Total Health Assessment Questionnaire for Medicare Members

Please answer the following questions about your health and day-to-day activities. This questionnaire usually takes around 10-15 minutes to complete. The information you provide will be entered into your Kaiser Permanente medical record and used by your health care team to develop a plan to help you maintain or improve your health and well-being.

Thank you.

Name: ______________________________

Kaiser Permanente Medical Record Number: ______________

Birthdate: ______________ ______________
month year

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KPGA

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

(Source: SF (Short Form) Validated Family of Surveys, VR-12, HOS, PROMIS, other validated tools) **Positive: Fair or Poor**

2. In general, would you say your quality of life is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

(PROMIS Global 10-Item Scale) **Positive: Poor**

3. In general, how would you rate your physical health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

(PROMIS Global 10-Item Scale) **Positive: Fair or Poor**

4. In general, how would you rate your mental health, including your mood and your ability to think?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

(PROMIS Global 10-Item Scale) **Positive: Fair or Poor**

5. In the past 7 days, how much did pain interfere with your day to day activities?

☐ Not at all ☐ A little bit ☐ Somewhat ☐ Quite a bit ☐ Very much

(PROMIS Global 10-Item Scale) **Positive: Somewhat, Quite a bit, Very much**

6. During the past month, how would you rate your sleep quality overall?

☐ Very good ☐ Fairly good ☐ Fairly bad ☐ Very bad

(Source: Pittsburg Sleep Index) **Positive: "Fairly bad" or "Very bad"**

7. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Feeling anxious, nervous, or on edge	☐	☐	☐	☐
d. Not being able to stop or control worrying	☐	☐	☐	☐

7a and 7b: Source: PHQ-2: **Positive: Sum score of 3 or higher** (total score range from 0 to 6)
7c and 7d: Source: GAD-2 (Generalized Anxiety Disorder-2) Screening Tool: **Positive: Sum score of 3 or higher** (total scores range from 0 to 6)

8. In the past 7 days, how often did you feel angry?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

(Source: Modified from PROMIS Item Bank v. 1.0 – Emotional Distress - Anger - Short Form 1 – Original item written in 1st person (I feel angry: [frequency) **Positive: Often or Always**

9. How often do you feel lonely or isolated from those around you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

(Source: modified from item in PROMIS Item Bank v. 1.0 – Emotional Distress - Anger - Short Form 1 –and AARP overall loneliness item from AARP survey about loneliness in older adults; Original PROMIS item written in 1st person (I feel isolated from others: [frequency]; loneliness added to reduce literacy level, approved by author of UCLA Loneliness Scale; **Positive: Often or Always**

10. **A fall is when your body goes to the ground without being pushed. Did you fall in the <u>past 12 months?</u>** ☐Yes ☐ No

(Source: HEDIS; HOS #49) **Positive: Yes**

11. **In the <u>past 12 months,</u> have you had a problem with balance or walking?** ☐Yes ☐ No

(Source: HEDIS; HOS #50) **Positive: Yes**

12. **Do you think you have a hearing problem or do others think you have a hearing problem?** ☐Yes ☐ No

(Source: KP physicians who input into this measure in the current National Medicare Smartset) **Positive: Yes**

13. **Do you have difficulty driving, or watching TV or reading, or doing any of your daily activities because of your eyesight?** ☐Yes ☐ No

(Source: KPSC senior screening question, taken from Moore and Liu's Screening for common problems in Ambulatory Elderly)**Positive: Yes**

14. **Do you have tooth or mouth problems that make it hard for you to eat?** ☐Yes ☐ No

(Source: 10 - Item DETERMINE Questionnaire) **Positive: Yes**

15. **Many people experience problems with the leakage of urine. In the <u>past 6 months,</u> have you accidentally leaked urine?** ☐Yes ☐ No

(Source: HEDIS; HOS #42, modified to take out term "UI") **Positive: Yes**

16. **In the <u>last year,</u> have you or any of your friends and family felt concerned about any changes in your memory, attention, language skills, or thinking?** ☐Yes ☐ No

(Source: HMI, adapted by KP) **Positive: Yes**

17. **Do any of your health conditions interfere with your daily activities?** ☐Yes ☐ No

(Source: KP "Frailty Wheel"; 1 of 4 questions to assess frailty) **Positive: Yes**

18. **Because of a health or physical problem, do you have any difficulty doing the following activities <u>without help or special equipment?</u>**

Activities	Do myself with no difficulty	Do myself with some difficulty	Need help or special equipment
a. Bathing	☐	☐	☐
b. Dressing	☐	☐	☐
c. Using the toilet	☐	☐	☐
d. Getting in and out of bed/chairs	☐	☐	☐
e. Eating	☐	☐	☐
f. Taking your medicines	☐	☐	☐
g. Managing your money (bank accounts, credit cards, other bills, etc.)	☐	☐	☐
h. Household activities, like preparing food, doing laundry and routine chores	☐	☐	☐
i. Shopping for groceries, etc.	☐	☐	☐

Source: HOS #10; KP HSQ Question #17; KP Frailty Wheel; and Predictive Modelling measures **Positive: "Yes, I have difficulty" or "I am unable to do this activity" for any activity above**

19. **If <u>for any reason</u> you have difficulty or cannot do one or more of these activities of daily living, do you get the help that you need?**

☐ I get all the help I need ☐ I could use a little more help ☐ I need a lot more help ☐ I don't need any help

(Source: KP) **Positive: "I could use a little more help" or "I need a lot more help"**

20. Do you use any kind of tobacco, including cigarettes, cigars, a pipe, snuff, or chewing tobacco?

☐ Yes ☐ No, I quit ☐ No, I have never used tobacco

(Source: Modified from Optimal Lifestyle Metric Questionnaire, HealthPartners, Inc) **Positive: Yes**

21. How many days per week do you usually do moderate to strenuous exercise or physical activity, like taking a brisk walk?

