LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

LACERS is excited to offer a new senior-focused health assessment tool administered by a third party, Health Improvement Solutions (HIS), that evaluates how you are doing in various areas, such as pain, movement, functionality, and many others that are important for good health. Also, specifically developed for LACERS Members is a section on discovering interests that support purposeful living. The goal of this assessment is to provide you with tools for understanding and possibly improving your health and well-being.

After completing the questionnaire, you will receive a Health Assessment Personal Report, which will give you instant feedback on how to address your specific health issues now and as you get older. Participation in this health assessment is voluntary and **confidential**.

Your privacy is important to LACERS and our vendor, HIS. Your personal responses to the health assessment questions will not be shared with LACERS or any other third party. You can review our vendor's privacy policy by visiting the following web address:
https://platform.healthimprovementsolutions.com/privacy/584a9623ae9d5a0b2b13a2d1

Those who complete the assessment will be entered into a monthly drawing for gift cards valued at $15, so only your name will be shared with LACERS; however, you can opt out of this by not completing the question about participating in the drawing.

Please mail your completed assessment to:

Health Improvement Solutions
PO Box 241434
Omaha, NE 68124-5434-5434

Powered by

HEALTH IMPROVEMENT SOLUTIONS

Retiree Health Assessment: ID and Demographics

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

First:	Middle:	Last:

Date of Birth:	/ /	Gender:	☐ Male ☐ Female

Please select your current health plan:	☐ Anthem Blue Cross ☐ UnitedHealthcare ☐ Kaiser Permanente ☐ SCAN ☐ Other

Street Address:		Apartment:	

City:		State:		Zip:	

Primary Phone (optional)	( ) -	☐ Home ☐ Work ☐ Mobile ☐ Fax

Secondary Phone (optional)	( ) -	☐ Home ☐ Work ☐ Mobile ☐ Fax

Email (optional)	

Race / Ethnicity:	☐ American Indian/Alaska Native ☐ African American / Black ☐ Asian ☐ White ☐ Latin American ☐ Hispanic ☐ Native Hawaiian / Pacific Islander ☐ More than one race ☐ Unknown

Please select your current marital status:	☐ Married ☐ With partner ☐ Divorced ☐ Widowed ☐ Single

Compared to other people your age, how do you consider your health status?	☐ Not as good as others my age ☐ Just as good as others my age ☐ Better than others my age ☐ I am not sure

Powered by

HEALTH IMPROVEMENT SOLUTIONS

Retiree Health Assessment: Preventive Health

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

Do you have a personal or primary physician?	☐ Yes ☐ No

Height:	Feet:	Inches:	Weight (lbs):

When was your last medical check-up?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Don't know
When was your last flu immunization?	☐ Never ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Don't know
Have you had the pneumococcal (pneumonia) vaccine?	☐ Yes ☐ No ☐ Not sure
Have you seen a dentist within the past 12 months?	☐ Yes ☐ No ☐ Not sure
Have you had any of the following screenings for colorectal cancer?	
Fecal occult blood test (for blood in stool) within the past year?	☐ Yes ☐ No ☐ Not sure
Sigmoidoscopy within the past 5 years?	☐ Yes ☐ No ☐ Not sure
Barium enema within the past 5 years?	☐ Yes ☐ No ☐ Not sure
Colonoscopy within the past 10 years?	☐ Yes ☐ No ☐ Not sure
When did you last have your blood pressure checked?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Don't know
When did you last have your blood glucose (blood sugar) checked?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Don't know
When did you last have your cholesterol checked?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Within the past 5 years ☐ Over 3 years ago ☐ Don't know

Retiree Health Assessment: Female Specific Questions

When was your last mammogram?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Not sure
When was your last bone mass or bone density measurement (osteoporosis screening)?	☐ Never ☐ Within the past 6 months ☐ Within the past year ☐ Within the past 2 years ☐ Within the past 3 years ☐ Over 3 years ago ☐ Not sure

