Medicare Health Outcomes Survey (HOS)

Questionnaire (English)

HOS 3.0 2015

Insert Cover Art (English)

Medicare Health Outcomes Survey Instructions

This survey asks about you and your health. Answer each question, thinking about <u>yourself</u>. Please take the time to complete this survey. Your answers are very important to us. If you are unable to complete this survey, a family member or "proxy" can fill out the survey about you.

Please return the survey with your answers in the enclosed postage-paid envelope.

Sample Questions:

- > Answer the questions by putting an 'X' in the box next to the appropriate answer like this:
 - 57. Are you male or female?



- > Be sure to read all the answer choices given before marking a box with an 'X.'
- You are sometimes told to answer some questions in this survey only when you have answered a previous question. When this happens, you will see an italicized instruction like the one below:

If you answered "yes" to question 34 above (that you have had cancer),

All information that would permit identification of any person who completes this survey is protected by the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). This information will be used only for purposes permitted by law and will not be disclosed or released for any other reason. If you have any questions or want to know more about the study, please call [vendor name] at [toll-free number].

"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information that does not display a valid OMB control number. The valid OMB control number for this information collection is 0938-0701. The time required to complete this information collection is estimated to average 20 minutes including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, C1-25-05, Baltimore, Maryland 21244-1850."

OMB 0938-0701 Version 02-1

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Items 1–9: The VR-12 Health Survey item content was developed and modified from a 36-item health survey.

Medicare Health Outcomes Survey

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
b. Climbing several flights of stairs	1	2	3

3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like	1	2	3	4	5
b. Were limited in the kind of work or other activities				4	

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like	1	2	3	4	5
 b. Didn't do work or other activities as carefully as usual 	1	2	3	4	5

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
1	2	3	4	5

These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the **past 4 weeks:**

	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
a. Have you felt calm and peaceful?	1	2	3	4	5	6
b. Did you have a lot of energy?	1	2	3	4	5	6
c. Have you felt downhearted and blue?	1	2	3	4	5	6

7. 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, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

Now, we'd like to ask you some questions about how your health may have changed.

8. Compared to one year ago, how would you rate your physical health in general now?

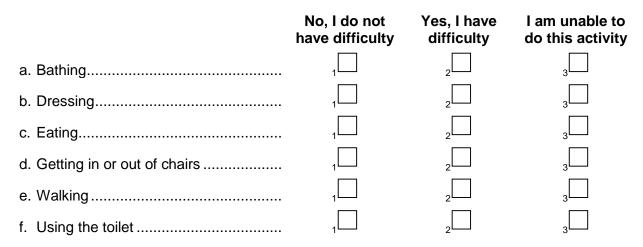
		About the		
Much better	Slightly better	same	Slightly worse	Much worse
1	2	3	4	5

9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?

Much better	Slightly better	About the same	Slightly worse	Much worse
1	2	3	4	5

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?



11. Because of a health or physical problem, do you have any difficulty doing the following activities?

	No, I do not have difficulty	Yes, I have difficulty	l don't do this activity
a. Preparing meals	1	2	3
b. Managing money	1	2	3
c. Taking medication as prescribed	1	2	3

These next questions ask about your physical and mental health during the past 30 days.

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not** good?

Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate is fine.



13. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not** good?

Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate is fine.

	days

14. During the **past 30 days**, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate is fine.



Now we are going to ask some questions about specific medical conditions.

		Yes	No
15.	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1	2
16.	Are you deaf or do you have serious difficulty hearing, even with a hearing aid?	1	2
17.	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	1	2
18.	Because of a physical, mental, or emotional condition , do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2

19. In the past month, how often did memory problems interfere with your daily activities?

	Every day (7 days a week)	Most days (5-6 days a week)	Some days (2-4 days a week)	Rarely (once a week less)	or	Never
	1	2	3	4		5
Has	a doctor ever told you	ı that you had:			Yes	No
20.	Hypertension or high bl	ood pressure			1	2
21. Angina pectoris or coronary artery disease					2	
22.	Congestive heart failure	Э			1	2
23.	A myocardial infarction	or heart attack			1	2

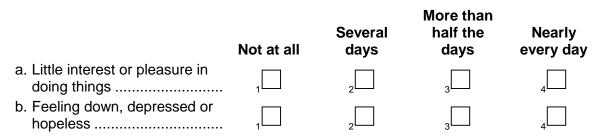
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Has	a doctor ever told yo	ou that you had:		١	Yes	No
24.	Other heart conditions of your heartbeat	· •		•		2
25.	A stroke			1		2
26.	Emphysema, or asthr disease)					2
27.	Crohn's disease, ulce disease		•	1		2
28.	Arthritis of the hip or k	knee		1		2
29.	Arthritis of the hand o	r wrist		1		2
30.	Osteoporosis, someti	mes called thin or b	orittle bones	1		2
31.	Sciatica (pain or numl knee)			•		2
32.	Diabetes, high blood	sugar, or sugar in t	he urine	1		2
33.	Depression			1		2
34.	Any cancer (other tha	n skin cancer)		1		2
lf y	ou answered "yes" t	o question 34 abo	ove (that you have	had cancer),		
35.	Are you currently und	er treatment for:		٢	Yes	No
	a. Colon or rectal can	cer		1		2
	b. Lung cancer					2
	c. Breast cancer			1		2
	d. Prostate cancer 1					
	e. Other cancer (othe	r than skin cancer)		1		2
36.	In the past 7 days, he	ow much did pain ii	nterfere with your da	ay to day activities	?	
	Not at all	A little bit	Somewhat	Quite a bit	Very	much
	1	2	3	4	5	
37.	In the past 7 days, he	ow often did pain k	eep you from sociali	izing with others?		
	Never	Rarely	Sometimes	Often	Alv	vays

