

# PhoenixCare Every 3 Month Telephone Interview Tool

Enrollment Interviewer: \_\_\_\_\_ Employee ID: \_\_\_\_\_

## INITIAL INTERVIEW

The next few questions are about your health now and your current daily activities. Please try to answer every question as accurately as you can.

*(“P” refers to questions created or modified for this survey by the PhoenixCare Project; “SF” refers to questions from the SF 36™.)*

P1. Compared to 3 months ago, how would you rate your health in general now? Is it much better now, somewhat better now, the same now, somewhat worse now, or much worse now? *(measures health status)*

- 1) Much better now than 3 months ago
- 2) Somewhat better now than 3 months ago
- 3) About the same now as 3 months ago
- 4) Somewhat worse now than 3 months ago
- 5) Much worse now than 3 months ago
- 6) Don't know [DON'T READ]

SF1. In general would you say your health is excellent, very good, good, fair, or poor? *(measures health status)*

- 1) Excellent
- 2) Very Good
- 3) Good
- 4) Fair
- 5) Poor
- 6) Don't know [DON'T READ]

SF2. Compared to 1 year ago, how would you rate your health in general now? Would you say it is much better now than one year ago, somewhat better now than one year ago, about the same as one year ago, somewhat worse now than one year ago, or much worse now than one year ago? *(measures health status)*

- 1) Much better now than one year ago
- 2) Somewhat better now than one year ago
- 3) About the same as one year ago
- 4) Somewhat worse now than one year ago
- 5) Much worse now than one year ago
- 6) Don't know [DON'T READ]

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

SF3-12 & P6-11: Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

Activities ( <i>measures physical function</i> )	Yes, limited a lot	Yes, limited a little	No, not limited at all	Don't know (DON'T READ)
SF3. First, vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF4. Next, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF5. Next, lifting or carrying groceries. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF6. Next, climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF7. Next, climbing one flight of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF8. Next, bending, kneeling, or stooping. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF9. Next, walking more than a mile. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4
SF10. Next, walking several blocks. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]	1	2	3	4

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

Activities (measures physical function)	Yes, limited a lot	Yes, limited a little	No, not limited at all	Don't know (DON'T READ)
SF11. Next, walking one block. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE]: Is that because of your health?	1	2	3	4
SF 12. Next, bathing or dressing yourself. Does your health now limit you a lot, limit you a little, or not limit you at all? [IF R SAYS S/HE DOES NOT DO ACTIVITY, PROBE]: Is that because of your health?	1	2	3	4
P6. Next, walking across the room. Does your health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4
P7. Next, going to the bathroom by yourself. Does your health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4
P8. Next, eating a meal at the table. Does your health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4
P9. Next, getting out of bed. Does you health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4
P10. Next, grooming, such as combing hair, brushing teeth. Does your health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4
P11. Next, feeding yourself. Does you health now limit you a lot, limit you a little, or not limit you at all?	1	2	3	4

NOTE: P6-11 ARE PHOENIXCARE QUESTIONS WHICH HAVE BEEN ADDED TO CAPTURE DATA ON LOWER LEVEL FUNCTIONING.

SF13-16: The following four questions ask you about your physical health and your daily activities:

(measures role limitations due to physical health)	Yes	No	Don't know (DON'T READ)
SF13. During the past 4 weeks, have you had to cut down the amount of time you spent on work or other regular daily activities as a result of your physical health?	1	2	3
SF14. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?	1	2	3
SF15. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?	1	2	3
SF16. During the past 4 weeks, have you had difficulty performing work or other regular daily activities as a result of your physical health, for example, it took extra effort?	1	2	3

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

SF17-19: The following three questions ask about your emotions and your daily activities:

<i>(measures role limitations due to emotional health)</i>	Yes	No	Don't know (DON'T READ)
SF17. During the past 4 weeks, have you cut down the amount of time you spent on work or regular daily activities as a result of any emotional problems, such as feeling depressed or anxious?	1	2	3
SF18. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?	1	2	3
SF19. During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?	1	2	3

SF20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Has it interfered: not at all, slightly, moderately, quite a bit, or extremely? *(measures social functioning)*

- 1) Not at all
- 2) Slightly
- 3) Moderately
- 4) Quite a bit
- 5) Extremely
- 6) Don't know [DON'T READ]

SF21. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere: not at all, a little bit, moderately, quite a bit, or extremely?

