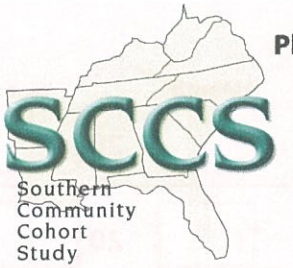

1301 RIVERPLACE BLVD STE 2140
JACKSONVILLE FL 32207-9815
1-800-734-5057

Please complete this survey ONLY if you are

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.
Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters	Correct Mark	Incorrect Marks
1 2 3 A B C	■ ☒	☑ ▬ ⊡

1. What is your date of birth? Month ☐☐ Day ☐☐ 19 ☐☐

What is your CURRENT:

2. Marital status (please mark one)

☐ Married, or living as married with a partner ☐ Separated or divorced ☐ Single, never been married ☐ Widowed

3. Employment status (please mark the one that BEST describes your situation)

☐ Work for pay, full time ☐ Work for pay, part time ☐ Unemployed ☐ On disability ☐ Retired ☐ Housewife

4. Total household income, per year (please mark one)

☐ < $15,000 ☐ $15,000 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 or more

5. How much do you currently weigh? ☐☐☐ **Pounds**

6. What is your CURRENT cigarette smoking status? ☐ Smoker ☐ Non-smoker

7. Have you ever smoked at least 100 cigarettes in your entire life? ☐ No (skip to question 11) ☐ Yes

8. Do you CURRENTLY smoke cigarettes every day, some days, or not at all?

☐ Every day ☐ Some days ☐ Not at all

9. On average, on days you smoke or did smoke, how many cigarettes did you smoke in one day? (1 pack=20 cigarettes) ☐☐☐ **Cigarettes**

10. If you have EVER tried to or did QUIT, did you use any of the following?

	No, I have never used this	Yes, I have used this in the past 12 months	Yes, I have used this more than 12 months ago
Nicotine replacement such as a patch, gum, or lozenge	☐	☐	☐
Prescription pills called Chantix (varenicline) or Wellbutrin/Zyban (bupropion)	☐	☐	☐
Counseling such as a class or telephone quitline	☐	☐	☐
Advice from a health care provider	☐	☐	☐
Electronic cigarette ("e-cig")	☐	☐	☐

11. After joining this study in , have you been diagnosed with diabetes or high blood sugar? ☐ No ☐ Yes → **If yes, to the best of your memory, please tell us the month and year when this occurred.** Month ☐☐ Year 20 ☐☐

12. After joining this study in , have the following events occurred?

	No	Yes	If yes, to the best of your memory, please tell us the month and year when this happened. If it happened more than once after you joined the study, tell us the first time it happened after .	Month	Year
Heart attack or myocardial infarction (MI)	☐	☐ →	→		20
Stroke (NOT a mini-stroke or TIA)	☐	☐ →	→		20
Hip fracture (broken hip)	☐	☐ →	→		20

13. How often do you usually get the following screening tests:

	Every year	Every 2-4 years	Every 5 years	Less than every 5 years	Never
Colonoscopy (a long tube inserted into the entire colon to look for colorectal polyps or cancer, while you are sedated)	☐	☐	☐	☐	☐
Sigmoidoscopy (a tube inserted partway into the colon to look for colorectal polyps or cancer)	☐	☐	☐	☐	☐
A test to check your stool/feces for blood (to detect colorectal cancer)	☐	☐	☐	☐	☐
Mammogram (x-ray to check for breast cancer)	☐	☐	☐	☐	☐
Pap smear	☐	☐	☐	☐	☐
Blood test to check for diabetes	☐	☐	☐	☐	☐

14. After joining this study in , have you been diagnosed with any type of CANCER?

☐ No ☐ Yes → **What type of cancer?**

☐ Breast ☐ Cervix ☐ Colon/rectum ☐ Lung ☐ Other (specify):

Please tell us when and where your cancer was diagnosed:

Date of Diagnosis: Month ☐☐ 20 Year ☐☐

Name of Hospital or Clinic:

City and State of Hospital or Clinic:

15. Do you CURRENTLY take aspirin (regular or low-dose) at least once per week?

☐ No ☐ Yes → **If yes, how many pills/tablets per week?** ☐☐☐ **Pills/Tablets**

16. Do you CURRENTLY take prescription medication to control diabetes?

☐ No ☐ Yes

If yes, which medication(s) do you take? (please mark all that apply)

☐ Insulin (any type)

Injectable medicine: **(NOT insulin)**

☐ Bydureon (exentide) ☐ Byetta (exenatide) ☐ Saxenda (liraglutide) ☐ Symlin (pramlintide) ☐ Victoza (liraglutide)

Oral medicine:

