

THE QUESTIONS OF HOWSYOURHEALTH ADULT AND SCORING CONVENTIONS 9/06

* ARE USED IN THE CALCULATION SHOWN IN THE CUMULATIVE REPORTS

DAILY ACTIVITIES (Q1)

During the past 4 weeks how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical and emotional health?

- No difficulty at all
- A little bit of difficulty
- Some difficulty
- Much difficulty*
- Could not do*

Continue

DAILY ACTIVITIES (Q1A)

You answered that you had greater than average difficulty doing your usual activities or tasks.

Is your doctor or nurse aware of the problem?

Yes

No

DAILY ACTIVITIES (Q1B)

You answered that you had greater than average difficulty doing your usual activities or tasks.

How would you rate your doctor's or nurse's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

DAILY ACTIVITIES (Q1C)

You answered that you had greater than average difficulty doing your usual activities or tasks.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

FEELINGS (Q2)

During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, sad or downhearted and blue?

Not at all

Slightly

Moderately

Quite a bit*

Extremely*

FEELINGS (Q2A)

You answered that you have been bothered by more than average emotional problems.

Is your doctor or nurse aware of the problem?

Yes

No

FEELINGS (Q2A)

You answered that you have been bothered by more than average emotional problems.

How would you rate your doctor's or nurse's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

FEELINGS (Q2C)

You answered that you have been bothered by more than average emotional problems.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

SOCIAL ACTIVITIES (Q3)

During the past 4 weeks, has your physical and emotional health limited your social activities with family friends, neighbors or groups?

Not at all

Slightly

Moderately

Quite a bit*

Extremely*

SOCIAL ACTIVITIES (Q3A)

You answered that your social activities have been limited more than average.

Is your doctor or nurse aware of the problem?

Yes

No

SOCIAL ACTIVITIES (Q3B)

You answered that your social activities have been limited more than average.

How would you rate your doctor's or nurse's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

SOCIAL ACTIVITIES (Q3C)

You answered that your social activities have been limited more than average.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

PAIN (Q4)

During the past 4 weeks, how much bodily pain have you generally had?

No pain

Very mild pain

Mild pain

Moderate pain*

Severe pain*

PAIN (Q4A)

You answered that you had greater than average bodily pain.

Is your doctor or nurse aware of the problem?

Yes

No

PAIN (Q4B)

You answered that you had greater than average bodily pain.

How would you rate your doctor's or nurse's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

PAIN (Q4C)

You answered that you had greater than average bodily pain.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

SOCIAL SUPPORT (Q5)

During the past 4 weeks, was someone available to help you if you needed and wanted help?

For example, if you: felt very nervous, lonely or blue; got sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help just taking care of yourself

Yes, as much as I wanted

Yes, quite a bit

Yes, some

Yes, a little*

No, not at all*

SOCIAL SUPPORT (Q5A)

You answered that you had very little or no social support.

Is your doctor or nurse aware of the problem?

Yes

No

SOCIAL SUPPORT (Q5B)

You answered that you had very little or no social support.

How would you rate your doctor's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

SOCIAL SUPPORT (Q5C)

You answered that you had very little or no social support.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

PHYSICAL FITNESS (Q6)

During the past 4 weeks, what was the hardest physical activity you could do for at least 2 minutes

Very heavy

Heavy

Moderate

Light*

Very light*

PHYSICAL FITNESS (Q6A)

You answered that you had greater than average difficulty doing physical activities.

Is your doctor or nurse aware of the problem?

Yes

No

PHYSICAL FITNESS (Q6B)

You answered that you had greater than average difficulty doing physical activities.

How would you rate your doctor's or nurse's explanation of the problem(s)?

Excellent*

Very good*

Good

Fair

Poor

PHYSICAL FITNESS (Q6C)

You answered that you had greater than average difficulty doing physical activities.

Treatment has made these problems:

No treatment has been given to me for these problems

Much better*

A little better*

No different

A little worse

Much worse

How often during the PAST FOUR WEEKS have you been bothered by any of the following problems?

