

# Strategic Directions Group, Inc. /Motivo consulting questionnaire

## 10th wave of our national health segmentation study

### Demographics

Age  
Gender  
Marital status  
Household annual income  
Education  
Number of children (4 age groups)  
Level of employment  
Zip code

### Wellness program

Past or current participation in any wellness programs  
Offered by:  
Employer  
Health insurance program  
Both

If yes: Rating of effectiveness of programs.

### Physical assessment

Rate your current state of health (Excellent to poor)  
What is your height?  
What is your weight?  
(used to calculate BMI)

### Influential in getting you to make first visit to internet site:

Recommended by someone I trust  
Recognized the brand name .  
Remembered or saw interesting advertising for the site  
Saw site name in a magazine or newspaper article  
Came up on search engine, such as Yahoo, Google, etc  
Site linked to another site I use

### Online platforms visited

(Have this account)

YouTube  
Facebook  
Pinterest  
Twitter  
Other

### Number of hours spent on social media each day

### Items household has

Personal computer  
Internet access  
Smartphone  
Tablet, e.g, Ipad, Samsung Galaxy

**Numerous proprietary health attitude questions used to segment respondents into:**

**Health segmentation**

**Health Information segmentation**

**Health Compliance segmentation**

**Ingredients reduced on advice of doctor**  
**Ingredients reduced on own**  
**(two separate questions, same list)**

Sodium  
Fat  
Sugar  
Caffeine  
Cholesterol  
Calories

**Do you exercise, but not  
as a part of your job?**

Yes/No  
(if yes) Times/week:  
0, 1-3, 4-5, 6-7, over 7

**Frequency seen physician in last 12  
months**

Once a week, twice a month, once a month, once  
every 3 months, Twice a year, once a year, never

**Use of :** (currently, used in past, never)  
Cigarettes, cigars, pipes  
Chewing tobacco

**Use of:** (always, sometimes, never)  
Sunscreen, seatbelts

**Consumption per week**

5-ounce glass of wine  
1.5-ounce shot glass of liquor straight or in cocktail  
8-ounce bottle of beer

**Special attitude questions not in the  
segmentation battery**

I believe a virtual visit with my doctor is as helpful as an  
in-person visit.

I am concerned about the quality of the air I breathe.

I believe the COVID-19 vaccines are safe and effective.

Hospitals aren't know for taking good care of people.

**Sources of health information used in  
last 12 months (multiple choice)**

Articles in health magazines  
Articles in magazines, other than health  
Articles in newspaper  
Health newsletter you paid for  
Free health newsletter  
TV, radio, or magazine advertisements.  
TV programs about health  
Health organizations, e.g., American Heart  
Association  
Books  
Doctor  
Nurse  
Social media  
Support group on Internet  
Internet search  
Spouse  
Relatives/friends  
Employer  
Government publications  
Product information from drug or other companies  
Pharmacist

**Coronavirus (COVID-19)**

**How many doses of COVID –19 vaccine  
have you had?**

None  
One  
Two  
Three (booster)  
More than three

**Do you usually get a flu virus shot  
each year?**

Yes/no

**Kinds of over-the-counter drugs or products regularly taken**

- None.
- Acid blockers, e.g., Zantac
- Antacids, e.g., Tums, Rolaids
- Antihistamines
- Cold medicines
- Cough syrup
- Diet pills
- Energy boosters, e.g., Ginsana
- Footcare, e.g., ointments, pads, supports
- Hair growth, e.g., Rogaine
- Headache remedies
- Herbal medicines
- Laxatives.
- Liquid vitamin supplements, e.g., Geritol
- Memory enhancers, e.g., Ginkoba
- Pain killers
- Potency enhancers
- Skin lotions for dry, itchy, flaky skin
- Skin ointments for irritations/rashes.
- Skin ointments for muscle or joint pain.
- Sleeping pills
- Vitamins, tablets or pills

**How many of these taken on a daily basis?**

- Prescription drugs
- None, 1-2,3-5 over 5
- Over-the-counter products
- None, 1-2,3-5 over 5

**Sources of health care coverage (multiple choice)**

- Managed care
- Major medical insurance
- Veterans Administration
- Medicare
- Medicaid
- No coverage

**Perception of weight:**

- Very underweight
- Slightly underweight
- Ideal body weight
- Slightly overweight
- Very overweight

**Have you ever asked your doctor to write a prescription for a drug you saw advertised?**

Yes/no

**On an average month, spent out-of-pocket for advertised drug?**

\$ \_\_\_\_\_

**Days in last two years hospitalized as inpatient**

\_\_\_\_\_ days

**Readmitted within 30 days? Yes/no**

**Days in last two years as hospital outpatient**

\_\_\_\_\_ days

## **Illnesses had in the past or have now**

## **Illnesses where a prescription is taken**

(two separate lists with same responses)

Alcoholism

Allergie

Angina/Chest pains

Anxiety

Artery disease

Arthritis

Back problems

Bladder incontinence or urinary leakage.

Blood clot

Cancer

Chronic migraines

Congestive heart failure

Depression

Diabetes

Dry, itchy, flaky skin

Epilepsy

Erectile dysfunction (ED)

Eye condition, e.g., dry eyes

Frequent constipation

Frequent indigestion

Heart attack

Heart disease

Hemorrhoids

Hernia

High blood pressure (hypertension)

High blood sugar (high blood glucose)

High cholesterol

Insomnia

Kidney disease

Metabolic syndrome

Nervous disorders

Osteoporosis

Rosacea

Skin disorder

Stroke

Upper respiratory conditions (COPD)

None of the above