Rochester Health Status Survey-IV©*

ID: __________

Use this form to provide information about the health of an adult age 21 years and older with an intellectual or developmenta disability. Please use a separate form for each person. (As the RHSS-IV was validated for use by a licensed health care professional, e.g. physician, nurse, it is best completed by someone with medical training). The information requested should be ascertained by interviewing the person's carers, examining his or her medical record, or from discussion with his or her health care provider. As this information is confidential, please do not identify the person by name on this form. Please complete all items using blue or black pen only. Do not leave any item blank.

I. INFORMATION ABOUT THE PERSON

1. Age (years): ☐

2. Sex:

❒	Male
❒	Female

3. Height

cm: OR feet: inches:

4. Weight

kg: OR lbs:

5. Waist circumference

cm: OR inches:

6. What does the individual do during the day? (Check all that apply)

❒	Employed
❒	Self-employed
❒	Unemployed (but seeking work)
❒	Formal day services program
❒	Informal day services program
❒	Senior activities program
❒	Retired
❒	Other (specify):

7. Where does the person currently live?

❒	Independently
❒	With family
❒	Supervised setting (not with family)
_______	How many people live in this setting?

8. Where is the person's residence?

❒	City (large urban area)
❒	Town (small urban area)
❒	Rural community
Country:	
State/Province/Region:	

9. If this person has an intellectual disability (mental retardation), what is the person's IQ?

❒	IQ >85
❒	Borderline (IQ 70-85)
❒	Mild (IQ 55-69)
❒	Moderate (IQ 40-54)
❒	Severe (IQ 25 - 39)
❒	Profound (IQ <25)

10. Exact IQ Score (if known): __________

11. Does the person have any of the following conditions? (check all that apply).
Please refer to User's Manual for inclusion criteria.

❐	ADD/ADHD
❐	Autism spectrum disorder
❐	Cerebral palsy **If yes, check one**: ❐ Unilateral spastic (one or more limbs affected on one side of body) ❐ Bilateral spastic (two or more limbs affected on both sides of body) ❐ Other (e.g. dyskinetic, ataxic)
❐	Childhood-onset epilepsy
❐	Congenital limb deformity
❐	Congenital or childhood onset muscle disorder **If yes, check one:** ❐ Duchenne muscular dystrophy ❐ Myotonic dystrophy type 1 ❐ Other muscle disorder
❐	Down syndrome
❐	Fetal alcohol syndrome
❐	Fragile X syndrome
❐	Klinefelter syndrome
❐	Learning disability (academic)
❐	Intellectual disability (mental retardation)
❐	Prader Willi syndrome **If yes, check one:** ❐ Maternal disomy ❐ Paternal deletion
❐	Rett syndrome
❐	Spina bifida **If yes, check one:** ❐ Hydrocephalus with shunt ❐ Hydrocephalus, no shunt ❐ No Hydrocephalus
❐	Tourette syndrome
❐	Turner syndrome
❐	Williams syndrome
❐	None of the above
❐	Other syndrome (specify):
❐	Other syndrome (specify):

II. PHYSICAL HEALTH

12. How would you characterize the person's overall physical health?

	Today	12 Months Ago	24 Months Ago
Excellent	❐	❐	❐
Good	❐	❐	❐
Fair	❐	❐	❐
Poor	❐	❐	❐

13. Has the person fallen recently? (check only one)

❐	Once or twice in the last 12 months
❐	Once or twice in the last month
❐	Once or twice per week
❐	Has not fallen in the last 12 months

14a. Does the person smoke cigarettes?

❐	Yes
❐	No

14b. If YES, how many cigarettes does he or she smoke per day?

❐	<1 pack
❐	1-2 packs
❐	>2 packs

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15. Has the person had any adverse drug effects in the last 24 months?

