 year degree
   5 4 year college graduate
   6 More than a 4 year college degree
53. Which of the following categories best represents the combined income for all family members in your household for the past 12 months?

1. Less than $5,000
2. $5,000 - $9,999
3. $10,000 - $19,999
4. $20,000 - $29,999
5. $30,000 - $39,999
6. $40,000 - $49,999
7. $50,000 - $79,999
8. $80,000 - $99,999
9. $100,000 or more
10. Don't know

54. Is the house or apartment you currently live in:

1. Owned or being bought by you
2. Owned or being bought by someone in your family other than you
3. Rented for money
4. Not owned and one in which you live without payment of rent

55. Is this house or apartment in a retirement community, building or complex?

1. Yes
2. No

If you answered "yes" to question 55 above,

56. Does this retirement community/building/facility provide medical services?

1. Yes
2. No
57. Who completed this survey form?

- [ ] Person to whom survey was addressed

\textbf{IF YOU CHECKED THIS BOX, YOU HAVE COMPLETED THE SURVEY. THANK YOU.}

- [ ] Family member or relative of person to whom the survey was addressed
- [ ] Friend of person to whom the survey was addressed
- [ ] Professional caregiver of person to whom the survey was addressed

58. What is the name of the person who completed this survey form?

\underline{\text{NAME}}

\textbf{YOU HAVE COMPLETED THE SURVEY. THANK YOU.}