Retiree Health Assessment: Chronic Conditions

Choose all that apply to you.	☐ High blood pressure ☐ High cholesterol ☐ Diabetes ☐ Heart disease ☐ Cardiac arrhythmias (irregular heartbeat) ☐ Congestive Heart Failure (CHF) ☐ Chronic Obstructive Pulmonary Disease (COPD) ☐ Osteoporosis ☐ Back problems ☐ Arthritis ☐ Stroke ☐ Cancer ☐ Depression ☐ Dementia ☐ Parkinson's Disease ☐ Thyroid disease ☐ Urinary incontinence ☐ Impaired balance ☐ Nerve conditions ☐ Other _____

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

Retiree Health Assessment: Nutrition

Choose the option that best describes how you feel about your eating habits.	☐ I do not eat enough ☐ I am not sure if I eat enough ☐ I eat enough ☐ I eat too much
How many meals do you eat each day?	☐ 1 meal ☐ 2 meals ☐ 3 meals ☐ 4+ meals
Do you eat one or more servings of dairy a day (i.e. 8 oz. glass of milk, slice of cheese, cup of yogurt)?	☐ Yes ☐ No ☐ Not sure
Do you eat one or more servings of meat, fish or poultry every day?	☐ Yes ☐ No ☐ Not sure
Do you eat two or more servings of fruits or vegetables per day?	☐ Yes ☐ No ☐ Not sure
Do you eat two or more servings of legumes (i.e. beans, chick peas) or eggs per week?	☐ Yes ☐ No ☐ Not sure
How much fluid (i.e. water, juice, coffee, tea, milk) do you drink each day? Do not include alcohol consumed.	☐ Less than 3 cups ☐ 3 to 5 cups ☐ More than 5 cups ☐ Not sure

Retiree Health Assessment: Alcohol Consumption

In the past 30 days, have you had: **Females Only:** 4 or more alcoholic drinks on one occasion? **Males Only:** 5 or more alcoholic drinks on one occasion?	☐ Yes ☐ No ☐ Not sure ☐ Yes ☐ No ☐ Not sure

Powered by

HEALTH IMPROVEMENT SOLUTIONS

Retiree Health Assessment: Tobacco

Do you currently smoke cigarettes or vapes?	☐ Yes ☐ No
Do you regularly smoke cigars and/or pipes of tobacco?	☐ Yes ☐ No

Retiree Health Assessment: Activity & Functionality

Maintaining or enhancing your functionality and activity level are critical to helping you remain independent. Completing this section will help you assess your functional abilities – defined as activities that are essential to supporting your physical, social, and psychological wellness. You can share your results with your healthcare provider to help address any concerns and determine ways to stay on the path toward optimal health and well-being!

Can you do these tasks without help?	1. Bathing	☐ Yes	☐ No
	2. Going to the bathroom	☐ Yes	☐ No
	3. Dressing	☐ Yes	☐ No
	4. Grooming	☐ Yes	☐ No
	5. Moving from bed to a chair	☐ Yes	☐ No
	6. Feeding yourself	☐ Yes	☐ No
	7. Using the phone	☐ Yes	☐ No
	8. Doing laundry	☐ Yes	☐ No
	9. Making meals	☐ Yes	☐ No
	10. Housework (i.e. vacuuming)	☐ Yes	☐ No
	11. Managing finances	☐ Yes	☐ No
	12. Shopping	☐ Yes	☐ No
	13. Taking medications	☐ Yes	☐ No
	14. Driving	☐ Yes	☐ No

Retiree Health Assessment: Activity & Functionality *(cont.)*

A. Can you do these activities without help?	
1. Walking from one room to another in your place of residence	☐ Yes ☐ No
2. Climbing a flight of stairs	☐ Yes ☐ No
3. Walking outside your place of residence	☐ Yes ☐ No
4. Being up and moving around (i.e. walking, standing) for more than 10 minutes	☐ Yes ☐ No

B. Have you experienced a fall in the last 6 months, either from losing your balance or tripping?	☐ Yes ☐ No

If Yes to B: C. In the last 6 months have you engaged in either physical therapy or occupational therapy (assistance with daily living activities)?	☐ Yes ☐ No
If Yes: How long have you been in physical therapy or occupational therapy?	☐ A couple weeks ☐ A month ☐ 2-3 months ☐ 4-5 months ☐ 6+ months

D. Do you use any of the following medical or assistive devices? (check all that apply)	☐ CPAP machine ☐ Emergency medical alert device ☐ Hearing aid ☐ Oxygen/respiratory device ☐ Power chair/transport device ☐ Walking support (cane, walker) ☐ Other