Never

Seldom

Sometimes

Often*

Always*

Trouble urinating or wetting (Q7)

Headache (Q7-1)

Stomach or abdominal pains (Q7-2)

Dizzy spells, tiredness or fatigue (Q7-3)

Chest pains (Q7-4)

Menstrual or menopausal problems (Q7-5)

Eating or weight problems (Q7-6)

Skin problems (Q7-7)

Trouble urinating (Q7-8)

Sexual problems (Q7-9)

Asthma or breathing problems (Q7-10)

Joint pains (Q7-11)

Backaches (Q7-12)

Trouble sleeping (Q7-13)

Foot trouble (Q7-14)

Do you have any concerns about:
(Please mark all that apply)*

Violence or abuse (Q8-1)
Sexual issues or birth control (Q8-2)
AIDS and other sexually transmitted diseases (Q8-3)
How to make the health care system work better for you (Q8-4)
Substance abuse (beer, wine, drugs) (Q8-5)
Exercise and nutrition needs (Q8-6)
Preventing injuries or accidents (Q8-7)
Preventing cancer and heart disease (Q8-8)
Ear, eye or mouth care (Q8-9)

Has a doctor told you that you have any of these problems:
(Please mark all that apply)

High blood pressure (Q9-1)
Heart trouble or hardening of the arteries (Q9-2)
(Sugar) Diabetes (Q9-3)
Arthritis (Q9-4)
Asthma, bronchitis or emphysema (Q9-5)
Serious obesity (more than 15% overweight) (Q9-6)

You checked that you have high blood pressure, heart trouble, diabetes, or breathing problems.

In the past year have you been in the hospital or visited an emergency room because of any of these problems? (Q9A)

Yes*

No

You checked that you have high blood pressure, heart trouble, diabetes, or breathing problems.

In general, how would you rate the information given to you about these problem(s) by your doctor or a nurse? (Q9B)

Excellent*

Very Good*

Good

Fair

Poor

I do not remember receiving any information

You checked that you have high blood pressure, heart trouble, diabetes, or breathing problems.

In general, how much have any of the doctors or nurses helped you live with these problems? (Q9C)

A lot*

Some

A little

Not much

I have not needed any help

You checked that you have high blood pressure, heart trouble, diabetes, or breathing problems.

Do you think that any of your pills are making you sick? (Q9D)

Yes*

No

Maybe, I am not sure*

I am not taking any pills

What is your weight in pounds (kilograms)? (5 BMI)

less than 100 (45)

100-120 (46-55)

121-140 (56-64)

141-160 (65-73)

161-180 (74-82)

181-200 (83-91)

201-220 (92-100)

221-240 (101-109)

240 or more (>110)

What is your height in inches (within 2 inches)? (5 BMI)

Feet: Inches:

Have your parents, brothers or sisters had any of these problems before they were 65 years of age:
(Please mark all that apply)

Heart trouble or hardening of the arteries (Q10-1)
(Sugar) Diabetes (Q10-2)
Cancer (Q10-3)
High fat (cholesterol) in the blood (Q10-4)
Any other family disease (Q10-5)

Are you a smoker? (Q11)

No

Yes, and I might quit*

Yes, but I'm not ready to quit*

Do you have enough money to buy the things that you need to live everyday such as food, clothing, or housing? (Q12)

Yes, always

Sometimes*

No*

How many different prescription medications are you currently taking more than three days a week? (Q13)

None

1-2

3-5*

More than 5*

HEALTH HABITS (Q14)

How often do you practice good health habits in two or more of the following areas: using a seat belt, getting exercise, eating right, getting enough sleep or wearing safety helmets?

All of the time*

Most of the time*

Some of the time

A little of the time

None of the time

HEALTH HABITS (Q15)

During the PAST 4 WEEKS, how many drinks of wine, beer or other alcoholic beverages did you have?