☐ Actos (pioglitazone) ☐ Amaryl (glimepiride) ☐ Avandia (rosiglitazone) ☐ Glucophage (metformin) ☐ Glucotrol (glipizide) ☐ Glynase (glyburide) ☐ Glyset (miglitol) ☐ Januvia (sitagliptin) ☐ Onglyza (saxagliptin) ☐ Prandin (repaglinide) ☐ Precose (acarbose) ☐ Starlix (nateglinide) ☐ Tradjenta (linagliptin) ☐ Other

17. Do you CURRENTLY take prescription medication to lower your cholesterol? ☐ No ☐ Yes

If yes, which medication(s) do you take? (please mark all that apply)

☐ Crestor (rosuvastatin) ☐ Lescol (fluvastatin) ☐ Lipitor (atorvastatin) ☐ Lopid (gemfibrozil) ☐ Mevacor (lovastatin) ☐ Pravachol (pravastatin) ☐ Vytorin (ezetimibe/simvastatin) ☐ Zetia (ezetimibe) ☐ Zocor (simvastatin) ☐ Other(s) (specify):

18. What is your CURRENT usual source of medical care? (please mark only one)

☐ Community health center or free clinic ☐ Private doctor's office ☐ Emergency room ☐ Veteran's Affairs (VA)
☐ Hospital (not in the emergency room) ☐ Other source ☐ You have no source

19. In the PAST 12 MONTHS:

Was there a time when you needed to see a doctor but could **not** because of the cost? ☐ No ☐ Yes

How many times did you go to an **emergency room** to get care for yourself? (enter 0 if none) ☐☐

How many times did you go to a **doctor's office or clinic** to get care for yourself? (enter 0 if none) ☐☐

How many times did you go to the **dentist** to get care for yourself? (enter 0 if none) ☐☐

Did you **change** where you **usually** go for health care? ☐ No ☐ Yes
Did you use a **new hospital** for the first time? ☐ No ☐ Yes
Did you use a **new emergency room** for the first time? ☐ No ☐ Yes

20. A personal doctor is the doctor you see most often and who knows you best.

Do you currently have a personal doctor? ☐ No ☐ Yes

During the PAST 12 MONTHS:

Did you look for a new personal doctor? ☐ No ☐ Yes
Were you able to find a new personal doctor who could see you? ☐ No ☐ Yes
Were you told by a personal doctor that they would **not** accept your health insurance? ☐ No ☐ Yes
Were you told by a personal doctor that they would **not** accept you as a new patient? ☐ No ☐ Yes

21. A specialist doctor is a doctor who has more training in a specific area of medicine – like a cardiologist for heart disease, or a podiatrist for foot problems. During the PAST 12 MONTHS, did you look for a new specialist? ☐ No ☐ Yes → **If yes, were you able to find a new specialist who could see you?** ☐ No ☐ Yes

22. What is your current health insurance coverage (please mark all that apply)?

☐ None (skip to question 24) ☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Military ☐ Other type

23. Did you purchase your health insurance through an insurance exchange such as healthcare.gov

☐ No ☐ Yes

If yes, did you receive financial assistance from the government with the cost of monthly premiums? ☐ No ☐ Yes

24. If you do NOT have any health insurance: What is the MAIN REASON you do not have health insurance? (please mark only one)

☐ It is too expensive ☐ You do not need or want health insurance ☐ Some other reason
☐ It doesn't cover the services you need ☐ It is too hard to enroll

25. Have you ever applied for health insurance and been denied due to a pre-existing medical condition?

☐ No ☐ Yes

26. How would you rate your ability to read?

☐ Excellent ☐ Very Good ☐ Good ☐ Okay ☐ Poor

27. Do you usually ask someone to help you read materials you receive from the doctor or hospital?

☐ No ☐ Yes

28. How confident are you filling out medical forms by yourself?

☐ Extremely ☐ Quite a bit ☐ Somewhat ☐ A little bit ☐ Not at all

29. In general, would you say your health is?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

30. The following questions are about the activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b. Climbing several flights of stairs	☐	☐	☐

31. During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐

32. During the PAST 4 WEEKS, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Did work or activities less carefully than usual	☐	☐	☐	☐	☐

33. During the PAST 4 WEEKS, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

34. These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. Did you have a lot of energy?	☐	☐	☐	☐	☐
c. Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

35. During the PAST 4 WEEKS, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

Please update YOUR information below:

Name:

Address:

City: **State:** **ZIP Code:**

Email Address:

Please update YOUR telephone numbers for our records:

YOUR HOME NUMBER (☐☐☐) ☐☐☐ - ☐☐☐☐

YOUR CELL NUMBER (☐☐☐) ☐☐☐ - ☐☐☐☐

Can you please provide us with the name and telephone number of a close friend or family member (not living with you) who would know how to get in touch with you if you moved:

Name of friend/family member NOT LIVING WITH YOU:

Telephone number of friend/family member: (☐☐☐) ☐☐☐ - ☐☐☐☐