

**NOT FOR DISTRIBUTION
FOR REVIEW PURPOSES ONLY**

SURVEY FOR PATIENTS AGE 65 AND OLDER

You can help our office give you the best possible care by completing this survey about your own medical care.

We hope you will answer the questions. No one here will know how you answered the questions. And if you choose to not answer, that's okay.

The survey is easy to do. It will take less than ten minutes. You can do it by using the phone or over the Internet.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET (For U.S. and International Residents)

- Go to <http://survey.abim.org>
- Select English or Spanish
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit Survey" button

Thank you very much.

1. **In general, compared to other people your age, how would you rate your overall health?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
2. **In the PAST 12 MONTHS, did you talk with your doctor or someone in the doctor's office about your level of exercise or physical activity? For example, your doctor may ask if you exercise regularly or take part in physical activity.**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
3. **In the PAST 12 MONTHS, did your doctor or someone in the doctor's office advise you to start, increase or maintain your level of exercise or physical activity? For example, your doctor may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
4. **Falls are the most common cause of injuries in older adults. Did you fall in the PAST 12 MONTHS?**
 - 1 Yes
 - 2 No (Go to question 6)
 - 3 Skip this question
5. **In the PAST 12 MONTHS, did you talk with your doctor or someone in the doctor's office about falling?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
6. **In the PAST 12 MONTHS, have you had a problem with balance or walking?**
 - 1 Yes
 - 2 No (Go to question 8)
 - 3 Skip this question
7. **In the PAST 12 MONTHS, did you talk with your doctor or someone in the doctor's office about problems with balance or walking?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
8. **There are many ways to prevent falls or treat problems with balance or walking. Your doctor may advise you to make changes to your home, ask you to try using a cane or walker, check your blood pressure while you are standing up, ask about what types of medications you are taking, send you to physical therapy or an exercise program, or send you for vision or hearing testing. Has your doctor or someone in the doctor's office done these or anything else to help prevent falls or treat problems with balance or walking?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
9. **Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?**
 - 1 Yes
 - 2 No (Go to question 13)
 - 3 Skip this question
10. **How much of a problem, if any, was the urine leakage for you?**
 - 1 A big problem
 - 2 A small problem
 - 3 Not a problem
 - 4 Skip this question

11. Have you talked with your doctor or someone in the doctor's office about your urine leakage problem?

- 1 Yes
- 2 No
- 3 Skip this question

12. There are many ways to treat urinary incontinence, including bladder training, Kegel exercises, medication and surgery. Have you received these or any other treatments for urine leakage?

- 1 Yes
- 2 No
- 3 Skip this question

13. Has your doctor or someone in the doctor's office asked if you have any concerns about your memory?

- 1 Yes
- 2 No
- 3 I'm not sure
- 4 Skip this question

14. Has your doctor or someone in the doctor's office asked if you have any problems with your hearing?

- 1 Yes
- 2 No
- 3 I'm not sure
- 4 Skip this question

15. In the PAST TWO YEARS, have you had your vision checked?

- 1 Yes
- 2 No
- 3 I'm not sure
- 4 Skip this question

16. Do you smoke cigarettes?

- 1 Yes
- 2 No (Go to question 18)
- 3 Skip this question

17. If you smoke, has your doctor advised you to stop?

- 1 Yes, more than once
- 2 Yes, once
- 3 No
- 4 I'm not sure
- 5 Skip this question

The next seven questions ask if your health causes difficulty with common activities. Because of your health or physical condition, do you have any difficulty with...

18. Shopping for personal items (like toiletries or medicines)?

- 1 Yes
- 2 No
- 3 I don't do this
- 4 Skip this question

19. Managing money (like keeping track of expenses or paying bills)?

- 1 Yes
- 2 No
- 3 I don't do this
- 4 Skip this question

20. Walking across the room?

- 1 Yes
- 2 No
- 3 I don't do this
- 4 Skip this question

21. Walking up a flight of stairs?

- 1 Yes
- 2 No
- 3 I don't do this
- 4 Skip this question

22. Walking a quarter of a mile?

- 1 Yes
- 2 No
- 3 I don't do this
- 4 Skip this question



- 23. Doing light housework (like washing dishes, straightening up)?**
- 1 Yes
 - 2 No
 - 3 I don't do this
 - 4 Skip this question
- 24. Bathing or showering?**
- 1 Yes
 - 2 No
 - 3 I don't do this
 - 4 Skip this question
- 25. How is this doctor at encouraging you to ask questions and answering them clearly?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 26. How is this doctor's staff at encouraging you to ask questions and answering them clearly?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 27. How is this practice at making sure you have the information you need to take your medications properly?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
 - 7 Skip this question
- 28. How is this practice at giving you the information you need about the side effects of your medications?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Not applicable
 - 7 Skip this question
- 29. Overall, how would you rate this doctor's office at taking care of older adults?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 30. Would you recommend this doctor's office to other older adults?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
- 31. Please enter the two-digit number that represents your age?**
Press # to skip this question
- 32. Are you a man or a woman?**
- 1 Male
 - 2 Female
 - 3 Skip this question