☐ No days* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

**** If No Days, skip to Question 23.***

(Source: KP - Exercise as a Vital Sign measure)

22. On the days you get exercise, how many minutes of moderate to strenuous exercise or physical activity do you get, on average?

☐ Less than 10 minutes ☐ 10-29 ☐ 30-59 ☐ 60-89 ☐ 90 or more

(Source: KP- "Exercise as a Vital Sign measure)

Positive: <150 minutes (30 minutes a day x 5 days a week preferred rather than all in 1-2 days)

23. . How many servings of fruits and vegetables do you eat in a typical day? *(A serving is 1 piece of fruit, ½ cup of fruit or vegetables, 1 cup of raw leafy vegetables, or ¾ cup of juice.)*

☐ No servings ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

(Source: National Dietary Guidelines; Modified from Optimal Lifestyle Metric Questionnaire, HealthPartners, Inc) **Positive: Less than 5**

24. Do you eat fewer than 2 meals a day? Yes No

(Source: 1 of 3 questions from 10 - item "DETERMINE" questionnaire most predictive of poor nutrition in seniors; modified to change from "I" to "you" form.) **Positive: Yes**

25. Do you always have enough money to buy the food you need? Yes No

(Source: 1 of 3 questions from 10 - item "DETERMINE" questionnaire most predictive of poor nutrition in seniors; modified to change from "I" to "you" form.) **Positive: NO**

26. How many days a week do you usually have a drink containing alcohol?

☐ Never drink * ☐ Less than once a week ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

**** If Never Drink, skip to Question 28.***

(Source: Modified from Optimal Lifestyle Metric Questionnaire, HealthPartners, Inc)

27. How many drinks containing alcohol do you have on a typical day when you are drinking? *(1 drink = 12-oz. can of beer, 5 oz. glass of wine, or 1.5-oz. shot of hard liquor)*

☐ Less than 1 drink ☐ 1drink ☐ 2 drinks ☐ 3drinks ☐ 4 or more drinks

(Source: Modified from Optimal Lifestyle Metric Questionnaire, HealthPartners, Inc)

Positive: Either: 1) Average of more than 1 drink per day OR 2) 3 or more drinks in any one day

28. Are you sexually active?

☐ Yes ☐ No

(Source: KP) **Positive: Yes**

29. Do you always use a seatbelt when you drive or ride in a car?

☐ Yes ☐ No ☐ No, I never drive or ride in a car

(Source: KP) **Positive: No**

30. Does the place where you live have the following safety concerns?

a. One or more bedrooms or levels where there is not a working smoke alarm ☐ Yes☐ No

b. Stairs that feel unsafe due to poor lighting or lack of hand rail ☐ Yes☐ No

c. A bathroom that feels unsafe due to slippery flooring in the tub or shower or no grab bars ☐ Yes☐ No

(Source: KP with HMI input) **Positive: Yes**

31. Do you have someone you could call if you needed help?

☐ Yes ☐ No

(Source: University of Kentucky Center on Aging) **Positive: No**

32. Which of the following best describes your current living situation?

☐ Live independently in own home (may get some help with meals, household chores, and personal care)

☐ Live in home with a relative or friend who helps with meals and household chores

☐ Live in a senior/retirement or Assisted Living facility where meals and household help are routinely provided by paid staff (or could be if requested)

☐ Live in a facility such as a nursing home which provides meals and 24-hour nursing care

☐ Other

(Source: KP with HMI input)

33. Do you have any advance directives for your health care (for example, medical Durable Power of Attorney, Living Will, Five Wishes, CPR or Do Not Resuscitate directive)?

☐ Yes ☐ No ☐ I don't know

(Source: KP Colorado) **Positive: No**

34. What was the highest grade or level of school that you have completed?

☐ 8th grade or less

☐ Some high school, but did not graduate

☐ High school graduate or GED

☐ Some college or 2-year degree

☐ 4 year college graduate (B.A., B.S., etc.)

☐ More than a 4-year college degree

(Source: modified from KP Health Status Questionnaire)

35. What is your current marital status?

☐ Married

☐ In a serious or committed relationship, but not married

☐ Divorced

☐ Separated

☐ Widowed

☐ Single

(Source: modified from KP Health Status Questionnaire)

36. Who provided the answers to these questions?

☐ Person to whom the questionnaire was addressed without help from another person

☐ Person to whom questionnaire was addressed with help from another person

Family member, friend, or caregiver of person to whom the questioonaire was addressed

(Source: KP Medicare Senior THA team)