How's Your Health Survey Form

What is your age or the age of the person for whom you are completing the health check-up?

- ( ) New-born in intensive care (by parent for child)
- ( ) 2-4 (by parent for child)
- ( ) 5-8 (by parent for child)
- ( ) 9-13
- ( ) 14-17
- ( ) 18-49
- ( ) 50-64
- ( ) 65-69
- ( ) 70-79
- ( ) 80 or older

Are you or this person now in a hospital?

( ) Yes (•) No

Are you a female or a male?

( ) **Male**
( ) **Female**

Have you completed this quiz within the past six months?

( ) **Yes, I have completed in the past 6 months and would like to do it again**
(•) **No**
( ) **Yes, I have completed and would only like to review some of the reading materials again or use the Problem Solving Method**

After completing the survey, you will have the option to:

- download your own Portable Health Record

DAILY ACTIVITIES

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** 

FEELINGS

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** 

SOCIAL ACTIVITIES

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** 

PAIN

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

- ☐ **No pain** 
- ☐ **Very mild pain**
- ☐ **Mild pain** 
- ☐ **Moderate pain**
- ☐ **Severe pain** 

SOCIAL SUPPORT

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** 

PHYSICAL FITNESS

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** 

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

	Never	Seldom	Sometimes	Often	Always
Headache	○	○	○	○	○
Stomach or abdominal pains	○	○	○	○	○
Dizzy spells, tiredness or fatigue	○	○	○	○	○
Chest pains	○	○	○	○	○
Eating or weight problems	○	○	○	○	○
Skin problems	○	○	○	○	○

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

	Never	Seldom	Sometimes	Often	Always
Trouble urinating	○	○	○	○	○
Sexual problems	○	○	○	○	○
Asthma or breathing problems	○	○	○	○	○
Joint pains	○	○	○	○	○
Backaches	○	○	○	○	○
Trouble sleeping	○	○	○	○	○
Foot trouble	○	○	○	○	○

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

- ☐ **Violence or abuse**
- ☐ **Sexual issues or birth control**
- ☐ **AIDS and other sexually transmitted diseases**
- ☐ **How to make the health care system work better for you**
- ☐ **Substance abuse (beer, wine, drugs)**
- ☐ **Exercise and nutrition needs**
- ☐ **Preventing injuries or accidents**
- ☐ **Preventing cancer and heart disease**
- ☐ **Ear, eye or mouth care**

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

- ☐ **High blood pressure**
- ☐ **Heart trouble or hardening of the arteries**
- ☐ **(Sugar) Diabetes**
- ☐ **Arthritis**
- ☐ **Asthma, bronchitis or emphysema**
- ☐ **Serious obesity (more than 15% overweight)**

What is your weight in pounds (kilograms)?

- ○ **less than 100 (45)**
- ○ **100-120 (46-55)**

…

- ○ **240 or more (>110)**

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

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**
- [ ] **(Sugar) Diabetes**
- [ ] **Cancer**
- [ ] **High fat (cholesterol) in the blood**
- [ ] **Any other family disease**

Are you a smoker?

- ( ) **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?

- ( ) **Yes, always**
- ( ) **Sometimes**
- ( ) **No** _____

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

- ( ) **None**
- ( ) **1-2**
- ( ) **3-5**
- ( ) **More than 5** _____

HEALTH HABITS

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** 

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**

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 had:

A test for fat (cholesterol) in the blood?

- ○ **Yes**
- ○ **No**

Good education about birth control and avoiding sexual diseases?

Yes

No

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

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%)

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

Yes

No

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

Yes

No

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

Yes

No

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

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?

- **Very Easy**
- **Easy**
- **Somewhat Difficult**
- **Very Difficult**
- **I have not needed medical care**

How confident are you that you can control and manage most of your health problems?

- **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?

- **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?

- **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.**

When you think about your health care, how much do you agree or disagree with this statement: "I receive exactly what I want and need exactly when and how I want and need it."

- ○ **Strongly Agree**
- ○ **Somewhat Agree**
- ○ **Somewhat Disagree**
- ○ **Disagree Strongly**
- ○ **I do not use health care**

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)

- ☐ **It caused harm, hurt or injury**
- ☐ **It happened within the last year**
- ☐ **It happened to me**

Entering your zip code is optional and will be used only to aggregate data for analysis.

Thank you for completing the *Improve Your Medical Care* questionnaire.

You can print this letter by choosing "Print" from the "File" menu of your web browser. Printing this letter and taking it to your doctor will help to improve the medical care you receive.