❒	Yes
❒	No

If No, SKIP to Q17

16. Symptoms of his/her adverse drug reactions (check all that apply)

❒	Mental status change
❒	Skin rash
❒	GI symptoms
❒	Gait impairment/falls
❒	Other (specify)

17. What is the person's surgical history? Check all that apply at any time during the person's life.

❒	None
❒	Hysterectomy
❒	Appendectomy
❒	Gastronomy tube
❒	Bowel resection
❒	Cholecystectomy
❒	Fracture repair
❒	Joint replacement
❒	Mastectomy
❒	Prostate resection
❒	Colostomy or Ileostomy
❒	Cataract extraction
❒	Spinal surgery, e.g. scoliosis
❒	Other (specify):

18. If FEMALE, was the person ever pregnant with or without a live birth?

❒	Yes
❒	No

19. Does the individual take herbal medications?

❒	Yes
❒	No
❒	Don't know/not sure

20. Does the individual take vitamins?

❒	Yes
❒	No
❒	Don't know/not sure

21. Does the individual take other supplements?

❒	Yes
❒	No
❒	Don't know/not sure

22. Has the person had an accident or an injury requiring acute medical care in the last 24 months? (check all that apply)

❒	None
❒	Fracture
❒	Poisoning
❒	Head injury
❒	Laceration/skin puncture
❒	Burn
❒	Choking
❒	Dental Injury/Trauma
❒	Other (specify):

23. What types of prescribed medication is he/she currently taking? (For this question, please take a moment to look at his/her medicine bottles). **Please check all that apply.**

		Prescribed at or since age 21	First prescribed within last 24 months	First prescribed in the last 3 months
a.	None	❑	❑	❑
b.	Antibiotics	❑	❑	❑
c.	Asthma or respiratory disease	❑	❑	❑
d.	Blood pressure	❑	❑	❑
e.	Cholesterol	❑	❑	❑
f.	Constipation	❑	❑	❑
g.	Diabetes	❑	❑	❑
h	Mental Health Disorder	❑	❑	❑
i	Epilepsy or other neurological conditions	❑	❑	❑
j	Heart	❑	❑	❑
k	Insomnia (sleeping pills)	❑	❑	❑
l	Nutritional supplement	❑	❑	❑
m	Pain (arthritis, migraine, back)	❑	❑	❑
n	Skin (rash, eczema)	❑	❑	❑
o.	Thyroid	❑	❑	❑
p.	Upper gastrointestinal tract (stomach ulcer, reflux)	❑	❑	❑
r.	Other (specify):	❑	❑	❑
s.		❑	❑	❑

III. HEALTH CONDITIONS

24. Indicate the person's history of **oral health problems** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❑	❑	❑
b.	Debris in mouth	❑	❑	❑
c.	Dental caries/cavities	❑	❑	❑
d.	Inflamed, swollen, or bleeding gum	❑	❑	❑
e.	Oral abscess/infection	❑	❑	❑
f.	Oral ulcers/canker sores	❑	❑	❑
g.	Toothache, oral pain	❑	❑	❑
h.	Broken or loose teeth	❑	❑	❑
i.	Chewing problems	❑	❑	❑
j.	Ill-fitting dentures	❑	❑	❑
k.	Restricted diet due to some/all natural teeth lost	❑	❑	❑
l.	Too much drooling/saliva	❑	❑	❑
m.	Dry mouth/too little saliva	❑	❑	❑
n.	Other oral health compromises (specify)	❑	❑	❑
o.		❑	❑	❑
p.		❑	❑	❑

25. Indicate the person's history of **nutritional conditions**(check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Overweight or obese	❐	❐	❐
c.	Malnutrition	❐	❐	❐
d.	Significant unintended weight loss	❐	❐	❐
e.	Significant unintended weight gain	❐	❐	❐
f.	Other nutritional conditions (specify)	❐	❐	❐
g.		❐	❐	❐
h.		❐	❐	❐

26. Indicate the person's history of **heart and circulatory diseases** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Ischemic heart disease (angina)	❐	❐	❐
c.	Congestive heart failure	❐	❐	❐
d.	Myocardial Infarction (heart attack)	❐	❐	❐
e.	Acquired valvular heart disease (e.g. aortic stenosis)	❐	❐	❐
f.	Congenital heart disease (e.g. atrial septal defect)	❐	❐	❐
g.	Peripheral artery disease	❐	❐	❐
h.	Hypertension	❐	❐	❐
i.	Syncope (e.g. postural A355hypotension)	❐	❐	❐
j.	Cardiac rhythm disease (e.g. atrial fibrillation or other arrhythmia)	❐	❐	❐
k.	Other heart disease (specify)	❐	❐	❐
l.		❐	❐	❐
m.		❐	❐	❐

