

## Overall Health

This survey asks questions about your overall health. Your privacy is very important to us. Your answers will only be shared with approved researchers after we have removed your name. It takes about 5-10 minutes to answer these questions. Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you have to spend a long time over each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

**PPI1585766. How confident are you filling out medical forms by yourself?<sup>1</sup>**

- **PPI1585767.** Extremely
- **PPI1585768.** Quite a bit
- **PPI1585769.** Somewhat
- **PPI1585770.** A little bit
- **PPI1585771.** Not at all

**PPI1585772. How often do you have someone help you read health-related materials?<sup>1</sup>**

- **PPI1585773.** Always
- **PPI1585774.** Often
- **PPI1585775.** Sometimes
- **PPI1585776.** Occasionally
- **PPI1585777.** Never

**PPI1585778. How often do you have problems learning about your medical condition because of difficulty understanding written information?<sup>1</sup>**

- **PPI1585779.** Always
- **PPI1585780.** Often
- **PPI1585781.** Sometimes
- **PPI1585782.** Occasionally
- **PPI1585783.** Never

**PPI1585711. In general, would you say your health is:<sup>2</sup>**

- **PPI1585712.** 5 = Excellent
- **PPI1585713.** 4 = Very Good
- **PPI1585714.** 3 = Good
- **PPI1585715.** 2 = Fair
- **PPI1585716.** 1 = Poor

**PPI1585717. In general, would you say your quality of life is:<sup>2</sup>**

- **PPI1585718.** 5 = Excellent
- **PPI1585719.** 4 = Very Good

- **PPI1585720.** 3 = Good
- **PPI1585721.** 2 = Fair
- **PPI1585722.** 1 = Poor

**PPI1585723. In general, how would you rate your physical health?<sup>2</sup>**

- **PPI1585724.** 5 = Excellent
- **PPI1585725.** 4 = Very Good
- **PPI1585726.** 3 = Good
- **PPI1585727.** 2 = Fair
- **PPI1585728.** 1 = Poor

**PPI1585729. In general, how would you rate your mental health, including your mood and your ability to think?<sup>2</sup>**

- **PPI1585730.** 5 = Excellent
- **PPI1585731.** 4 = Very Good
- **PPI1585732.** 3 = Good
- **PPI1585733.** 2 = Fair
- **PPI1585734.** 1 = Poor

**PPI1585735. In general, how would you rate your satisfaction with your social activities and relationships?<sup>2</sup>**

- **PPI1585736.** 5 = Excellent
- **PPI1585737.** 4 = Very Good
- **PPI1585738.** 3 = Good
- **PPI1585739.** 2 = Fair
- **PPI1585740.** 1 = Poor

**PPI1585741. TO what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?<sup>2</sup>**

- **PPI1585742.** 5 = Completely
- **PPI1585743.** 4 = Mostly
- **PPI1585744.** 3 = Moderately
- **PPI1585745.** 2 = A little
- **PPI1585746.** 1 = Not at all

**PPI1585747. In the past 7 days, how would you rate your pain on average?<sup>2</sup>**

- 5 = 0 No pain
- 4 = 1
- 4 = 2
- 4 = 3
- 3 = 4
- 3 = 5
- 3 = 6

- 2 = 7
- 2 = 8
- 2 = 9
- 1 = 10 Worst pain imaginable

**PPI1585748. In the past 7 days, how would you rate your fatigue?<sup>2</sup>**

- **PPI1585749.** 5 = None
- **PPI1585750.** 4 = Mild
- **PPI1585751.** 3 = Moderate
- **PPI1585752.** 2 = Severe
- **PPI1585753.** 1 = Very Severe

**PPI1585754. In general, please rate how well you carry out your usual social roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)<sup>2</sup>**

- **PPI1585755.** 5 = Excellent
- **PPI1585756.** 4 = Very Good
- **PPI1585757.** 3 = Good
- **PPI1585758.** 2 = Fair
- **PPI1585759.** 1 = Poor

**PPI1585760. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?<sup>2</sup>**

- **PPI1585761.** 5 = Never
- **PPI1585762.** 4 = Rarely
- **PPI1585763.** 3 = Sometimes
- **PPI1585764.** 2 = Often
- **PPI1585765.** 1 = Always

*The next few questions are about women's health issues. Women's health is very important when considering your overall health. Answering these questions will help us get a more complete picture of your total health.*

*Note: The questions PPI1585811 – PPI1585795 will only be asked if in The Basics the questions about sex at birth were answered Female, intersex, or (please specify).*

