

Participant ID: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

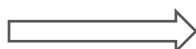


## 6 Month Health Follow-Up

**Instructions:** Please answer these questions to assist us in providing effective programming that meets the need of our participants.

1. In the past 3 months, have you been hospitalized?  Yes  No  
a. If yes, How many days? \_\_\_\_\_ Days
  
2. In the past 3 months, have you been seen in the Emergency Room?  Yes  No  
a. If yes, how many times? \_\_\_\_\_ Times
  
3. In the past 3 months, have you had to visit your doctor for more than your regularly scheduled office visits?  Yes  No  
a. If yes, how many times? \_\_\_\_\_ Times
  
4. During the past week, you were able to stretch, walk, swim, bike, or do other types of exercise for:  
 None  Less than 30 minutes per week  
 30-60 minutes per week  1-3 hours per week  
 More than 3 hours per week
  
5. A fall is when your body goes to the ground without being pushed. Have you fallen in the past 3 months?  Yes, I have fallen about \_\_\_\_\_ times  
 No, I have not fallen
  
6. On average, how many days have you missed from work due to your chronic condition in the past 3 months?  
 0 Days  1-5 Days  6-10 Days  11+ Days  
 N/A (Unemployed, Retired, Other)
  
7. Do you smoke any tobacco products (cigarettes, e-cigarettes, chewing tobacco)?  
 Yes  No

*Please turn over*



8. In general, would you say your health is: (indicate one)

**Excellent                      Very Good                      Good                      Fair                      Poor**

**We would like to know how confident you are in doing certain activities.**

**For each of the following questions, please circle the number that corresponds to your confidence that you can do the tasks regularly at the present time.**

9. How confident are you that you can keep the fatigue caused by your chronic condition from interfering with the things you want to do?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

10. How confident are you that you can keep the physical discomfort or pain of your chronic condition from interfering with the things you want to do?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

11. How confident are you that you can keep the emotional distress caused by your chronic condition from interfering with the things you want to do?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

12. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

13. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

14. How confident are you that you can do things other than just taking medication to reduce how much your chronic condition affects your everyday life?

**Not at all confident   1   2   3   4   5   6   7   8   9   10   Totally Confident**

Are there any additional comments you would like to add?

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