27. Indicate the person's history of **blood diseases** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Iron deficiency anemia	❐	❐	❐
c.	Anemia not due to iron deficiency (e.g. anemia of chronic disease)	❐	❐	❐
d.	Thrombotic disease (e.g. deep venous thrombosis or pulmonary embolus)	❐	❐	❐
e.	Other hematological disease (specify)	❐	❐	❐
f.		❐	❐	❐
g.		❐	❐	❐

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28. Indicate the person's history of **gynecological conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Dysmenorrhea	❒	❒	❒
c.	Endometriosis or chronic pelvic pain	❒	❒	❒
d.	Vaginitis	❒	❒	❒
e.	Peri- or post-menopausal status	❒	❒	❒
f.	Breast adenoma, fibrocystic breast or other benign breas disease	❒	❒	❒
g.	Non-menopausal irregular menses	❒	❒	❒
h.	Other gynecological conditions (specify)	❒	❒	❒
i.		❒	❒	❒
j.		❒	❒	❒

29. Indicate the person's history of **pulmonary diseases** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Allergic rhinitis	❒	❒	❒
c.	Asthma	❒	❒	❒
d.	Chronic obstructive pulmonary disease (COPD)	❒	❒	❒
e.	Obstructive sleep apnea	❒	❒	❒
f.	Restrictive lung disease 2° to scarring, deformities	❒	❒	❒
g.	Pulmonary fibrosis	❒	❒	❒
h.	Other lung disease (specify)	❒	❒	❒
i.		❒	❒	❒
j.		❒	❒	❒

30. Indicate the person's history of **endocrine/metabolic diseases or conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Diabetes type 1 (childhood onset)	❒	❒	❒
c.	Diabetes type 2 (adult onset)	❒	❒	❒
d.	Hypothyroidism	❒	❒	❒
e.	Hyperthyroidism	❒	❒	❒
f.	Dislipidemia (high cholesterol)	❒	❒	❒
g.	Metabolic syndrome of increased insulin resistance	❒	❒	❒
h.	Other endocrine/metabolic diseases (specify)	❒	❒	❒
i		❒	❒	❒
j		❒	❒	❒

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31. Indicate the person's history of **cancer** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Bladder	❒	❒	❒
c.	Breast	❒	❒	❒
d.	Colon	❒	❒	❒
e.	Leukemia	❒	❒	❒
f.	Lung	❒	❒	❒
g.	Lymphoma	❒	❒	❒
h.	Oral	❒	❒	❒
i.	Prostate	❒	❒	❒
j.	Skin (non-melanoma)	❒	❒	❒
k.	Melanoma	❒	❒	❒
l.	Other cancer (specify)	❒	❒	❒
m.		❒	❒	❒
n.		❒	❒	❒

32. Indicate the person's history of **infectious diseases** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Urinary tract infections	❒	❒	❒
c.	Pneumonia/bronchitis	❒	❒	❒
d.	Sinusitis or middle ear infection	❒	❒	❒
e.	Cellulitis	❒	❒	❒
f.	Herpes simplex	❒	❒	❒
g.	Sexually transmitted disease (e.g. syphilis, gonorrhea)	❒	❒	❒
h	Hepatitis B (carrier or chronic active disease)	❒	❒	❒
i	Other infectious hepatitis	❒	❒	❒
j	Positive PPD	❒	❒	❒
k	Tuberculosis (active infection)	❒	❒	❒
l	Parasitic infestation	❒	❒	❒
m	Helicobacter pylori gastritis	❒	❒	❒
n	Conjunctivitis (pink eye)	❒	❒	❒
o.	Human immunodeficiency virus (HIV) or HIV carrier	❒	❒	❒
p.	Acquired immunodeficiency syndrome (AIDS)	❒	❒	❒
q.	Other infectious disease (specify)	❒	❒	❒
r.		❒	❒	❒
s.		❒	❒	❒