E. Do you get 30 minutes or more of moderate physical activity (i.e. brisk walking, ballroom dancing, gardening, bicycling) most days of the week? **Moderate physical activity means that you are able to still talk, but you aren't able to sing the words to your favorite song*	☐ Yes ☐ No

F. Do you do muscle-strengthening exercises (i.e. resistance bands, lifting weighted objects, yoga) 2 or more days a week?	☐ Yes ☐ No

Retiree Health Assessment: Pain

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

How often do you have physical pain?	☐ Every day ☐ Most days ☐ Some days ☐ Rarely or never
Is your pain currently under control?	☐ Yes ☐ No ☐ Not applicable (I never have pain) **(If Not applicable, skip to next page)**
How long does the pain last?	☐ A few minutes ☐ Several minutes ☐ A couple hours ☐ Several hours ☐ All day
What causes your pain? Choose all that apply.	☐ Standing, bending or lifting ☐ Activity/Exercise ☐ Sitting/laying for long periods of time ☐ Weather changes ☐ Touching or pressure ☐ Standing/Walking ☐ Stress/Anxiety ☐ Poor shoes/footwear ☐ Other
Is the pain worse when you wake up?	☐ Yes ☐ No ☐ Sometimes
What helps your pain? Choose all that apply.	☐ Rest or sleep ☐ Massage ☐ Ice ☐ Creams or ointments ☐ Over-the-Counter medications (i.e. ibuprofen, Tylenol, herbal medicines) ☐ Prescription medications ☐ Heat ☐ Changing positions ☐ Other
Do you work with your doctor to control your pain?	☐ Yes ☐ No

Powered by

HEALTH IMPROVEMENT SOLUTIONS

Retiree Health Assessment: Medication

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

A. Do you currently take any prescription medications?	☐ Yes ☐ No **(If no, skip to next page)**
B. How many prescription medications do you take?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
C. Is your doctor aware of ALL medications you are taking?	☐ Yes ☐ No
D. Do you always fill medications prescribed by your doctor?	☐ Yes ☐ No
E. Are there times when you DO NOT take your medications as prescribed?	☐ Yes ☐ No
If Yes: Why do you choose not to take medications as prescribed by your doctor?	☐ I forget to take it ☐ I don't like how the medicine makes me feel ☐ I can't afford to get all my prescriptions filled ☐ Other
F. Do you always finish your prescription as directed?	☐ Yes ☐ No
G. Do you always talk to your doctor before you stop taking any medications?	☐ Yes ☐ No

Retiree Health Assessment: Well-being

A. On average do you sleep less than five (5) hours in a 24-hour period?	☐ Yes ☐ No

B. Do you have trouble getting to sleep or staying asleep during your normal sleep time?	☐ Yes ☐ No
If Yes: Please mark the most appropriate response:	☐ I have trouble with sleep less than three times a week ☐ I have trouble with sleep three or more times a week. ☐ Usually it takes more than an hour to get to sleep. ☐ I only manage less than six hours of sleep a night even if I'm in bed for eight hours. ☐ I often need medications or alcohol to help me sleep
If Yes: Why do you have trouble getting to sleep or staying asleep? (Select all that apply)	☐ Alcohol consumption ☐ Coffee/caffeine consumption ☐ I frequently have to use the restroom ☐ I have an irregular sleep schedule ☐ I have unusual sensations in my legs ☐ I snore ☐ Medication side effects ☐ Pain ☐ Stress or anxiety ☐ Other reasons

Retiree Health Assessment: Well-being *(cont.)*

C. Do you typically wake up because of shortness of breath, gasping, choking, or excessive snoring?	☐ Yes ☐ No
If Yes: Please mark the most appropriate response:	☐ My snoring disturbs others. ☐ I have been told that my breathing stops while I am asleep. ☐ I often awaken with a gasping or choking sensation. ☐ I snore and I am also sleepy during the day. **(If selected, skip next question about being sleepy during waking hours)**
Are you sleepy during your waking hours?	☐ Yes ☐ No
If Yes: Please mark the most appropriate response:	☐ Sleepiness occurs when I am at rest or not engaged in daily activities (for example; when driving or in conversation). ☐ I am frequently sleepy when I'm engaging in daily activities. ☐ I sometimes use medication or drugs to help myself stay awake.

