Form Approved

OMB No. 0990-

Exp. Date XX/XX/20XX

**SASH Participant**

**Survey**

**Sponsored by**

**The U.S. Department of Health and Human Services**

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| **Survey Instructions**  Answer each question by marking the box to the left of your answer.  Yes  No  **Your Health**  **1.** Please think about the health care provider you see most often. In the last 12 months, how many times did you visit this provider to get care for yourself?  1 None  2 1 time  3 2  4 3  5 4  6 5 to 9  7 10 or more times  **2.** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?  **2a.** Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?  1 Yes, limited a lot  2 Yes, limited a little  3 No, not limited at all  **2b.** Climbing several flights of stairs?  1 Yes, limited a lot  2 Yes, limited a little  3 No, not limited at all  **3.** During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?  **3a.** Accomplished less than you would like?  1 Yes  2 No | | **3b.** Were limited in the kind of work or other activities?  1 Yes  2 No  **3c.** During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?  1 Not at all  2 A little bit  3 Moderately  4 Quite a bit  5 Extremely  **4.** Please indicate which statement best describes your own health state today?  **4a.** **Mobility**  1 I have no problems in walking about  2 I have some problems in walking about  3 I am confined to bed  **4b.** **Self-Care**  1 I have no problems with self-care  2 I have some problems washing or dressing myself  3 I am unable to wash or dress myself  **4c.** **Usual activities** (e.g. work, study, housework, family or leisure activities)  1 I have no problems with performing my usual activities  2 I have some problems performing my usual activities  3 I am unable to perform my usual activities  **4d.** **Pain/Discomfort**  1 I have no pain or discomfort  2 I have moderate pain or discomfort  3 I have extreme pain or discomfort  **4e.** **Anxiety/Depression**  1 I am not anxious or depressed  2 I am moderately anxious or depressed  3 I am extremely anxious or depressed | |
| **5.** Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?  **5a.** Bathing  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **5b.** Dressing  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **5c.** Eating  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **5d.** Getting in or out of chairs  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **5e.** Walking  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **5e.** Using the toilet  1 No, I do not have difficulty  2 Yes, I have difficulty  3 I am unable to do this activity  **Your Medications**  **6.** Below is a list of problems that people sometimes have with their medicines. Please check how hard it is for you to do each of the following:  **6a.** Open or close the medication bottle  1 very hard  2 somewhat hard  3 not hard at all | | **6b.** Read the print on the bottle  1 very hard  2 somewhat hard  3 not hard at all  **6c.** Remember to take all the pills  1 very hard  2 somewhat hard  3 not hard at all  **6d.** Get your refills in time  1 very hard  2 somewhat hard  3 not hard at all  **6e.** Take so many pills at the same time  1 very hard  2 somewhat hard  3 not hard at all  **Your Diet**  **7.** The next questions are about your recent diet.  **7a.** Has your food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?  1 severe loss of appetite  2 moderate loss of appetite  3 no loss of appetite  **7b.** How many full meals do you eat each day?  1 1 meal  2 2 meals  3 3 meals  **7c.** Do you eat at least one serving of dairy products (milk, cheese, yogurt) each day?  1 Yes  2 No  **7d.** Do you eat at two or more servings of peas, beans or eggs each week?  1 Yes  2 No | |

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| **7e.** Do you eat meat, fish, or poultry every day?  1 Yes  2 No  **7f.** Do you eat two or more servings of fruits or vegetables per day?  1 Yes  2 No  **7g.** How much fluid (water, juice, coffee, tea, milk) do you consume per day?  1 less than 3 cups  2 3 to 5 cups  3 more than 5 cups  **7h.** Which of the following best describe how  you are fed?  1 I’m unable to eat without assistance  2 I’m able to fee myself with some difficulty  3 I can feed myself without any problems  **7i.** How would you describe your nutritional status?  1 I think I’m malnourished  2 I’m uncertain about my nutritional state  3 I don’t think I have any nutritional problems  **About You**  **8.** In general, how would you rate your overall health?  1 Excellent  2 Very good  3 Good  4 Fair  5 Poor  **9.** What is your age?  1 18 to 24  2 25 to 34  3 35 to 44  4 45 to 54  5 55 to 64  6 65 to 74  7 75 to 84  8 85 or older | **10.** Are you male or female?  1 Male  2 Female  **11.** What is the highest grade or level of school that you have completed?  1 8th grade or less  2 Some high school, but did not graduate  3 High school graduate or GED  4 Some college or 2-year degree  5 4-year college graduate  6 More than 4-year college degree  **12.** Are you of Hispanic or Latino origin or descent?  1 Yes, Hispanic or Latino  2 No, not Hispanic or Latino  **13.** What is your race? Mark one or more.  1 White  2 Black or African American  3 Asian  4 Native Hawaiian or Other Pacific  Islander  5 American Indian or Alaskan Native  6 Other  **14.** Did someone help you complete this survey?  1 Yes  2 No → **Thank you.**  **Please return the completed survey in the postage-paid envelope.**  **15.** How did that person help you? Mark one or more.  1 Read the questions to me  2 Wrote down the answers I gave  3 Answered the questions for me  4 Translated the questions into my language  5 Helped in some other way |

**Thank you**

**Please return the completed survey in the postage-paid envelope.**