*(measures pain)*

- 1) Not at all
- 2) A little bit
- 3) Moderately
- 4) Quite a bit
- 5) Extremely
- 6) Don't know [DON'T READ]

SF22. How much bodily pain have you had during the past 4 weeks? Have you had: none, very mild, mild, moderate, severe, or very severe? *(measures pain)*

- 1) None
- 2) Very Mild
- 3) Mild
- 4) Moderate
- 5) Severe
- 6) Very Severe
- 7) Don't know [DON'T READ]

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

SF23. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives? Has it interfered all of the time, most of the time, some of the time, a little of the time, or none of the time? (*measures social functioning*)

- 1) All of the time
- 2) Most of the time
- 3) Some of the time
- 4) A little of the time
- 5) None of the time
- 6) Don't know [DON'T READ]

SF24-SF32: The next questions are about how you feel and how things have been with you during the past 4 weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

<i>(Questions 24, 28, 30 &amp; 32 measure physical function) (Questions 25, 26, 27, 29 &amp; 31 measure general mental health)</i>	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time	Don't know (Don't Read)
SF24. How much of the time during the past 4 weeks did you feel full of pep? (read categories)	1	2	3	4	5	6	7
SF25. How much of the time during the past 4 weeks have you been a very nervous person? (read categories)	1	2	3	4	5	6	7
SF26. How much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up? (read categories only if necessary)	1	2	3	4	5	6	7
SF27. How much of the time during the past 4 weeks have you felt calm and peaceful? (read categories only if necessary)	1	2	3	4	5	6	7
SF28. How much of the time during the past 4 weeks did you have a lot of energy? (read categories only if necessary)	1	2	3	4	5	6	7
SF29. How much of the time during the past 4 weeks have you felt downhearted and blue? (read categories only if necessary)	1	2	3	4	5	6	7
SF30. How much of the time during the past 4 weeks did you feel worn out? (read categories only if necessary)	1	2	3	4	5	6	7
SF31. How much of the time during the past 4 weeks have you been a happy person? (read categories only if necessary)	1	2	3	4	5	6	7
SF32. How much of the time during the past 4 weeks did you feel tired? (read categories only if necessary)	1	2	3	4	5	6	7

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

SF33-36: These next questions are about your health and health-related matters.

Now I'm going to read you a list of statements. After each one, please tell me if it is definitely true, mostly true, mostly false, or definitely false. If you don't know, just tell me.

<i>(measures health status)</i>	Definitely True	Mostly True	Mostly False	Definitely False	Don't know (DON'T READ)
SF33. I seem to get sick a little easier than other people. Would you say that's definitely true, mostly true, mostly false, or definitely false?	1	2	3	4	5
SF34. I am as healthy as anybody I know. Would you say that's definitely true, mostly true, mostly false, or definitely false?	1	2	3	4	5
SF35. I expect my health to get worse. Would you say that's definitely true, mostly true, mostly false, or definitely false?	1	2	3	4	5
SF36 My health is excellent. Would you say that's definitely true, mostly true, mostly false, or definitely false?	1	2	3	4	5

P12. In the past 4 weeks have you been able to start or resume an activity you enjoy? *(measures physical function)*

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

P13-15. In the last 4 weeks, what have been the three most troublesome symptoms or problems for you related to your illness? <i>(a,b,c measures pain &amp; symptoms;d,e measures management of illness)</i>	P13. The most * troublesome-	P14. The next most ** troublesome-	P15. The third most ** troublesome-
P13A-15A. How often did you have _____(SYMPTOM)? Did you have this symptom all of the time, most of the time, some of the time, or occasionally?	P13A. 1). All of the time 2). Most of the time 3). Some of the time 4). Occasionally 5). Don't Know-(DON'T READ)	P14A. 1). All of the time 2). Most of the time 3). Some of the time 4). Occasionally 5). Don't Know-(DON'T READ)	P15A. 1). All of the time 2). Most of the time 3). Some of the time 4). Occasionally 5). Don't Know-(DON'T READ)
P13B-15B. How severe was the _____ (SYMPTOM) on average? Was it extremely severe, moderately severe, or not at all severe?	P13B. 1). Extremely severe 2). Moderately severe 3). Not at all severe 4). Don't Know-(DON'T READ)	P14B. 1). Extremely severe 2). Moderately severe 3). Not at all severe 4). Don't Know-(DON'T READ)	P15B. 1). Extremely severe 2). Moderately severe 3). Not at all severe 4). Don't Know-(DON'T READ)
P13C-15C. How much did the _____ (SYMPTOM) distress or bother you? Would you say it bothered you very much, quite a bit, somewhat, a little bit, or not at all?	P13C. 1). Very much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)	P14C. 1). Very much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)	P15C. 1). Very much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)

[Interviewer instructions: \*For Symptoms ask "is there anything at all" if respondent says "none". \*\* If only one or two symptoms are given; Probe "Are there any other symptoms" ]

P13D-15D. Did you talk to a physician or other healthcare provider specifically about your (SYMPTOM)?	P13D. 1). Yes 2). No 3). Don't Know-(DON'T READ)	P14D. 1). Yes 2). No 3). Don't Know-(DON'T READ)	P15D. 1). Yes 2). No 3). Don't Know-(DON'T READ)
P13E-15E. If yes, did they help you with your (SYMPTOM) very much, quite a bit, somewhat, a little bit, or not at all?	P13E. 1). Very Much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)	P14E. 1). Very Much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)	P15E. 1). Very Much 2). Quite a bit 3). Somewhat 4). A little bit 5). Not at all 6). Don't Know-(DON'T READ)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