D. Over the last two weeks:	
Are you satisfied with your life?	☐ Yes ☐ No
Have you participated in activities that interest you?	☐ Yes ☐ No
Did you feel your life is empty?	☐ Yes ☐ No
Did you often get bored?	☐ Yes ☐ No
Were you afraid that something bad was going to happen to you?	☐ Yes ☐ No
Did you often feel hopeless?	☐ Yes ☐ No
Did you prefer to stay at home, rather than going out and doing activities?	☐ Yes ☐ No
Did you feel you have more problems with memory than most?	☐ Yes ☐ No
Were you in good spirits most of the time?	☐ Yes ☐ No
Did you think that most people your age are better off than you are?	☐ Yes ☐ No

Retiree Health Assessment: Well-being *(cont.)*

E. Do you have at least 2 close friends and/or relatives that you can talk to about anything?	☐ Yes ☐ No
F. Do you have at least 2 close friends and/or relatives that you see at least once a month?	☐ Yes ☐ No
If Yes: Do you see these friends and/or relatives as often as you would like?	☐ Yes ☐ No
G. Are you a part of a group like (but not limited to) book club, exercise group, church group or craft group?	☐ Yes ☐ No
H. How often do you attend church or church groups/meetings?	☐ Rarely or never ☐ A couple times a year ☐ For my religion's holidays ☐ Every few months ☐ Once a month ☐ A couple times a month ☐ Weekly ☐ More than once a week
I. Choose all that apply to you, your spouse/partner or immediate family in your home (parent, sibling, child).	☐ Serious illness (i.e. cancer) ☐ Multiple medical conditions (i.e. heart disease, diabetes & arthritis) ☐ Physical limitations (i.e. not being able to drive a car) ☐ Chronic pain ☐ Financial concerns ☐ Cognitive changes (i.e. decline in short-term memory) ☐ Caretaking demands (i.e. responsible for taking care of a loved one) ☐ Changing life situations (i.e. moving to new residence, retirement) ☐ Loss of loved ones and grief

Retiree Health Assessment: Well-being *(cont.)*

J. Do you have a pet in your primary place of residence?	☐ Yes ☐ No ☐ Recently passed ☐ In the process of getting one
K. Do you participate in any volunteering activities?	☐ Yes ☐ No
If Yes: How often do you dedicate time to volunteer activities?	☐ 2 or more times per week ☐ A few times per month ☐ Once every few months ☐ Less than 4 times per year
If Yes: Do you enjoy your volunteer work?	☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ I do not enjoy volunteering
L. Do you believe in a higher spiritual power?	☐ Yes ☐ No
If Yes: How often do you practice your faith through prayer, service or reflection?	☐ Rarely or never ☐ A couple times a year ☐ For my religion's holidays ☐ Every few months ☐ Once a month ☐ A couple times a month ☐ Weekly ☐ More than once a week ☐ Daily
M. Do you often feel stressed?	☐ Yes ☐ No
If Yes: What helps you cope with your stress? Choose all that apply.	☐ Social activities (i.e. book clubs, group BINGO, music events) ☐ Time with children/grandchildren ☐ Activity (i.e. take a walk, ballroom dancing, water aerobics, yoga) ☐ Relaxation/quiet time ☐ Meditation ☐ Talking with others ☐ Reading ☐ Other
If Yes: Would you like help dealing with your stress?	☐ Yes ☐ No