10 or more per week*

6-9 per week

2-5 per week

1 drink or less per week

HEALTH HABITS (Q16)

During the PAST 2 YEARS, how often have you been told that you should cut back drinking alcohol?

Never

Once or twice*

More than once or twice*

In the past TWO YEARS have you (Q18A)

Had a pap test for cervical cancer?

Yes

No

I am not sure

Had a doctor or nurse examine your breasts for cancer? (Q18B)

Yes

No

Examined your own breasts for cancer? (Q18C)

Yes

No

RELATIONSHIPS (Q19)

During the past 4 weeks, how often have problems in your household led to: Insulting or swearing? Threatening? Yelling? Hitting or pushing?

- None of the time
- A little of the time
- Some of the time*
- Most of the time*
- All of the time*

In the past TWO YEARS have you had:

A mammogram for breast cancer? (Q21A)

Yes

No

A test for fat (cholesterol) in the blood? (Q21B)

Yes

No

A test for cancer of the bowel? (Q21C)

Yes

No

Good education about the advantages and disadvantages of hormones for menopause? (Q21D)

Yes

No

Have you had GOOD EDUCATION about:

Birth control? (Q22A)

Yes

No

Avoiding sexual diseases? (Q22B)

Yes

No

The advantages and disadvantages of mammography and cholesterol testing in young women? (Q22C)

Yes

No

In the past TWO YEARS have you had:

A test for fat (cholesterol) in the blood? (Q24A)

Yes

No

A test for cancer of the bowel? (Q24B)

Yes

No

Good education about the advantages and disadvantages of a blood test for prostate cancer? (Q24C)

Yes

No

In the past TWO YEARS have you had:

A test for fat (cholesterol) in the blood? (Q25A)

Yes

No

Good education about birth control and avoiding sexual diseases? (Q25B)

Yes

No

In the PAST 3 MONTHS did you have an illness or injury that kept you in bed for all or most of the day? (Q26)

Yes

No

In the PAST YEAR did you stay in a hospital overnight or longer? (Q27)

Yes

No

Do you have one person you think of as your personal doctor or nurse? (Q28)

Yes

No

Are there things about your medical care that could be better? (Q29)

No, my care is perfect

Yes, some things

Yes, a lot of things

How easy is it for you to get medical care when you need it? (Q30)

Very Easy*

Easy

Somewhat Difficult

Very Difficult

I have not needed medical care

You indicated earlier that you have breathing problems.

How would you rate the information your doctor or a nurse gave you about:

Excellent* Very Good* Good Fair Poor I do not remember receiving any information

How to adjust medicines for your shortness of breath? (Q Breathing 1A)

How to use inhaled medicines? (Q Breathing 1B)

Do you use an inhaled steroid? (Q Breathing 2)

Yes*

No

Not sure

You indicated earlier that you have diabetes.

How often do you keep your blood sugar (glucose) in normal range (between 80 and 150)? (Q Diabetes 1)

I do not test my blood sugar

*All of the time

*Often

Sometimes

Rarely

Never

How would you rate the information your doctor or a nurse gave you about:

*Excellent

*Very Good

Good

Fair

Poor

I do not remember receiving any information

Having your eyes checked? (Q Diabetes 2A)

How to check feet and choose proper shoes? (Q Diabetes 2B)

How to adjust medicines for diabetes and recognize when to call a doctor or nurse for help? (Q Diabetes 2C)

If your blood sugar level before eating was checked in the past four weeks, what was it? (Q Diabetes 3)

Less than 100

101-120

121-140

141-160

161-180

181-200

201-250

Over 250

How would you rate the blood pressure information your doctor or nurse has given you?

