

E-Health Patient 3 Month Follow-up Survey

The Patient 3 month survey will be administered online 3 months after the baseline physician office visit.

Note: This copy of the survey contains all questions pertaining to all three chronic conditions targeted in this study. In practice, subjects will receive shortened versions of this survey that contain questions pertaining only to the condition(s) for which they screened positive in the initial survey.

E-Health Patient 3-Month Follow-up Survey

1. Would you say that in general your health is

- Excellent
- Very good
- Good
- Fair
- Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of Days __

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of Days __

If the answers to questions 2 AND 3 are 0, skip over question 4 to next question in skipping sequence.

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of Days __

For respondents who screened negative for mobility, but positive for chronic pain at baseline, SKIP TO question 13.

For respondents who screened negative for mobility and negative for chronic pain at baseline, SKIP TO question 19.

For respondents who screened positive for mobility difficulties at baseline, continue with question 5.

ONLY subjects who screened positive for mobility difficulties will receive questions 5 -12.

5. Have you fallen to the ground recently, about in the past 3 months? Include falls where any part of your body above the ankle hit the floor or ground, and falls that occurred on stairs.

- YES NO

6. Do you usually use a wheelchair to get around?

YES..... ~
NO..... ~

7. By yourself, that is without help from another person or special equipment (such as cane or walker), do you have any difficulty walking for a quarter of a mile, that is about 2 or 3 blocks?

YES..... ~
NO..... ~ **SKIP TO question 9**
Don't know..... ~ **SKIP TO question 9**

8. If YES, how much difficulty would you say you have?

A LITTLE DIFFICULTY.....~
SOME DIFFICULTY.....~
A LOT OF DIFFICULTY.....~
I AM UNABLE TO DO IT.....~

9. By yourself, that is without help from another person or special equipment (such as cane or walker), do you have any difficulty walking up 10 steps or about 1 flight of stairs?

YES..... ~ **Continue to question 10**
NO..... ~ **SKIP TO question 11**
Don't know..... ~ **SKIP TO question 11**

~~ONLY subjects who also screened positive for chronic pain: If question 7 = "No" or "Don't know," AND question 9 = "No" or "Don't know," SKIP TO question 13 (chronic pain questions).~~

~~ONLY subjects who screened negative for chronic pain, but positive for depressive symptoms: If question 7 = "No" or "Don't know," AND question 9 = "No" or "Don't know," SKIP TO question 19 (mood questions).~~

~~ONLY subjects who screened negative for chronic pain and negative for depressive symptoms: If question 7 = "NO" or "Don't know," AND question 9 = "No" or "Don't know," SKIP TO question 29 (Talking with your doctor).~~

10. If YES, how much difficulty would you say you have?

A LITTLE DIFFICULTY.....~
SOME DIFFICULTY.....~
A LOT OF DIFFICULTY.....~
I AM UNABLE TO DO IT.....~

11. Have you seen a specialist doctor or a physical therapist in the past 3 months for your difficulty with walking or stair climbing?

YES NO

If question 11 = "No":

For respondents who previously screened negative for pain, but positive for depression, SKIP TO question 19 (mood questions).

For respondents who previously screened negative for pain and negative for depression, SKIP TO question 29 (Talking with your doctor).

For respondents who previously screened positive for pain, SKIP TO question 13.

12. If YES, did you see any of the following in the past 3 months for your difficulty with walking or stair climbing? Please check all that apply:

- ~ Orthopedist or orthopedic surgeon or bone doctor
- ~ Rheumatologist or arthritis doctor
- ~ Neurologist
- ~ Psychiatrist or rehabilitation doctor
- ~ Physical therapist
- ~ Attending a rehabilitation program
- ~ Other (specify) _____

For respondents who previously screened negative for pain, but positive for depression, SKIP TO question 19 (mood questions).

For respondents who previously screened negative for pain and negative for depression, SKIP TO question 29 (Talking with your doctor).

For respondents who previously screened positive for pain, continue with question 13.

ONLY subjects who screened positive for chronic pain at baseline will be asked questions 13-18.

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

- None ***SKIP TO question 17***
- Very mild
- Mild
- Moderate
- Severe
- Very severe

14. During the past 4 weeks, how much did bodily pain interfere with your work, including both work outside the home and housework?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

15. Have you had pain on most days in the past 4 weeks?

- YES NO → **SKIP TO question 17**

16. Please rate the average pain, aching or discomfort you have had during the past 4 weeks, from 0-10, where 0 is no pain and 10 is severe or excruciating pain, as bad as you can imagine.

- | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|------------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ |
| No | | | | | | | | | | Severe/
Excruciating Pain |
| Pain | | | | | | | | | | |

17. Have you seen a specialist doctor, a physical therapist, or attended a pain clinic for your pain in the past 3 months?

- YES NO

If question 17 = "No" :

Respondents who previously screened negative for depression, SKIP TO question 29 (Talking with your doctor).

Respondents who previously screened positive for depression, SKIP TO question 19 (mood questions).

18. If YES, did you see any of the following people in the past 3 months for your chronic pain? Please check all that apply.

- Pain clinic
- Rheumatologist or arthritis doctor
- Neurologist
- Psychiatrist or rehabilitation doctor
- Orthopedist or orthopedic surgeon or bone doctor
- Physical therapist
- Acupuncturist
- Other (specify) _____

Respondents who previously screened negative for depression, SKIP TO question 29 (Talking with your doctor).