Retiree Health Assessment: Wellness Participation

1. Which of the following wellness activities and resources did you participate in or use through the LACERS Well wellness program in 2020? (Choose all that apply)	☐ Activities led by LACERS Well Champions (walks, hikes, museum tours, fitness classes, etc. - Prior to cancellation due to pandemic) ☐ LACERS Well Extravaganzas (annual health fairs with speakers & activities) ☐ Mom's Computer One-on-One Technical Assistance ☐ Silver Sneakers or Silver & Fit activities ☐ Joined or participated in LACERS Well Facebook group page ☐ Passport to Health incentive program (to be entered into a drawing for opportunity prizes) ☐ Virtual workshop series (such as financial wellness or Aging Mastery Program) ☐ Volunteer Phone Bank checking on LACERS members ☐ Wellness Newsletter ☐ LACERS Well-sponsored webinars (such as COVID19 Webinar, Holiday Wellness and Friendsgiving Celebration) ☐ None of the above
2. If you participated in any of the wellness program activities or resources provided by LACERS (newsletters, webinars, workshops, presentations, etc.), what health-related changes did you experience as a result of the LACERS Well wellness program? (Choose all that apply)	☐ Improvement in exercise level ☐ Improvement in diet ☐ Improvement in weight ☐ Improvement in blood pressure ☐ Improvement in cholesterol/triglycerides ☐ Improvement in blood glucose ☐ Improvement in managing stress ☐ Improvement in managing depression ☐ Improvement in overall healthy lifestyle ☐ Increased motivation to be more active ☐ Increased social activity (with fellow retirees, friends, family, community) ☐ Stopped using tobacco ☐ Reduction in pain ☐ Reduced my alcohol intake ☐ Improvement in energy level ☐ Other _____ ☐ None of the above

Retiree Health Assessment: Wellness Participation *(cont.)*

3. If you did not participate in any of the LACERS Well activities or resources, why not? (Choose all that apply)	☐ I wasn't aware of the wellness program activities or resources that were available ☐ The activities were not scheduled at times or locations that were convenient to me ☐ I don't have transportation available to attend the activities ☐ I wasn't interested in any of the activities or resources offered ☐ I don't have internet access to participate in the online activities or resources ☐ I don't feel confident about my ability to participate in LACERS Well activities ☐ I have physical restrictions that limit my ability to participate in LACERS Well activities ☐ I participate in other health and fitness activities that are not part of LACERS Well ☐ I don't want to attend the activities by myself and don't have anyone to go with me ☐ I prefer to stay at home in my own environment ☐ Other _____
4. If you did participate in any of the LACERS Well activities, why did you attend? (Check all that apply)	☐ Increased knowledge of health topics ☐ Increased understanding of staying fit ☐ Socializing with others ☐ Prevention of illness
5. How likely are you to attend a virtual event?	☐ Very likely ☐ Not likely
6. Please provide any additional comments or suggestions regarding the LACERS Well wellness program.	_____ _____ _____ _____ _____
Would you like to be entered into a drawing for a chance to win a $15 gift card?	☐ Yes ☐ No If Yes: Please be sure you have provided your contact information in the demographics section of this survey, and submit your completed survey by the last day of the month to be entered into a monthly gift card drawing. *Only LACERS retirees and beneficiaries are eligible for entry into the drawing, and only one survey per member, please.*

LACERS
LA CITY EMPLOYEES' RETIREMENT SYSTEM

Discover Your Purpose

All questions in this section must be answered to receive a Discover Your Purpose personal report.

1. I share common values with those close to me (i.e. family, significant others).	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
2. I can talk about and plan my goals with those closest to me.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
3. Those closest to me know and support my goals.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
4. My life purpose and goals benefit those closest to me.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
5. My home/family life makes me happy.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
6. I know my purpose in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
7. My purpose in life provides me a high level of well-being.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
8. I do not have a good sense of what I am trying to accomplish in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
9. I believe I am alive for a reason.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
10. Some people wonder aimlessly through life, but I am not one of them.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
11. My aims in life have been more a source of satisfaction than frustration to me.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
12. I have a strong sense of direction in my life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree

Discover Your Purpose *(continued)*

13. My sense of community 'belonging' is at a high level.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
14. I participate in or volunteer for activities that align with my purpose in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
15. I do not like where I live.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
16. There are opportunities in my community to get involved.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
17. There are opportunities in my local community for activities that align with my purpose.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
18. My daily activities support my purpose in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
19. I set goals for myself that help me fulfill my purpose in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
20. My life is fulfilling.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
21. My daily activities often seem trivial and unimportant to me.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
22. I enjoy making plans for the future and working to make them a reality.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
23. I find it satisfying to think about what I am accomplishing in life.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree
24. I feel good when I think of what I have done in the past and what I hope to do in the future.	☐ Strongly disagree	☐ Somewhat disagree	☐ Unsure	☐ Somewhat agree	☐ Strongly disagree