1

Didi Hirsch Integrated Care Health Behavior Survey – Follow Up

Client’s ID: ________________________ Client’s Name: _____________________ Today’s Date: ______/______/_____

We would like to know about your health and your past experiences with health care services. Please answer the questions below by choosing only one answer per question and do not leave any questions blank.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In general, how would you rate your physical health?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. In general, how would you say your quality of life is?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. In general, how would you rate your mental health including your mood and ability to think?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

The following questions relate to your experience with tobacco products, alcohol, and other drugs. For the question #7 about drugs, please include any drugs prescribed by a doctor (like pain medications) if you have taken them for reasons or in doses other than prescribed. Please indicate how often you have used the items listed below in the past 30 days.

<table>
<thead>
<tr>
<th>In the past 30 days, how often have you used...</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Weekly</th>
<th>Daily or Almost Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Tobacco products (cigarettes, chewing tobacco, cigars, vaping, etc.)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. Alcoholic beverages (beer, wine, liquor, etc.)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. Cannabis/Marijuana (smoking, vaping, ingesting etc.)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. Drugs other than those required for medical reasons (e.g. heroin, methamphetamines, cocaine, prescription stimulants, etc.)?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

For Questions 8-11 please respond based on your physical health only. For example diabetes, high blood pressure, etc.

8. **In the past 6 months**, how many times did you visit a physician? Do NOT include visits while in the hospital or the hospital emergency room. 
   ________ visits

9. **In the past 6 months**, how many times did you go to a hospital emergency room? 
   ________ times

10. How many different times did you stay in a hospital overnight or longer in the past 6 months? 
    ________ times

11. How many total NIGHTS did you spend in the hospital in the past 6 months? 
    ________ nights
**Didi Hirsch Integrated Care Health Behavior Survey – Follow Up**

12. Is there a place that you **USUALLY** go to when you are sick or need advice about your health?
   - [ ] Yes
   - [ ] There’s NO place
   - [ ] There is MORE THAN ONE place

**a. If yes or more than one place, what kind of place do you go to most often - a clinic, doctor’s office, emergency room, or some other place?**
   - [ ] Clinic, health center, Doctor’s office or HMO
   - [ ] Hospital emergency room
   - [ ] Hospital outpatient department
   - [ ] Some other place. Please write where: ______________________

13. About how long has it been since you last saw or talked to a **doctor or other health care professional** about your own health? *Include doctors seen while a patient in a hospital.*
   - [ ] Never
   - [ ] 6 months or less
   - [ ] More than 6 months, but not more than 1 year ago
   - [ ] More than 1 year, but not more than 2 years ago
   - [ ] More than 2 years, but not more than 5 years ago
   - [ ] More than 5 years ago

14. About how long has it been since you last saw a **dentist**? *Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.*
   - [ ] Never
   - [ ] 6 months or less
   - [ ] More than 6 months, but not more than 1 year ago
   - [ ] More than 1 year, but not more than 2 years ago
   - [ ] More than 2 years, but not more than 5 years ago
   - [ ] More than 5 years ago

15. **In the past 6 months**, how easy was it for you to get help for a physical health problem?
   - [ ] Very Easy
   - [ ] Somewhat Easy
   - [ ] Somewhat Difficult
   - [ ] Very Difficult
   - [ ] Haven’t tried to get help

16. **In the last 6 months**, did you receive any assistance in managing a physical health condition or concern at **Didi Hirsch**?
   - [ ] Yes Please answer Questions #17-19 below
   - [ ] No You are done with the survey. Thank you!

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**PLEASE CONTINUE TO NEXT PAGE.**
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For questions 17-24 please refer to any physical health assistance you received in the last 6 months at Didi Hirsch.

17. How many times did someone in your treatment team assist you in managing a physical health condition or concern? ___________ times

18. Who on your treatment team assisted you in managing a physical health condition or concern (please select all that apply)?

[ ] Volunteer Health Coach
[ ] Care Coordinator/Case Manager
[ ] Nurse
[ ] Therapist
[ ] Psychiatrist
[ ] Care Coordinator/Case Manager
[ ] Other (please describe): _______________________

19. What physical health condition or goal did you receive assistance towards (please select all that apply)? Please specify the number of times you received assistance toward that specific condition or goal.

[ ] Weight loss/Obesity
   # of times: ___________

[ ] High Blood Pressure
   # of times: ___________

[ ] Cholesterol
   # of times: ___________

[ ] Diabetes
   # of times: ___________

[ ] Sexually Transmitted Disease (including testing)
   # of times: ___________

[ ] Smoking Cessation
   # of times: ___________

[ ] Other (please describe): ________________
   # of times: ___________

20. What type of health related service did you receive (please select all that apply)?

[ ] One time health discussion
[ ] Referral to health provider
[ ] On-going counseling related to health
[ ] Participation in health related group
[ ] Hand out/Information about health condition
[ ] Other (please describe): _______________________

As a direct result of the physical health services I received:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. My knowledge about how to lead a healthy lifestyle increased.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>22. I am better able to take care of my physical health problems (e.g., diabetes, high blood pressure, etc.)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>23. I know where to go to get help for my physical health problems.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>24. My physical health has improved.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>25. Overall, I liked the services I received here to address my health needs.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>