

KAISER PLAN MEMBERS' HEALTH SURVEY

HKE099820

Name _____

Address _____

YOUR HEALTH PLAN NO. _____

(PLEASE CORRECT ANY ERRORS IN THE ABOVE INFORMATION)

To improve health services to members, Kaiser Foundation Health Plan and Permanente Medical Group conduct a continuing research program. You can help in this important work by answering the questions below. You are one of a group of members selected purely at random and not because of any health reasons.

Please return the completed questionnaire in the enclosed stamped envelope as soon as possible. All information obtained in this study will be kept confidential. If you have any questions concerning this survey please call, in Oakland, 654-4364 Extension 10. Thank you very much.

1. AT THE PRESENT TIME MY HEALTH IS SUCH THAT: (PLEASE CHECK ONE).
☐ I CAN NOT DO MY USUAL WORK (JOB OR HOUSEWORK) AT ALL.
☒ I CAN WORK, BUT HAVE TO LIMIT OR CUT DOWN ON THE AMOUNT OR KIND OF WORK.
☐ I AM NOT LIMITED IN ANY OF THESE WAYS.
2. IN THE PAST YEAR, HAVE YOU REGULARLY TAKEN ANY MEDICINES (OTHER THAN VITAMINS)?
☐ NO ☐ YES, IF "YES": WHAT WERE THE MEDICINES? _____
3. HOW MANY TIMES IN THE PAST YEAR DID YOU SEE A DOCTOR? _____
4. HAVE YOU HEARD ABOUT KAISER HEALTH PLAN'S MULTIPHASIC HEALTH CHECKUP?
☐ NO ☐ YES, IF "YES", WRITE BELOW WHAT THIS SERVICE IS, OR WHAT IT DOES FOR YOU?

5. IN THE PAST FIVE YEARS HAVE YOU HAD A KAISER MULTIPHASIC HEALTH CHECK IN THE HOWE STREET CLINIC BASEMENT?
☐ NO ☐ YES, IF "YES", HOW MANY? _____
IF "YES", HOW MANY DID YOU TAKE BECAUSE THE DOCTOR TOLD YOU TO TAKE IT? _____
6. IN THE PAST FIVE YEARS HAVE YOU HAD A GENERAL PHYSICAL HEALTH CHECKUP OTHER THAN A MULTIPHASIC?
☐ NO ☐ YES, IF "YES", HOW MANY TIMES? _____
7. HOW LONG ARE YOU WILLING TO WAIT TO TAKE A CHECKUP?
☐ NO WAITING, ☐ LESS THAN TWO WEEKS, ☐ TWO WEEKS, ☐ ONE MONTH,
☐ TWO MONTHS, ☐ THREE MONTHS, ☐ DOES NOT MATTER
8. DO YOU HAVE A REGULAR OR PERSONAL DOCTOR?
☐ NO ☐ YES, IF "YES": (A) IS HE A KAISER HEALTH PLAN DOCTOR? ☐ NO ☐ YES
(B) WHEN DID YOU SEE HIM LAST?
☐ WITHIN THE PAST MONTH, ☐ ONE TO SIX MONTHS AGO,
☐ OVER SIX MONTHS AGO TO A YEAR, ☐ OVER ONE YEAR AGO.
9. HAS A DOCTOR TOLD YOU THAT YOU HAD ANY DISEASE OR ILLNESS?
☐ NO ☐ YES, IF "YES", WHAT WAS IT? _____