
 SURVEY LIST

SURVEY TITLE

Your Current Health



Do you currently have a form of heart disease?

HINT TEXT

HEART DISEASE DESCRIBES A RANGE OF CONDITIONS, SUCH AS, CONGESTIVE HEART FAILURE, VALVULAR HEART DISEASE, ARRHYTHMIA, CORONARY HEART DISEASE, OR ATRIAL FIBRILLATION. DO NOT SELECT "YES" IF YOUR ONLY HEART CONDITION WAS A HEART ATTACK.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE A FORM OF HEART DISEASE
NO, I DO NOT HAVE A FORM OF HEART DISEASE



What kind of heart disease do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: CONGESTIVE HEART FAILURE (THE HEART DOES NOT PUMP BLOOD PROPERLY)
VALVULAR HEART DISEASE (A HARDENING OF HEART VALVES, RESTRICTING BLOOD FLOW)
ARRHYTHMIA (AN IRREGULAR HEART RHYTHM)
CORONARY HEART DISEASE (A PLAQUE BUILDUP IN THE ARTERIES, REDUCING BLOOD FLOW AND NARROWING OF CORONARY ARTERIES)
ATRIAL FIBRILLATION (AN IRREGULAR, RAPID HEART BEAT)
OTHER: [TEXT INPUT]

SKIP IF: 1. DO YOU CURRENTLY HAVE A FORM OF HEART DISEASE?

IS: NO, I DO NOT HAVE A FORM OF HEART DISEASE

1.2

Do you receive treatment for your heart disease?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 1. DO YOU CURRENTLY HAVE A FORM OF HEART DISEASE?

IS: NO, I DO NOT HAVE A FORM OF HEART DISEASE

1.3

Does your heart disease limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 1. DO YOU CURRENTLY HAVE A FORM OF HEART DISEASE?

IS: NO, I DO NOT HAVE A FORM OF HEART DISEASE

2

Do you currently have high blood pressure?

HINT TEXT

EVEN IF YOUR HIGH BLOOD PRESSURE IS CONTROLLED WITH MEDICATION OR DIET, SELECT "YES."

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE HIGH BLOOD PRESSURE
NO, I DO NOT HAVE HIGH BLOOD PRESSURE

2.1

Do you receive treatment for your high blood pressure?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 2. DO YOU CURRENTLY HAVE HIGH BLOOD PRESSURE?

IS: NO, I DO NOT HAVE HIGH BLOOD PRESSURE

2.2

Does your high blood pressure limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 2. DO YOU CURRENTLY HAVE HIGH BLOOD PRESSURE?

IS: NO, I DO NOT HAVE HIGH BLOOD PRESSURE

3

Do you currently have lung disease (not cancer)?

HINT TEXT

LUNG DISEASE MAY INCLUDE ASTHMA, EMPHYSEMA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), PNEUMONIA OR TUBERCULOSIS (TB).

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE A FORM OF LUNG DISEASE
NO, I DO NOT HAVE A FORM OF LUNG DISEASE

3.1

What kind of lung disease do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: ASTHMA
EMPHYSEMA
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
PNEUMONIA
TUBERCULOSIS
OTHER: [TEXT INPUT]

SKIP IF: 3. DO YOU CURRENTLY HAVE LUNG DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A FORM OF LUNG DISEASE

3.2

Do you receive treatment for your lung disease?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 3. DO YOU CURRENTLY HAVE LUNG DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A FORM OF LUNG DISEASE

3.3

Does your lung disease limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 3. DO YOU CURRENTLY HAVE LUNG DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A FORM OF LUNG DISEASE

4

Do you currently have diabetes?

HINT TEXT

EVEN IF YOUR DIABETES IS CONTROLLED WITH MEDICATION OR LIFESTYLE CHANGES, SELECT "YES."

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE DIABETES

NO, I DO NOT HAVE DIABETES

4.1

Do you receive treatment for your diabetes?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 4. DO YOU CURRENTLY HAVE DIABETES?

