

## Senior's Empowerment and Advocacy in Patient Safety (SEAPS) Survey

How often do you DO the following tasks?	I Never Do This	I Rarely Do This	I Often Do This	I Always Do This
1. How often do you teach yourself about your own health problems and medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you ask your doctors questions about your health problems, lab tests and medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you keep an updated a list of all your medicines, including those from the drug store and health food store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often do you call the doctor's office if you haven't received the results of laboratory or X-ray tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you get a second opinion from another doctor when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you ask a friend or family member to come with you to doctors' visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident are you that you could actually do the following tasks?	I Don't Think I Could	I Doubt I Could	I Probably Could	I Definitely Could
1. How confident are you that you could teach yourself about your own health problems and medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How confident are you that you could call the doctor's office if you haven't received the results of laboratory or X-ray tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How confident are you that you could get a second opinion from another doctor if you think it is needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How confident are you that you could give your doctors a complete and thorough story of your health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How confident are you that you could ask a friend or family member to come with you to doctors' visits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you Agree or Disagree with each statement?	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel comfortable changing doctors if I think my health concerns are not being met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel it is difficult to ask a friend or family member to come with me to doctors' visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It would be hard to ask my doctors a lot of questions about my health problems, lab tests and medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would feel comfortable calling the doctor's office if I haven't received the results of laboratory or X-ray tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It would be easy to keep an updated list of all my medicines, including those from the drug store and health food store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How strongly do you believe that doing the following will improve your health?	Strongly do not believe	Do not believe	Believe	Strongly believe
1. How strongly do you believe that giving your doctors a complete and thorough story of your health problems and concerns will improve your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How strongly do you believe that complaining in writing if you have problems with office staff or doctor will improve your overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How strongly do you believe that getting a second opinion when needed will improve your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How strongly do you believe that asking a friend or family member to come with you to doctors' visits will improve your overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How strongly do you believe that teaching yourself about your own health problems and medicines will improve your overall health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>