P16-21 INTRO. I'm going to read you a list of statements. For each, please tell me if you think it is mostly true, somewhat true, somewhat false, or mostly false. (16-19 measure preparation for end of life/spirituality-Derived in part from Missoula-VITAS 25) (20, 21 measure management of illness)

	Mostly True	Somewhat True	Somewhat False	Mostly False	Don't know [DON'T READ]
P16. I have a greater sense of connection to all things now than I did before my illness.	1	2	3	4	5
P17. I feel my life is worthwhile.	1	2	3	4	5
P18. I feel deep inner peace or harmony.	1	2	3	4	5
P19. I am spiritually or emotionally content.	1	2	3	4	5
P20. I have been given enough information and education so that I can usually manage my illness at home.	1	2	3	4	5
P21. I have been given enough information and education so I know what to do for my illness in an emergency.	1	2	3	4	5

P22-24INTRO. In the past 4 weeks, how much information and education have you been given about **\_[Insert P22-P24]\_\_\_\_\_**? Would you say a great deal, a moderate amount, a little, or none? (measures management of illness)

	A great deal	A moderate amount	A little	None	Don't know [DON'T READ]
P22. Community Resources that might help with your illness	1	2	3	4	5
P23. Ways in which family and friends could assist you	1	2	3	4	5
P24. Who to talk to when you have a medical problem	1	2	3	4	5

P25. Do you have a Living Will or Advance Directives giving direction for the kinds of medical treatment you want if you cannot speak for yourself? (measures preparation for end of life)

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

P26. Do you have legal documents such as a Medical Power of Attorney, naming someone to make decisions about medical treatment if you cannot speak for yourself? (measures preparation for end of life)

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

P27. Have you ever discussed your legal documents or other plans with the physician responsible for your care? (*measures preparation for end of life*)

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

P28. Have you ever discussed your legal documents or other plans with family and friends? (*measures preparation for end of life*)

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

P29-33INTRO. I'm going to read you a list of statements. For each, please tell me if you think it is mostly true, somewhat true, somewhat false, or mostly false. (*measures satisfaction-Derived from Missoula-VITAS 25*)

	Mostly True	Somewhat True	Somewhat False	Mostly False	Don't Know [Don't Read]
P29. I am satisfied with the current control of my symptoms.	1	2	3	4	5
P30. I am satisfied with my ability to take care of my basic needs.	1	2	3	4	5
P31. At present, I spend as much time as I want to with family and friends.	1	2	3	4	5
P32. I am more satisfied with myself as a person now than I was before my illness.	1	2	3	4	5
P33. I have a better sense of meaning in my life now than I have had in the past.	1	2	3	4	5

P34-37 INTRO. I'm going to read you several statements. For each, please indicate the level of financial burden it creates for you or your family. (*measures unmet need*)

How much of a financial burden does     **[Insert P34-P37]**     create? A great deal, a moderate amount, a little, or none.

	A great deal	A moderate amount	A little	None	Don't Know [DON'T READ]
P34. Prescription medications	1	2	3	4	5
P35. Attendant care or someone to help with your care	1	2	3	4	5
P36. Transportation to the doctor's office or other medical appointments	1	2	3	4	5
P37. Other medical supplies	1	2	3	4	5

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

P38. In the last 4 weeks, was there anything you thought would help your illness that you didn't obtain? *(measures unmet need)*

- 1) Yes
- 2) No →[SKIP TO P39]
- 3) Don't know [DON'T READ] →[SKIP TO P39]

P38A. What was it that you didn't get?

---

---

---

P39. In the last 4 weeks, did anything happen for which you felt unprepared? *(measures unmet need)*

- 1) Yes
- 2) No
- 3) Don't know [DON'T READ]

P39A. What were you unprepared for?

---

---

Thank you for your time and information.

This questionnaire includes the SF-36™ Health Survey and is reproduced with permission of the Medical Outcomes Trust, Copyright © 1992.

Interviews are done face to face on admission to the project and every three months thereafter by telephone. The survey is being administered as a telephone interview using a Computer-Assisted Telephone Interviewing (CATI) system. Interviews will be done between July, 1999 and September 30, 2001. The questions included seek to measure those things PhoenixCare expects to impact through the delivery of a palliative care disease management program. Interview questions will be administered to an intervention and control group with differences in these data and those relating to utilization of health services compared.

Please contact Dr. Carol Lockhart at PhoenixCare if you have questions or wish further information.

This information is reproduced with permission of the PhoenixCare Program at Hospice of the Valley. Copyright © 1999  
Permission is granted for non-commercial use in quality improvement and patient care. For other uses contact 602-287-7050.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

HOVMR#: \_\_\_\_\_ SEQ#: \_\_\_\_\_

**PhoenixCare at Hospice of the Valley-1510 E Flower St. Phoenix, Arizona 85014-565-(602) 2877050**