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33. Indicate the person's history of **skin conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Fungal nail or skin disease	❒	❒	❒
c.	Decubitis (pressure) ulcer	❒	❒	❒
d.	Dry skin	❒	❒	❒
e.	Eczema or allergic skin rash	❒	❒	❒
f.	Leg/foot edema (e.g. venous stasis)	❒	❒	❒
g.	Shingles (herpes zoster)	❒	❒	❒
h.	Other skin disease (specify)	❒	❒	❒
i.		❒	❒	❒
j.		❒	❒	❒

34. Indicate the person's history of **gastrointestinal diseases or conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Gastroesophageal reflux	❒	❒	❒
c.	Gastric or peptic ulcer	❒	❒	❒
d.	Constipation	❒	❒	❒
e.	Bowel obstruction	❒	❒	❒
f.	Inflammatory bowel disease (e.g. Crohn's, colitis)	❒	❒	❒
g.	Celiac sprue	❒	❒	❒
h.	Non-infectious hepatitis	❒	❒	❒
i.	Gallbladder disease (e.g. gallstones)	❒	❒	❒
j.	Other GI disease (specify)	❒	❒	❒
k.		❒	❒	❒
l.		❒	❒	❒

35. Indicate the person's history of **genito-urinary and kidney diseases or conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Benign prostatic hyperplasia	❒	❒	❒
	Neurogenic bladder			
c.	Flaccid bladder	❒	❒	❒
d.	Spastic bladder	❒	❒	❒
e.	Urinary incontinence	❒	❒	❒
f.	Chronic kidney disease	❒	❒	❒
g.	End-stage renal disease (dialysis)	❒	❒	❒
h.	Kidney stone	❒	❒	❒
i.	Other GU or kidney diseases (specify)	❒	❒	❒
j.		❒	❒	❒
k.		❒	❒	❒

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36. Indicate the person's history of **musculoskeletal conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Scoliosis	❐	❐	❐
c.	Inflammatory arthritis (e.g. rheumatoid arthritis)	❐	❐	❐
d.	Osteoarthritis	❐	❐	❐
e.	Osteoporosis (diagnosed)	❐	❐	❐
f.	Gout	❐	❐	❐
g.	Chronic low back pain	❐	❐	❐
h.	Bunions or other acquired foot disease	❐	❐	❐
i.	Acquired limb or joint deformities (e.g. flexion contractures)	❐	❐	❐
j.	Acquired hip dislocation	❐	❐	❐
k	Cervical spine disease (subluxation or stenosis)	❐	❐	❐
l	Tendonitis, bursitis or myofascial disease	❐	❐	❐
m	Other musculoskeletal disease (specify)	❐	❐	❐
n		❐	❐	❐
o		❐	❐	❐

37. Indicate the person's history of **eye diseases or conditions** (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Refractive error or astigmatism	❐	❐	❐
c.	Strabismus	❐	❐	❐
d.	Amblyopia	❐	❐	❐
e.	Cataract	❐	❐	❐
f.	Glaucoma	❐	❐	❐
g.	Retinal disease (macular degeneration, diabetic)	❐	❐	❐
h.	Corneal disease (ulcer, abrasion)	❐	❐	❐
i.	Eyelid disease (blepharitis)	❐	❐	❐
j.	Severe acuity impairment (after eyeglasses correction)	❐	❐	❐
k.	Other visual system diseases or conditions (specify)	❐	❐	❐
l.		❐	❐	❐
m.		❐	❐	❐

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38. Indicate the person's history of **audiologic conditions**(check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Conductive hearing loss	❒	❒	❒
c.	Sensorineural hearing loss	❒	❒	❒
d.	Cerumen (wax) impaction	❒	❒	❒
e.	Severe hearing loss	❒	❒	❒
f.	Other audiologic conditions (specify)	❒	❒	❒
g.		❒	❒	❒
h.		❒	❒	❒