		1]		2		3			4	5	
38.	In the No pain						ır pain c	on avera	_	pain	imaginable	•
	1	2	3	4	5	6	7	8	9	10		
	01	02	03	04	05	06	07		09	10		

39. Over the past 2 weeks, how often have you been bothered by any of the following problems?



40. In general, compared to other people your age, would you say that your health is:

₁□	Excellent
2	Very good
3	Good
4	Fair
5	Poor

41. Do you now smoke every day, some days, or not at all?

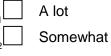
1	Every day
2	Some days
3	Not at all
4	Don't know

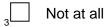
- 42. Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?
 - Yes

No

→ Go to Question 43

- → Go to Question 46
- 43. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?





44. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?

1	Yes
2	No

45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?

Yes
No

1 2

46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

1	Yes	\rightarrow Go to Question 47
2	No	→ Go to Question 47
3	I had no visits in the past 12 months	\rightarrow Go to Question 48

47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

1	Yes
2	No

48. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?

Yes

	No

I had no visits in the past 12 months

49. Did you fall in the past 12 months?

	Yes
2	No

50. In the past 12 months, have you had a problem with balance or walking?

Yes
No

- 51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
 - Suggest that you use a cane or walker. •
 - Check your blood pressure lying or standing. •
 - Suggest that you do an exercise or physical therapy program. •
 - Suggest a vision or hearing testing.

1	Yes
2	No
<u>م</u>	I ha

I had no visits in the past 12 months

hours

52. Have you ever had a bone density test to check for osteoporosis, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.



1 2 3

53. During the past month, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)

Less than 5 hou
5 – 6 hours
7 – 8 hours
9 or more hours

- 54. During the past month, how would you rate your overall sleep quality?
 - Very Good

Fairly Good

Fairly Bad

Very Bad

55. How much do you weigh in pounds (lbs.)?

	lbs.

56. How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up.

	ft. in.	
57.	Are you male or female?	
58.	Are you Hispanic, Latino/a or Spanish Origin No, not of Hispanic, Latino/a or Span Yes, Mexican, Mexican American, C Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic, Latino/a or S	hicano/a
	What is your race? (One or more categories ⁰¹ White ⁰² Black or African American ⁰³ American Indian or Alaska Native ⁰⁴ Asian Indian ⁰⁵ Chinese ⁰⁶ Filipino ⁰⁷ Japanese	may be selected) $_{08}$ Korean $_{09}$ Vietnamese $_{10}$ Other Asian $_{11}$ Native Hawaiian $_{12}$ Guamanian or Chamorro $_{13}$ Samoan $_{14}$ Other Pacific Islander

60. How well do you speak English?



61. What is your current marital status?

Married Divorced Separated Widowed

- 62. What is the highest grade or level of school that you have completed?
 - 8th grade or less

Some high school, but did not graduate

High school graduate or GED

Some college or 2 year degree

4 year college graduate

More than a 4 year college degree

63. Do you live alone or with others? (One or more categories may be selected)

1	
2	
3	
4	
5	

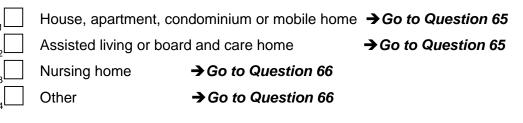
With spouse/significant other

With children/other relatives

With non-relatives

- With paid caregiver
- 64. Where do you live?

Alone



- 65. Is the house or apartment you currently live in:

Owned or being bought by you

Owned or being bought by someone in your family other than you

Rented for money

Not owned and one in which you live without payment of rent

None of the above

- 66. Who completed this survey form?
 - Person to whom survey was addressed

→ Go to Question 68

Family member or relative of person to whom the survey was addressed

Friend of person to whom the survey was addressed

Professional caregiver of person to whom the survey was addressed

67. If you completed the survey for someone else, please fill in your name. **DO NOT** complete this question if you completed the survey for yourself. Please **print** clearly.

First Name													
Last Name													

- 68. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?
 - Less than \$5,000 01 \$5,000-\$9,999 02 \$10,000-\$19,999 03 \$20,000-\$29,999 04 \$30,000-\$39,999 05 \$40,000-\$49,999 06 \$50,000-\$79,999 07 \$80,000-\$99,999 08 \$100,000 or more
 - Don't know

10

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

Insert Vendor Contact Information Here