IS: NO, I DO NOT HAVE DIABETES

4.2

Does your diabetes limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 4. DO YOU CURRENTLY HAVE DIABETES?

IS: NO, I DO NOT HAVE DIABETES

5

Do you currently have gastric disturbances (not cancer)?

HINT TEXT

GASTRIC DISTURBANCES MAY INCLUDE ACID REFLUX (GERD), GASTRITIS (IRRITATION OF THE STOMACH LINING), HIATAL HERNIA (ORGAN PUSHES THROUGH AN OPENING IN THE MUSCLE OR TISSUE THAT HOLDS IT IN PLACE), ULCER OR ANOTHER STOMACH DISEASE. DO NOT SELECT "YES" FOR THE OCCASIONAL UPSET STOMACH.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE GASTRIC DISTURBANCES
NO, I DO NOT HAVE GASTRIC DISTURBANCES

5.1

What type of gastric disturbances do you have?

HINT TEXT

(EMPTY)

MULTI SELECT

OPTIONS: ACID REFLUX (GERD)
GASTRITIS (IRRITATION OF THE STOMACH LINING)
HIATAL HERNIA (ORGAN PUSHES THROUGH AN OPENING IN THE MUSCLE OR TISSUE THAT HOLDS IT IN PLACE)
ULCER
OTHER: [TEXT INPUT]

SKIP IF: 5. DO YOU CURRENTLY HAVE GASTRIC DISTURBANCES (NOT CANCER)?

IS: NO, I DO NOT HAVE GASTRIC DISTURBANCES

5.2

Do you receive treatment for your gastric disturbances?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 5. DO YOU CURRENTLY HAVE GASTRIC DISTURBANCES (NOT CANCER)?

IS: NO, I DO NOT HAVE GASTRIC DISTURBANCES

5.3

Do your gastric disturbances limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NOSKIP IF: 5. DO YOU CURRENTLY HAVE GASTRIC DISTURBANCES
(NOT CANCER)?

IS: NO, I DO NOT HAVE GASTRIC DISTURBANCES

6

Do you currently have kidney disease (not cancer)?

HINT TEXT

KIDNEY DISEASE MAY INCLUDE RENAL FAILURE (KIDNEYS LOSE THE ABILITY TO BALANCE FLUIDS AND REMOVE WASTE), CYSTS (FLUID FILLED SACS IN KIDNEYS) OR KIDNEY STONES (A HARD MASS OR DEPOSIT THAT FORMS IN THE KIDNEYS).

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE KIDNEY DISEASE
NO, I DO NOT HAVE KIDNEY DISEASE

6.1

What type of kidney disease do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: RENAL FAILURE (KIDNEYS LOSE THE ABILITY TO
BALANCE FLUIDS AND REMOVE WASTE)
CYSTS (FLUID FILLED SACS IN KIDNEYS)
KIDNEY STONES (A HARD MASS OR DEPOSIT THAT
FORMS IN THE KIDNEYS)
OTHER: [TEXT INPUT]SKIP IF: 6. DO YOU CURRENTLY HAVE KIDNEY DISEASE (NOT
CANCER)?

IS: NO, I DO NOT HAVE KIDNEY DISEASE

6.2

Do you receive treatment for your kidney disease?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 6. DO YOU CURRENTLY HAVE KIDNEY DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE KIDNEY DISEASE

6.3

Does your kidney disease limit your activities?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 6. DO YOU CURRENTLY HAVE KIDNEY DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE KIDNEY DISEASE

7

Do you currently have liver disease (not cancer)?

HINT TEXT

LIVER DISEASE MAY INCLUDE CIRRHOSIS (FATTY LIVER, OR SCARRING OF THE LIVER) OR HEPATITIS (SUCH AS HEPATITIS A, B, OR C).

