

# POMP Final: Physical Functioning and Health Module

(Telephone Version)

These next few questions are about your health.

PF1. In general, would you say your health is:

- Excellent ..... 1
- Very Good ..... 2
- Good ..... 3
- Fair ..... 4
- Poor ..... 5
- Refused ..... -7
- Don't Know ..... -8

PF2. Do you use any of the following aids?

					If "Yes," have you used them for 6 months or longer?			
	Yes	No	Refused	Don't Know	Yes	No	Refused	Don't Know
PF2a. A cane, crutches, or a walker.....	1	2	-7	-8	1	2	-7	-8
PF2b. A wheelchair, electric scooter, etc .....	1	2	-7	-8	1	2	-7	-8
PF2c. A hearing aid .....	1	2	-7	-8	1	2	-7	-8
PF2d. Other (e.g., grab bar, shower chair, shower bench, etc.).....	1	2	-7	-8	1	2	-7	-8

PF3. About how many different prescription medications do you take every day?

- |\_\_|\_\_|
- Refused ..... -7
- Don't Know ..... -8

PF4. In the past 12 months, did you have to stay overnight in a nursing home or rehabilitation center?

- Yes..... 1
- No..... 2
- Refused ..... -7
- Don't Know ..... -8

Office Use Only:
Client ID: _____
Service Enrollment Date: _____
Date of Survey Administration: _____

PF5. In the past 12 months, did you have to stay overnight in a hospital?

- Yes..... 1
- No..... 2
- Refused ..... -7
- Don't Know ..... -8

PF6. In the past 12 months, did you receive treatment in an emergency room?

- Yes..... 1
- No..... 2
- Refused ..... -7
- Don't Know ..... -8

We would like to ask you about some common activities of daily life and whether you usually need assistance with them. This does not include the effects of temporary conditions. If you use an aid or assistive device, please indicate if you still have difficulty when using the aid.

Because of a physical or mental health condition, do you have difficulty...

						If "Yes," do you need the help of another person?			
		<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
PF7.	Getting around INSIDE the home	1	2	-7	-8	1	2	-7	-8
PF8.	Getting around OUTSIDE the home, for example to shop or visit a doctor's office	1	2	-7	-8	1	2	-7	-8
PF9.	Getting in or out of a bed or a chair	1	2	-7	-8	1	2	-7	-8
PF10.	Taking a bath or shower	1	2	-7	-8	1	2	-7	-8
PF11.	Dressing	1	2	-7	-8	1	2	-7	-8
PF12.	Walking	1	2	-7	-8	1	2	-7	-8
PF13.	Eating	1	2	-7	-8	1	2	-7	-8
PF14.	Using or getting to the toilet	1	2	-7	-8	1	2	-7	-8
PF15.	Keeping track of money or bills	1	2	-7	-8	1	2	-7	-8
PF16.	Preparing meals	1	2	-7	-8	1	2	-7	-8
PF17.	Doing light housework, such as washing dishes or sweeping a floor	1	2	-7	-8	1	2	-7	-8
PF18.	Doing heavy housework, such as scrubbing floors and washing windows	1	2	-7	-8	1	2	-7	-8
PF19.	Taking the right amount of prescribed medicine at the right time	1	2	-7	-8	1	2	-7	-8
PF20.	Using the telephone	1	2	-7	-8	1	2	-7	-8

Now I would like to ask about medical conditions you may have.

PF21. Have you ever been told by a doctor, nurse, or other health care professional that you have...

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
a. Arthritis or rheumatism.....	1	2	-7	-8
b. High blood pressure or hypertension.....	1	2	-7	-8
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems .....	1	2	-7	-8
d. High cholesterol .....	1	2	-7	-8
e. Diabetes or high blood sugar .....	1	2	-7	-8
f. Allergies, asthma, emphysema, chronic bronchitis, or other breathing or lung problems .....	1	2	-7	-8
g. Cancer or a malignant tumor, excluding minor skin cancer.....	1	2	-7	-8
h. Stroke .....	1	2	-7	-8
i. Anemia .....	1	2	-7	-8
j. Osteoporosis.....	1	2	-7	-8
k. Kidney disease.....	1	2	-7	-8
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions [Does not include only wears glasses or contacts.] .....	1	2	-7	-8
m. Oral health/tooth or mouth problems.....	1	2	-7	-8
n. Hearing problems.....	1	2	-7	-8
o. Emotional, nervous, or psychiatric problems.....	1	2	-7	-8
p. Memory related disease such as Alzheimer's or dementia .....	1	2	-7	-8
q. Seizures or epilepsy .....	1	2	-7	-8
r. Parkinson's.....	1	2	-7	-8
s. Persistent pain, aching, stiffness or swelling around a joint? [Includes broken bones and sprained muscles, and bad backs, knees, shoulders, etc.] .....	1	2	-7	-8
t. Multiple Sclerosis .....	1	2	-7	-8
u. A serious problem with urinary incontinence.....	1	2	-7	-8
v. Something else? .....	1	2	-7	-8
Please Specify _____				

**GO TO NEXT MODULE OR CLOSE.**