

REVISED E-Health Patient Screening Survey

The Patient screening survey will be administered online after the patient has electronically signed the patient consent form.

E-Health Patient Screening Survey

If you have anything urgent or that requires immediate attention, please contact your doctor. Your doctor will not see your answers to this 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 subject answers 0 to questions 2 AND 3, SKIP TO question 5

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 __ _

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..... ~

If response is YES, then respondent is ineligible based on mobility difficulty; SKIP TO question 14.

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 a cane or a walker), do you have any difficulty walking up 10 steps or 1 flight of stairs?

YES..... ~
NO..... ~
Don't know..... ~

If question 7 = "No" or "Don't know" AND question 9 = "No" or "Don't know," SKIP TO question 14. Respondent is NOT eligible based on mobility.

If question 7 = "Yes," but question 9 = "No" or "Don't know," SKIP to question 11.

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 for your difficulty with walking or stair climbing?

YES NO

If question 11 = "No," SKIP TO question 14. Respondent is ELIGIBLE based on mobility.

12. If YES, are you currently seeing a specialist doctor or therapist for your difficulty with walking or stair climbing?

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

If question 12 = “No”, SKIP TO question 14. Respondent is ELIGIBLE based on mobility.

If question 12 = “Yes,” respondent is NOT eligible based on mobility.

13. If YES, are you seeing any of the following people 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

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

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

If question 14 = “None”, the respondent is NOT eligible on the basis of pain. Skip to depression screen (question 22).

15. 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

16. Have you had pain on most days for at least 3 months in the past year?

YES NO

If question 16 = “No,” SKIP TO question 22. Respondent is NOT eligible based on pain.

17. Is your pain mostly in your joints, bones, muscles, or back?

YES NO

If question 17 = “No,” SKIP TO question 22. Respondent is NOT eligible based on pain.

18. 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/
Pain										Excruciating Pain

19. Have you seen a specialist doctor, a physical therapist, or attended a pain clinic for your pain?

YES NO

If question 20 = “No,” SKIP TO question 22. Respondent is ELIGIBLE based on pain.

20. If YES, are you currently seeing a specialist doctor or therapist for your chronic pain?

YES NO

If question 20 = “No,” SKIP TO question 22. Respondent is ELIGIBLE based on pain.

If question 20 = “Yes,” then respondent is NOT eligible on the basis of pain.

21. If YES, are you currently seeing any of the following people for your chronic pain? Please check all that apply.

- Pain clinic
- Rheumatologist or arthritis doctor
- Neurologist
- Oncologist or cancer doctor
- Psychiatrist or rehabilitation doctor

-
-
-
-
- Orthopedist or orthopedic surgeon or bone doctor
- Physical therapist
- Acupuncturist

FEELINGS

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

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

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

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

If score of the previous 2 items sums to less than 3, the respondent is NOT eligible on the basis of depression screen. However, if the respondent is already eligible based on pain or on mobility, SKIP TO question 33.

If score is less than 3, the respondent is not eligible on the basis of depression. If respondent is not otherwise eligible based on pain and on mobility, SKIP TO question 38.

If score is 3 or higher, then proceed with question 24 (6 items from the PRIME-MD, also called the PHQ-8).

24. 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 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 feeling tired or having little energy?

- 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 poor appetite or overeating?

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

27. 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

28. 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

29. 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

If score on the previous 8 items is less than 10, respondent is NOT eligible on the basis of depression. However, if respondent is eligible based on pain or on mobility difficulty, SKIP TO question 33.

If score is less than 10, respondent is NOT eligible on the basis of depression. If respondent is not otherwise eligible based on pain and on mobility, SKIP TO question 38.

If score is 10 or higher, continue with question 30.

30. Sometimes, people go to see a specialist doctor or mental health professional when they have concerns about their mood or have anxious or sad feelings. Have you talked about your mood or your feelings with a specialist doctor or a mental health professional?

YES NO

If question 30 = “No,” SKIP TO question 33. Respondent is ELIGIBLE on the basis of depression.

31. If YES, are you currently seeing a specialist doctor or mental health professional to discuss or treat a mood difficulty?

YES NO

If question 31 = “No,” SKIP TO question 33. Respondent is ELIGIBLE on the basis of depression.

If question 31 = “Yes,” then respondent is NOT eligible on the basis of depression. Proceed with question 32.

32. If YES, are you currently seeing any of the following for your mood difficulty? Please check all that apply:

- Psychiatrist
- Psychologist
- Psychotherapist/ clinical social worker/ psychiatric nurse
- Mental health clinic

If respondent is NOT eligible based on all 3 conditions (mobility, pain, and depression), SKIP TO question 38.

If respondent is ELIGIBLE based on any of 3 conditions, continue to question 33.

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 your answers on the scale of 1 to 10 as shown below each question.

33. 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"/>

34. 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"/>

35. 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"/>

36. 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"/>

37. 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

38. During the past 6 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

39. During the past 6 months, about how often have you used 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

40. 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

41. What is the highest grade in school or year of college that you completed?

- Never attended school
- Grades 1 through 8 (elementary)
- Grades 9 through 11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 year to 3 years (some college or vocational or technical school)
- College 4 years or more (college graduate)
- Graduate school for Masters or Doctoral degree

42. What is your current marital status?

- Married or living as married
- Lost spouse/ partner to death, divorce, or separated
- Single or never married

43. Do you live by yourself or do you live with other people?

- I live alone

I live with one or more people

The next 2 questions have to do with your race and ethnic background.

44. Are you of Spanish/Hispanic/Latino ethnicity? YES NO

45. What do you consider to be your racial background (check all that apply)?

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Other

46. Which of the following best describes your current employment status?

- Employed for wages
- Self-employed
- Homemaker
- Out of work for 1 year or less
- Out of work for more than 1 year
- Retired
- Unable to work

47. Is there other information that you would like us to know about you? If so, what is it?

Thank you. You have completed the patient survey.