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE LIVER DISEASE
NO, I DO NOT HAVE LIVER DISEASE

7.1

What type of liver disease do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: CIRRHOSIS (FATTY LIVER, OR SCARRING OF THE LIVER)
CHRONIC VIRAL HEPATITIS (HEPATITIS C OR HEP C)
HEPATITIS A
HEPATITIS B
OTHER: [TEXT INPUT]

SKIP IF: 7. DO YOU CURRENTLY HAVE LIVER DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE LIVER DISEASE

7.2

Do you receive treatment for your liver disease?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 7. DO YOU CURRENTLY HAVE LIVER DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE LIVER DISEASE

7.3

Does your liver disease limit your activities?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 7. DO YOU CURRENTLY HAVE LIVER DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE LIVER DISEASE

8

Do you currently have a blood disease (not cancer)?

HINT TEXT

BLOOD DISEASE MAY INCLUDE ANEMIA (DEFICIENCY IN RED BLOOD CELLS), THALASSEMIA (A HEREDITARY BLOOD DISORDER CHARACTERIZED BY FEWER RED BLOOD CELLS THAN NORMAL) OR SICKLE CELL DISEASE (A HEREDITARY FORM OF ANEMIA THAT ALTERS THE SHAPE OF RED BLOOD CELLS INTO CRESCENT/SICKLE SHAPE).

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE A BLOOD DISEASE
NO, I DO NOT HAVE A BLOOD DISEASE

8.1

What blood disease do you have?

HINT TEXT
SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: ANEMIA (A CONDITION MARKED BY A DEFICIENCY OF RED BLOOD CELLS OR OF HEMOGLOBIN IN THE BLOOD, RESULTING IN PALLOR AND WEARINESS)
THALASSEMIA (A HEREDITARY BLOOD DISORDER CHARACTERIZED BY FEWER RED BLOOD CELLS THAN NORMAL)
SICKLE CELL DISEASE (A HEREDITARY FORM OF ANEMIA THAT ALTERS THE SHAPE OF RED BLOOD CELLS INTO CRESCENT/SICKLE SHAPE)
OTHER: [TEXT INPUT]

SKIP IF: 8. DO YOU CURRENTLY HAVE A BLOOD DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A BLOOD DISEASE

8.2

Do you receive treatment for your blood disease?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 8. DO YOU CURRENTLY HAVE A BLOOD DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A BLOOD DISEASE

8.3

Does your blood disease limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 8. DO YOU CURRENTLY HAVE A BLOOD DISEASE (NOT CANCER)?

IS: NO, I DO NOT HAVE A BLOOD DISEASE

9

Do you currently have you cancer?

HINT TEXT

(EMPTY)

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE CANCER

NO, I DO NOT HAVE CANCER

9.1

What type of cancer do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: BLADDER

BREAST

COLON

KIDNEY (RENAL CANCER)
LEUKEMIA
LIVER (HEPATIC CANCER)
LUNG
LYMPHOMA
MELANOMA
PROSTATE
THYROID
SKIN (NON-MELANOMA)
UTERINE
OTHER: [TEXT INPUT]

SKIP IF: 9. DO YOU CURRENTLY HAVE YOU CANCER?
IS: NO, I DO NOT HAVE CANCER

9.2

Do you receive treatment for your cancer?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 9. DO YOU CURRENTLY HAVE YOU CANCER?
IS: NO, I DO NOT HAVE CANCER

9.3

Does your cancer limit your activities?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 9. DO YOU CURRENTLY HAVE YOU CANCER?
IS: NO, I DO NOT HAVE CANCER

10

Do you currently have depression?

HINT TEXT

DEPRESSION SYMPTOMS MAY VARY OVER TIME AND INCLUDE BOTHERSOME FEELINGS OF HOPELESSNESS, FEELING “DOWN IN THE DUMPS, LOW, BLUE, OR SAD”. THESE FEELINGS CAN OFTEN BE ACCOMPANIED BY A LOSS OF INTEREST OR ENJOYMENT IN DAILY ACTIVITIES. IF YOU HAVE DEPRESSION AND IT IS TREATED WITH MEDICATION OR NON-MEDICATION- TREATMENT, SUCH AS TALK THERAPY, SELECT “YES.”