39. Indicate the person's history of **neurologic conditions**(check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❒	❒	❒
b.	Adult onset epilepsy (please answer Question 40)	❒	❒	❒
c.	Chronic severe headache (migraine)	❒	❒	❒
d.	Stroke	❒	❒	❒
e.	Dysphagia (swallowing disorder)	❒	❒	❒
f.	Parkinson's disease	❒	❒	❒
	Dementia			
g.	Alzheimer's disease	❒	❒	❒
h.	Fronto-temporal	❒	❒	❒
i.	Lewy body	❒	❒	❒
j.	Vascular	❒	❒	❒
k.	Undifferentiated dementia	❒	❒	❒
l.	Neuropathy	❒	❒	❒
m.	Chronic vertigo/dizziness	❒	❒	❒
n.	Chronic drug-induced movement disorder (e.g. tardive dyskinesia)	❒	❒	❒
o.	Other neurological disease (specify)	❒	❒	❒
p.		❒	❒	❒
q.		❒	❒	❒

40. How often does this individual have seizures? **Select only one.**
Skip this question if no seizures.

❒	Daily	How many?	______
❒	Weekly	How many?	______
❒	Monthly	How many?	______
❒	Annually	How many?	______
❒	N/A		

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41. Indicate the person's history of **psychiatric disorders or conditions**
ONLY IF DSM-IV OR ICD-9 DIAGNOSIS HAS BEEN MADE (check all that apply)

		History at or since age 21	First appeared within last 24 months	Treated in the last 3 months
a.	None	❐	❐	❐
b.	Schizophrenia	❐	❐	❐
c.	Other psychosis	❐	❐	❐
d.	Bipolar disorder	❐	❐	❐
e.	Depression	❐	❐	❐
f.	Anxiety disorder	❐	❐	❐
g.	Obsessive-compulsive disorder	❐	❐	❐
h.	Post-traumatic stress disorder	❐	❐	❐
i.	Personality disorder	❐	❐	❐
j.	Alcohol or substance abuse	❐	❐	❐
k.	Eating disorder (e.g. anorexia, bulimia)	❐	❐	❐
l.	Other psychiatric disease (specify)	❐	❐	❐
m.		❐	❐	❐
n.		❐	❐	❐

IV. ACTIVITIES AND FUNCTIONAL ABILITIES

42.	ADL	Independent	Supervision or Verbal Prompt	Requires Physical Assistance	Totally Dependent
a.	Eating	❐	❐	❐	❐
b.	Dressing	❐	❐	❐	❐
c.	Bathing/Washing	❐	❐	❐	❐
d.	Toileting	❐	❐	❐	❐

43. Walking - please select only one

❐	Can walk independently in all settings
❐	Can walk independently or with assistive device(s) in most settings
❐	Can walk independently or with assistive device(s) in some settings
❐	Cannot walk independently or with assistive device(s) in any settings

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44. Does the person use assistive aids? Check all that apply.

		None	Uses Occasionally	Uses Always
a.	None	❒	❒	❒
b.	Lower extremity brace	❒	❒	❒
c.	Upper extremity brace	❒	❒	❒
d.	ADL equipment (tub seat, adapted utensils or phone)	❒	❒	❒
e.	Hearing aid	❒	❒	❒
f.	Corrective lenses	❒	❒	❒
g.	Cane	❒	❒	❒
h.	Walker	❒	❒	❒
i.	Wheelchair (electric or manual)	❒	❒	❒
j.	Mechanical lift (hoyer, track)	❒	❒	❒
k.	Augmentative communication devices (electronic communicator, word board)	❒	❒	❒
l.	Environmental modifications (ramps, lifts, controls for appliances)	❒	❒	❒
m.	Other adaptive equipment (specify)	❒	❒	❒
n.		❒	❒	❒
o.		❒	❒	❒

45. Does the person use medical equipment? Check all that apply.

		None	Uses Occasionally	Uses Always
a.	None	❒	❒	❒
b.	Continuous positive pressure (CPAP) device	❒	❒	❒
c.	Oxygen supplementation	❒	❒	❒
d.	Vagal nerve stimulator	❒	❒	❒
e.	In-dwelling urinary catheter	❒	❒	❒
f.	Clean intermittent catheterization	❒	❒	❒
g.	Feeding tube	❒	❒	❒
h.	Cardiac pacemaker	❒	❒	❒
i.	Other medical equipment (specify)	❒	❒	❒
j.		❒	❒	❒
k.		❒	❒	❒

