

## 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.*

	Excellent	Very Good	Good	Fair	Poor
1. In general, how would you rate your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In general, how would you say your quality of life is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, how would you rate your mental health including your mood and ability to think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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**.*

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

*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

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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

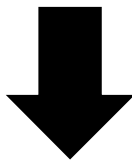
16. In the last 6 months, did you receive any assistance in managing a physical health condition or concern **at Didi Hirsch**?

Yes

Please answer Questions #17-19 below

No

You are done with the survey. Thank you!



**PLEASE CONTINUE TO NEXT PAGE.**