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE DEPRESSION
NO, I DO NOT HAVE DEPRESSION

10.1

Do you receive treatment for your depression?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 10. DO YOU CURRENTLY HAVE DEPRESSION?

IS: NO, I DO NOT HAVE DEPRESSION

10.2

Does your depression limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 10. DO YOU CURRENTLY HAVE DEPRESSION?

IS: NO, I DO NOT HAVE DEPRESSION

11

Do you currently have arthritis?

HINT TEXT

ARTHRITIS MAY INCLUDE OSTEOARTHRITIS/DEGENERATIVE
ARTHRITIS OR RHEUMATOID ARTHRITIS.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE ARTHRITIS
NO, I DO NOT HAVE ARTHRITIS

11.1

What type of arthritis do you have?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS: OSTEOARTHRITIS/DEGENERATIVE ARTHRITIS (TISSUE AT
THE END OF THE BONE BEGINS TO WEAR DOWN DUE TO
"WEAR AND TEAR")

RHEUMATOID ARTHRITIS (CAUSED BY AN AUTOIMMUNE DISEASE WHERE THE BODY'S IMMUNE SYSTEM ATTACKS THE BODY'S JOINTS)

OTHER: [TEXT INPUT]

SKIP IF: 11. DO YOU CURRENTLY HAVE ARTHRITIS?

IS: NO, I DO NOT HAVE ARTHRITIS

11.2

Do you receive treatment for your arthritis?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 11. DO YOU CURRENTLY HAVE ARTHRITIS?

IS: NO, I DO NOT HAVE ARTHRITIS

11.3

Does your arthritis limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 11. DO YOU CURRENTLY HAVE ARTHRITIS?

IS: NO, I DO NOT HAVE ARTHRITIS

12

Do you currently have back pain lasting longer than a week?

HINT TEXT

DO NOT SELECT "YES" IF THE ONLY BACK PAIN YOU EXPERIENCE IS ASSOCIATED WITH A SPECIFIC INJURY OR TRAUMA SUCH AS A PULL, STRAIN, SPRAIN, OR OVEREXERTION.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY EXPERIENCE BACK PAIN

NO, I DO NOT EXPERIENCE BACK PAIN

12.1

Do you receive treatment for your back pain?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 12. DO YOU CURRENTLY HAVE BACK PAIN LASTING LONGER THAN A WEEK?

IS: NO, I DO NOT EXPERIENCE BACK PAIN

12.2

Does your back pain limit your activities?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 12. DO YOU CURRENTLY HAVE BACK PAIN LASTING LONGER THAN A WEEK?

IS: NO, I DO NOT EXPERIENCE BACK PAIN

13

Do you currently have anxiety?

HINT TEXT

ANXIETY IS CHARACTERIZED BY NOTICEABLE FEELINGS OF WORRY OR FEAR THAT CAN INTERFERE WITH DAILY ACTIVITIES. THESE SYMPTOMS MAY BE CONSTANT, OR THEY MAY COME AND GO, BUT HAVE A CLEAR IMPACT ON FUNCTIONING. IF YOU HAVE ANXIETY AND IT IS MANAGED WITH MEDICATION, SELECT "YES".

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I CURRENTLY HAVE ANXIETY
NO, I DO NOT HAVE ANXIETY

13.1

Do you receive treatment for your anxiety?

HINT TEXT
(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 13. DO YOU CURRENTLY HAVE ANXIETY?

IS: NO, I DO NOT HAVE ANXIETY

13.2

Does your anxiety limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 13. DO YOU CURRENTLY HAVE ANXIETY?

IS: NO, I DO NOT HAVE ANXIETY