You have a family history of:

- Cancer

Based on your responses to the questionnaire, the Problem-Solving Section may help you manage these issues:

- Headaches

Based on your responses to the **HowsYourHealth** questionnaire, we recommend that you read the following sections of the **How's Your Health** booklet. You may read the chapters online by clicking on them below:

- Exercise and Eating Well
- Health Habits and Health Decisions
- Pain
- Sexual Questions

Your Lifestyle and Health Habits

This score concerns the aspects of your lifestyle and behaviors that can harm you now or pose a future problem. This score deals with things that you can do immediately to improve your health.

Your Survey Indicates	Message
Could be better	"Your Lifestyle and Health Habits" score indicates that you are doing some things to reduce risks to your health and there may be opportunities to improve your health habits and lifestyle.

Your Healthcare and Self-Care Ability

This area considers

- communication gaps between your doctor and you
- your understanding of and education about important health issues
- how easy it is for you to get high quality health care
- your confidence to manage your important health problems

Poor scores in this category could be improved through better communication with your doctor and better self care.

Your Survey Indicates	Message
Could be better	"Your Healthcare and Self-Care Ability" score indicates that there may be opportunities to improve your healthcare and your ability to manage your health. If there are any areas of your healthcare that you feel should be improved, discuss them with your doctor or nurse

Your Survey Indicates	Message
	during your next visit. Also, review the list of additional resources in the "My Resources" section.

Your Problems and Risks

Problems and risks are based on your medical history and your health conditions. Good communication with your doctor and good self-management of problems can reduce these risks.

Your Survey Indicates	Message
Could be better	"Your Health Problems and Risk" score indicates that you are doing some good things to manage your health, but that you have some opportunites to improve your heealth and feel better.

How's Your Health Action Form

Print this action form and take it to your doctor to improve the medical care you receive. This form is intended for your doctor or nurse.

Age: 18-49
Gender: Male
BMI: 23.8

ASSETS			
FUNCTION	**HABITS**	**KNOWLEDGE**	**PREVENTION**
Daily Activities - No difficulty Feelings - Slight problem Social Activities - No limitations Pain - Very mild pain Social Support - Quite a bit Physical Fitness - Very heavy	Generally good health habits Does not smoke Does not drink excessively		Has enough money

NEEDS		
CLINICIAN ASSESSMENTS	**REFERRALS/ACTIONS**	**SUGGESTED READINGS/EDUCATION**
FUNCTION		• Exercise and Eating Well

SYMPTOMS/BOTHERS Headaches **CONCERNS OR FAMILY HISTORY** Exercise/nutrition needs Preventing injuries/accidents Cancer **HABITS** **PREVENTION** No cholesterol test No education about birth control/sexual diseases **OTHER**		• Health Habits and Health Decisions • Pain • Sexual Questions **RISK-RELATED CONSIDERATIONS** Good health habits and no other risk

Provider:_____ Date:_____ Signature:_____

Your Letter	Your Action Form	Other Info
A summary of your responses to the survey and recommended readings	**A summary of your responses for your doctor or nurse**	**What to do for Common Problems** **Link to MedlinePlus** **Links**
Create your Portable Continuity of Care Record		

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You can print this letter by choosing "Print" from the "File" menu of your web browser. Printing this letter and taking it to your doctor will help to improve the medical care you receive.

You have a family history of:

- Cancer

Based on your responses to the questionnaire, the Problem-Solving Section may help you manage these issues:

- Headaches

Based on your responses to the **HowsYourHealth** questionnaire, we recommend that you read the following sections of the **How's Your Health** booklet. You may read the chapters online by clicking on them below:

- Exercise and Eating Well
- Health Habits and Health Decisions
- Pain
- Sexual Questions

Your Lifestyle and Health Habits

This score concerns the aspects of your lifestyle and behaviors that can harm you now or pose a future problem. This score deals with things that you can do immediately to improve your health.

Your Survey Indicates	Message
Could be better	"Your Lifestyle and Health Habits" score indicates that you are doing some things to reduce risks to your health and there may be opportunities to improve your health habits and lifestyle.

Your Healthcare and Self-Care Ability

This area considers

- communication gaps between your doctor and you
- your understanding of and education about important health issues
- how easy it is for you to get high quality health care
- your confidence to manage your important health problems

Poor scores in this category could be improved through better communication with your doctor and better self care.

Your Survey Indicates	Message
Could be better	"Your Healthcare and Self-Care Ability" score indicates that there may be opportunities to improve your healthcare and your ability to manage your health. If there are any areas of

Your Survey Indicates	Message
	your healthcare that you feel should be improved, discuss them with your doctor or nurse during your next visit. Also, review the list of additional resources in the "My Resources" section.

Your Problems and Risks

Problems and risks are based on your medical history and your health conditions. Good communication with your doctor and good self-management of problems can reduce these risks.

Your Survey Indicates	Message
Could be better	"Your Health Problems and Risk" score indicates that you are doing some good things to manage your health, but that you have some opportunities to improve your health and feel better.