**PPI1585784. Have your menstrual periods stopped permanently?<sup>3</sup>**

- **PPI1585785.** No
- **PPI1585786.** Yes, I have no menstrual periods
- **PPI1585787.** Yes, but I have periods induced by hormones
- **PPI1585788.** Not sure

*Branching Logic if PPI1585784= "Not sure", display PPI1585811 OR Branching Logic if PPI1585784 = "No", display PPI1585811, then skip to PPI1585803:*

**PPI1585811. Are you currently pregnant?<sup>4</sup>**

- ☐ **PPI1585813.** No
- ☐ **PPI1585812.** Yes
- ☐ **PPI1585814.** Not sure
- ☐ Prefer not to answer

*Branching Logic if PPI1585784= “Yes, I have no menstrual periods” or “Yes, but I have periods induced by hormones”, display the following:*

**PPI1585789. Why did your periods stop?**<sup>3</sup>

- ☐ **PPI1585821.** Natural menopause (change of life)
- ☐ **PPI1585822.** Surgery (a hysterectomy to remove your uterus and/or an oophorectomy to remove your ovaries)
- ☐ **PPI1585823.** Endometrial ablation (removal of the lining of the uterus)
- ☐ **PPI1585790.** Medication, chemotherapy, or radiation
- ☐ Other
- ☐ Not sure
- ☐ Prefer not to answer

*Branching Logic if PPI1585784 = “Yes”, display the following:*

**PPI1585791. Have you ever had a hysterectomy (that is, surgery to remove your uterus or womb)?**<sup>3</sup>

- ☐ **PPI1585792.** No
- ☐ **PPI1585793.** Yes
- ☐ **PPI1585794.** Not sure
- ☐ Prefer not to answer

*Branching Logic if PPI1585791 = “Yes”, display the following:*

**PPI1585795. If yes, age at surgery?**<sup>3</sup>

- \_\_\_\_\_ (age in years)

*Branching Logic if PPI1585791 = “No”, “Not Sure” or “Prefer not to answer”, display the following:*

**PPI1585796. Have you ever had an ovary removed?**<sup>3</sup>

- ☐ **PPI1585797.** No
- ☐ **PPI1585798.** Yes, but only one ovary or part of one ovary
- ☐ **PPI1585799.** Yes, both ovaries
- ☐ **PPI1585800.** Yes, but don’t know whether one or both ovaries
- ☐ **PPI1585801.** Not sure
- ☐ **PPI1585802.** Prefer not to answer

*Branching Logic if PPI1585796 = “Yes” at all, display the following:*

**PPI1585802. If yes, age at surgery?**<sup>3</sup>

- \_\_\_\_\_ (age in years)

*A blood sample may be drawn as part of this study. Some conditions or prior procedures, such as a bone marrow transplant, may cause problems in using your blood sample for research. In addition, some information about you, such as your travel history, may not generally be in your medical record but may*

***still be helpful to researchers. Traveling outside the country may increase your risk of coming into contact with certain infections not commonly present in this country. The following questions are asked to address two of these situations.***

**PPI1585803. Have you had a transplant of any type?<sup>5</sup>**

- **PPI1585804.** Yes
- **PPI1585805.** No
- Don't know

*Branching Logic if PPI1585803= "Yes", display the following:*

**PPI1585806. If yes, please check all that apply<sup>5</sup>**

- **PPI1585824.** Heart
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585825.** Kidney
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585826.** Liver
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585827.** Lung
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585828.** Pancreas
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585829.** Intestine
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585807.** Other organ (free text field)
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585830.** Cornea
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585831.** Bone
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585832.** Valve
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585833.** Skin
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585834.** Blood vessels
  - *Branching Logic if selected, display: Date of transplant*
- **PPI1585808.** Other tissue (free text field)
  - *Branching Logic if selected, display: Date of transplant*

**PPI1585815. Have you traveled outside of the country within the past 6 months?<sup>5</sup>**

- **PPI1585816.** Yes
- **PPI1585817.** No
- **PPI1585818.** Don't know

*Branching Logic if PPI1585803= "Yes", display the following:*

**If yes<sup>5</sup>**

- **PPI1585819.** Where?

*All of Us* Research Program

Participant Provided Information (PPI)

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- Free Text
- **PPI1585820**. How Long?
  - Number (Days, Weeks, Months, Years)

Your answers will help researchers to better understand health, and advance how to prevent and treat disease.

#### Sources

1. Brief Health Literacy Screen (BHLS)
2. Patient Reported Outcomes Measurement Information System (PROMIS) Global Health
3. California Teacher's Study
4. UK Biobank
5. Blood Bank Screening