*Excellent

*Very Good

Good

Fair

Poor

I do not remember receiving any information

What to do if you miss a dose of your medicine? (Q HBP 1A)

The effect of weight and salt on our blood pressure? (Q HBP 1B)

The problems blood pressure medications might cause you? (Q HBP 1C)

Do you check your own blood pressure? (Q HBP 2)

*Yes, often

Yes, sometimes

Almost never

Never

What was your last blood pressure? (Q HBP 3A)
High Number (systolic)

Under 100

100-120

121-130

131-140

141-150

151-160

161-170

Over 171

I don't know

Low Number (diastolic) (Q HBP 3B)

Less than 60

60-70

71-80

81-90

91-100

101-110

Over 110

I don't know

What was your last total cholesterol level? (Q Heart 0)

Less than 100

101-130

131-160

161-180

181-200

201-220

221-240

Over 240

I don't know

You indicated earlier that you have heart trouble.

Have you ever had a heart attack? (Q Heart 1A)

Yes

No

If you answered yes, are you taking aspirin and a "beta blocker" such as propranolol (Inderal), or other "beta blocker" drugs that end with a 'lol'? (Q Heart 1B)

Yes

No

I am not sure

Have you had a stroke, paralysis or "shock"? (Q Heart 2A)

Yes

No

If yes, are you now taking a "blood thinner" each day like aspirin or warfarin? (Q Heart 2B)

Yes

No

In the last month, have you used nitroglycerin for chest pain, tightness or angina? (Q Heart 3A)

Yes

No

If you answered yes, how satisfied are you that everything is being done for your chest pain, tightness or angina? (Q Heart 3B)

*Completely satisfied

*Mostly satisfied

Somewhat satisfied

Mostly dissatisfied

Not satisfied at all

Have you been told that you have heart failure? (Q Heart 4A)

Yes

No

If you answered yes, how would you rate the information your doctor or a nurse gave you about

*Excellent

*Very Good

Good

Fair

Poor

I do not remember receiving any information

The effect of weight and salt on your heart failure? (Q Heart 4B)

How to adjust medicines for your weight, shortness of breath and leg swelling? (Q Heart 4C)

Describe here any medical errors (mistakes) that you or your family have experienced. Errors include such things as mixed up medications or poor treatment that result in harm or additional problems. If possible, be sure to tell us the cause of the error and how it might have been avoided. Your response will help us to improve future care delivery.

If you wrote in an error or harm, please help us by choosing ANY of the following categories for this error.
(Please mark all that apply) *ALL MUST BE PRESENT TO BE CODED A HARM

*It caused harm, hurt or injury (Q Open 1)

*It happened within the last year (Q Open 2)

*It happened to me (Q Open 3)

Questions Added to All Surveys 9/04.

How confident are you that you can control and manage most of your health problems? (Q Control)

*Very confident
Somewhat confident
Not very confident
I do not have any health problems.

Do you exercise for about 20 minutes 3 or more days a week? (Q Exercise)

*Yes, most of the time

Yes, some of the time

No, I usually do not exercise this much.

When you visit your doctor's office, how often is it well organized, efficient, and does not waste your time? (Q Efficient)

*Most of the time

Some of the time

Almost never is it efficient. It often wastes my time.

Does not apply to me. I seldom visit a doctor's office.

During the PAST TWO WEEKS, how much did physical health or emotional problems keep you from working the hours you needed to work? (Q Present)

Physical or emotional problems DID NOT LIMIT my ability to work at all.

*Physical or emotional problems DID LIMIT my ability to work a small amount (about 10 to 20%)

*Physical or emotional problems DID LIMIT my ability to work a large amount (more than 20%)

I receive exactly the help I want and need exactly when I want and need it. (qexact)

Strongly Agree* Agree Disagree Strongly Disagree

For the summary scores at the end:

domain: Your Health Habits

Health Habits (Adult only)

Smoking

Drinking

qExercise

BMI calculation

domain Your Health Care and Self Care

Perfect Care

Confidence

domain Your Number of Health Problems and Risks

Diseases

Symptoms

Emotions

Pain

ED/Hospital Use or Hosp

Medication Problems

Medications

The cutoffs from these three summative categories were made on a sample of about 30,000 persons so that approximately 15% are in the "best" group; 35% in the middle group, and the remaining 50% in the lowest or "at risk" group.