V. HEALTH SERVICES UTILIZATION

46. Number of primary health care office visits for acute illness in the last 24 months

❒	0
❒	1 or 2
❒	> 3

47. Number of Emergency Room visits in the last 24 months

❒	0
❒	1 or 2
❒	> 3

48. Acute hospitalizations in the last 24 months

Number of times	
Total bed days as inpatient	

49. Rehabilitation or Nursing Home placements in the last 24 months

Number of times	
Total bed days as inpatient	

50. Number of primary preventive dental care visits in the last 24 months

❒	0
❒	1 or 2
❒	> 3

51. Number of acute or emergency dental care visits in the last 24 months

❒	0
❒	1 or 2
❒	> 3

52. Has the person had any of the following dental procedures or treatments in the past 24 months? Check all that apply.

a.	Filling or restorations	❒
b.	Crowns or caps	❒
c.	Root canal therapy	❒
d.	Dental extraction	❒
e.	Periodontal scaling, root planing or gum surgery	❒
f.	Dental abcess or infection treatment	❒
g.	Other oral surgery	❒
h.	Fixed bridges	❒
i.	Full or partial dentures	❒
j.	Relining or repairing of bridges or dentures	❒
k.	Treatment of Temporomanibular disorder	❒
l.	Other (specify):	❒

53. Specialist care (check any specialist visited at least once in the last 24 months)

a.	None	❒
b.	Psychiatrist	❒
c.	Psychologist	❒
d.	Neurologist	❒
e.	Orthopedist	❒
f.	Physical therapist	❒
g.	Occupational therapist	❒
h.	Speech language pathologist	❒
i.	Podiatrist	❒
j.	Other (specify):	❒

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VI. HEALTH PROMOTION

54. Has the individual received a diet prescription for any of the following (check all that apply)

❒	Diet prescribed for overweight/obesity
❒	Diet prescribed for high cholesterol
❒	Diet prescribed for hypertension
❒	Diet prescribed for diabetes
❒	None

55. Has the individual received an exercise prescription for any of the following (check all that apply)

❒	Exercise prescribed for overweight/obesity
❒	Exercise prescribed for high cholesterol
❒	Exercise prescribed for hypertension
❒	Exercise prescribed for diabetes
❒	None

56. Routine health screening and prevention done anywhere (check all that apply)

a.	None	❒
b.	BP check, last 24 months	❒
c.	Weight check, last 24 months	❒
d.	Fasting plasma glucose, or other diabetes screen, last 36 months	❒
e.	Vision check, last 24 months	❒
f.	Auditory check, last 24 months	❒
g.	Ob/Gyn check-up with NO pap smear, last 24 months	❒
h.	Ob/Gyn check-up **including** pap smear, last 24 months	❒
i.	Fasting lipid panel last 36 months	❒
j.	Mammogram, last 24 months	❒
k.	Colorectal exam (colon-oscopy, sygmoidoscopy, or barium enema) last 10 years	❒
l.	Fecal occult blood test, last 12 months	❒
m.	Influenza vaccination, last 12 months	❒
n.	Pneumococcal vaccination, last 10 years	❒
o.	Tetanus booster, last 10 years	❒
p.	Documented Hepatitis B immunity or vaccination	❒
q.	Other (please list)	❒
r.		❒

 ID: __________

57. Please comment on your ability to access health care for the person.

❐	Have regular medical/health check appointments scheduled for person
❐	Schedule appointments on an 'as-needed' basis
❐	Experience difficulties due to lack of available local medical resouces
❐	Experience difficulties due to other reasons (please provide):

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58. Please add any comments concerning the health status of the person that you feel would add to the understanding of his or her general health status.

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FOR US PARTICIPANTS ONLY

What is the person's cultural/ethnic/racial background? (check all that apply)

❒	Asian/Pacific Islander
❒	Black/African-American
❒	Latino/Hispanic
❒	Native American
❒	Caucasian
❒	Other (specify):