Respondents who previously screened positive for depression, continue to question 19 (mood questions).

ONLY subjects who screened positive for depressive symptoms will receive questions 19 to 28.

FEELINGS

19. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

- | | | |
|-------------------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 0 |
| Several days | <input type="checkbox"/> | 1 |
| More than half the days | <input type="checkbox"/> | 2 |
| Nearly everyday | <input type="checkbox"/> | 3 |

20. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- | | | |
|-------------------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 0 |
| Several days | <input type="checkbox"/> | 1 |
| More than half the days | <input type="checkbox"/> | 2 |
| Nearly everyday | <input type="checkbox"/> | 3 |

21. Over the last 2 weeks, how often have you been bothered by trouble falling asleep or staying asleep or sleeping too much?

- | | | |
|-------------------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 0 |
| Several days | <input type="checkbox"/> | 1 |
| More than half the days | <input type="checkbox"/> | 2 |
| Nearly everyday | <input type="checkbox"/> | 3 |

22. Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?

- | | | |
|-------------------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 0 |
| Several days | <input type="checkbox"/> | 1 |
| More than half the days | <input type="checkbox"/> | 2 |
| Nearly everyday | <input type="checkbox"/> | 3 |

23. Over the last 2 weeks, how often have you been bothered by poor appetite or overeating?

- | | | |
|--------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 0 |
| Several days | <input type="checkbox"/> | 1 |

- More than half the days 2
Nearly everyday 3

24. Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?

- Not at all 0
Several days 1
More than half the days 2
Nearly everyday 3

25. Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all 0
Several days 1
More than half the days 2
Nearly everyday 3

26. Over the last 2 weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

- Not at all 0
Several days 1
More than half the days 2
Nearly everyday 3

27. Have you talked about your mood or your feelings with a specialist doctor or a mental health professional in the past 3 months?

- YES NO →**SKIP TO question 29**

28. If YES, did you see any of the following in the past 3 months for your mood difficulty? Please check all that apply.

- Psychiatrist
 Psychologist
 Psychotherapist/ clinical social worker/ psychiatric nurse
 Mental health clinic
 Other (specify) _____

The remaining questions will be asked of all study participants.

TALKING WITH YOUR DOCTOR

Now I would like to ask you about communicating with doctors.

For each of the following questions, please check the box that corresponds to your level of **confidence** that you can do the tasks regularly **at the present time**. You should mark you answers on the scale of one to ten as shown below each question.

29. How confident are you in your ability to know what questions to ask a doctor?

Not at all Confident										Extremely Confident
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How confident are you in your ability to get a doctor to take your chief health concern seriously?

Not at all Confident										Extremely Confident
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How confident are you in your ability to make the most of your visit with a doctor?

Not at all Confident										Extremely Confident
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How confident are you in your ability to get a doctor to answer all of your questions?

Not at all Confident										Extremely Confident
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How confident are you in your ability to get a doctor to do something about your chief health concern?

Not at all Confident										Extremely Confident
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERNET USE

34. During the past 3 months, about how often did you logon to the Internet?

- Very often (daily or almost every day)
- Often (around 2 or more times per week but not every day)
- Sometimes (about once per week)
- Seldom (about every 2 weeks or less)
- Not at all

35. During the past 3 months, about how often did you use the Internet to look for health information?

- Very often (daily or almost every day)
- Often (around 2 or more times per week but not every day)
- Sometimes (about once per week)
- Seldom (about every 2 weeks or less)
- Not at all

36. Where do you logon to the Internet? (check all that apply)

- Home
- Work
- Friend's home
- Public library
- School
- Community center or senior center
- Other (describe) _____

ABOUT YOU

37. Did participation in this study change how you use PatientSite?

- No, not at all
- Yes, using PatientSite more
- Yes, using PatientSite less
- Other. Please explain:

38. Did participating in this study change the way you talk with your doctor?

- No, not at all
- Yes, for the better (Explain) _____
- Yes, for the worse (Explain) _____
- Other. Please explain:

39. How many times have you seen Dr. Dominic Pennachio in the last 90 days?

- 0 times → **SKIP TO question 41**
- 1 time → **SKIP TO question 41**
- 2 times

- 3 times
- More than 3 times

If answered 2, 3, or more times to question 39, continue with question 40.

40. During your most recent visit, did you discuss your (condition _____) again with your doctor?

- No, definitely not
- Yes, somewhat
- Yes, definitely

41. How would you rate the plan that your doctor and you made to help you with your health problems in the past 3 months?

- Very helpful
- Somewhat helpful
- Unsure or neutral
- Somewhat unhelpful
- Not at all helpful

- Did not make a plan with my doctor

Intervention Group Participants: SKIP TO question 43
Control Group Participants: CONTINUE TO question 42

42. Do you have any other things you would like to tell us about this study?

END of survey for control group subjects.

Intervention Only:

43. Are you still finding useful any of the tip sheets, health information or worksheets from the nurse e-coach PatientSite messages?

- Yes
- No

44. Do you have any other things you would like to tell us about this study?

You have completed the survey.

Thank you for participating in the PatientSite Study.