

# Health Information

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1. GENERAL HEALTH: In general, how is this person's health?

1 Very Poor

2 Poor

\_\_\_\_\_ 3 Fair

4 Good

5 Excellent

2. ILLNESS IN PAST 28 DAYS:

\_\_\_\_\_ Number of days of restricted activity because of illness

3. DENTIST VISITS: About how many times has the person been to the dentist in the past year?

\_\_\_\_\_ 3A Total Visits

\_\_\_\_\_ 3B Number of times for exams, cleaning, and general preventive work

\_\_\_\_\_ 3C Number of times for major work, surgery, or emergency situations

4. DOCTOR VISITS: About how many times has the person been seen by a doctor in the past year?

\_\_\_\_\_ 4A Total times seen by doctors in past year (**approximate**)

\_\_\_\_\_ 4B About how many visits were for acute illness?

\_\_\_\_\_ 4C About how many visits were for normal preventive care?

\_\_\_\_\_ 4D About how many visits to an Emergency Room?

\_\_\_\_\_ 4E About how many visits were to specialists?

5. What were the kinds of specialists most often seen?

5A \_\_\_\_\_

5B \_\_\_\_\_

5C \_\_\_\_\_

6. What was the reason for the most recent Emergency Room visit?

7. HOSPITAL ADMISSIONS: How many times in the past year has the person been admitted to a hospital for any reason?

\_\_\_\_\_

8. What was the reason for the most recent hospital admission?

9. "MEDICAL HOME": Does this person have a clearly identified primary care physician who is responsible for primary care and coordination?

0 No

\_\_\_\_\_ 1 Yes

10. How is this person's health care paid for? (Enter a "1" for all that apply.)

**0=No**

**1=Yes**

\_\_\_\_\_ 10A Medicaid, fee for service

\_\_\_\_\_ 10B Medicaid, in some variety of managed care, HMO, HSO, HIO, MCO, MSO, PSRO, etc.

\_\_\_\_\_ 10C Medicare

\_\_\_\_\_ 10D Private health insurance

\_\_\_\_\_ 10E Private payment for services

\_\_\_\_\_ 10F Other, describe

11. **PRESCRIBED DAILY MEDICATIONS:** Please PRINT the name of each PRESCRIBED medication that the person is receiving. Under PURPOSE, use these codes:

1 = Control of Psychiatric Symptoms (Neuroleptics, psychotropics, antipsychotics; commonly Mellaril, Haldol, etc.)

2 = Behavior Control, Calming (Major and minor tranquilizers)

3 = Sleep (Medications to induce or prolong sleep)

4 = Antidepressant (To reduce depression, withdrawal; to elevate mood)

5 = Seizure Control

6 = Digestive, Stomach, Bowel (For heartburn, ulcer, laxative, etc.)

7 = Chronic Health Condition (For heart, hypertension, diabetes, etc.)

8 = Nutritional Supplements (Vitamins, minerals, special supplements)

9 = Other

99 = Don't Know

NAMES OF PRESCRIBED MEDICATIONS	PURPOSE
11A	11B
11C	11D
11E	11F
11G	11H
11I	11J
11K	11L
11M	11N
11O	11P
11Q	11R

11R. How many errors in the administration of medications occurred in the past month? Do not include errors in documentation.

\_\_\_\_\_ medication errors other than documentation (enter zero if none)

11S. Please describe the most recent medication error, if any.

12. CURRENT WEIGHT STATUS:

- 1 Seriously Underweight
- 2 Significantly Underweight
- \_\_\_\_\_ 3 At or Near Weight Ideal for Height and Build
- 4 Significantly Overweight
- 5 Seriously Overweight

13. WEIGHT GAIN OR LOSS: Has this person gained or lost weight within the past year?

- 1 Significant Gain (more than 10%)
- 2 Slight Gain
- \_\_\_\_\_ 3 No Change
- 4 Slight Loss
- 5 Significant Loss (more than 10%)

14. Who has evaluated the SIGNIFICANT weight gain or loss? (Enter "1" for all that apply.)

- \_\_\_\_\_ 14A No Evaluation Has Been Done
- \_\_\_\_\_ 14B Primary Physician
- \_\_\_\_\_ 14C Nurse
- \_\_\_\_\_ 14D Dietitian
- \_\_\_\_\_ 14E Other (specify: \_\_\_\_\_)
- \_\_\_\_\_ 14F None needed -- no SIGNIFICANT weight gain or loss

15. Describe the process of finding medical care for this person:

- 1 Very Difficult
- 2 Difficult
- \_\_\_\_\_ 3 About Average
- 4 Easy
- 5 Very Easy

16. Please describe the relationship between this person and the primary care physician.

- 1 Very negative (such as cold, uncaring, fearful, etc.)
- 2 Negative
- \_\_\_\_\_ 3 Neutral
- 4 Positive
- 5 Very positive (such as pleasant, warm, patient, gentle, caring)

17. RESPONDENT OPINION: Overall, how good is this person's health care?

- 1 Very Poor
- 2 Poor
- \_\_\_\_\_ 3 Fair
- 4 Good
- 5 Excellent

18. INJURIES: How many injuries requiring medical attention has this person had in the past year?

\_\_\_\_\_ # of injuries

19. ABUSE or NEGLECT: How many events of abuse, mistreatment, or neglect have been alleged about this person in the past year?

\_\_\_\_\_ # of allegations

20. RESTRICTIVE PROCEDURES: Approximately how many times have restrictive procedures been used with this person in the past year?

\*\* \_\_\_\_\_ # of times restrictive procedures used

