HEDIS® 2006

HEALTH PLAN EMPLOYER DATA & INFORMATION SET

Medicare Health Outcomes Survey

NCQA

Measuring the Quality of America's Health Care

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

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.

<u>Sample Questions:</u>

- Answer the questions by putting an 'X' in the box next to the appropriate answer category like this:

  55. Are you male or female?

  1 ☒ Male

  2 ☐ Female

- Be sure to read <u>all</u> 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 33 above (that you have had cancer),

All information that would permit identification of any person who completes this survey will be kept strictly confidential. This information will be used only for the purposes of this study and will not be disclosed or released for any other purposes without your permission.

If you have any questions or want to know more about the study, please call [vendor name] at [toll-free number].

OMB 0938-0701 Version 02-1

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.....	1☐	2☐	3☐	4☐	5☐

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?**

Much better	Slightly better	About the 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**?

	No, I do not have difficulty	**Yes, I have difficulty**	**I am unable to do this activity**
a. Bathing	1☐	2☐	3☐
b. Dressing	1☐	2☐	3☐
c. Eating	1☐	2☐	3☐
d. Getting in or out of chairs	1☐	2☐	3☐
e. Walking	1☐	2☐	3☐
f. Using the toilet	1☐	2☐	3☐

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

11. 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.)

☐☐ **days**

12. 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.)

☐☐ **days**

13. 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.)

☐☐ **days**

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

14. During the **past 4 weeks,** how often have you had any of the following problems?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Chest pain or pressure when you exercise	1☐	2☐	3☐	4☐	5☐
b. Chest pain or pressure when resting	1☐	2☐	3☐	4☐	5☐

15. During the **past 4 weeks,** how often have you felt short of breath under the following conditions?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. When lying down flat	1☐	2☐	3☐	4☐	5☐
b. When sitting or resting	1☐	2☐	3☐	4☐	5☐
c. When walking less than one block	1☐	2☐	3☐	4☐	5☐
d. When climbing one flight of stairs	1☐	2☐	3☐	4☐	5☐

16. During the **past 4 weeks,** how much of the time have you had any of the following problems with your legs and feet?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Numbness or loss of feeling in your feet	1☐	2☐	3☐	4☐	5☐
b. Tingling or burning sensation in your feet especially at night	1☐	2☐	3☐	4☐	5☐
c. Decreased ability to feel hot or cold with your feet	1☐	2☐	3☐	4☐	5☐
d. Sores or wounds on your feet that did not heal	1☐	2☐	3☐	4☐	5☐

17. During the **past 4 weeks**, how would you describe any arthritis pain you usually had?

None	Very Mild	Mild	Moderate	Severe
1☐	2☐	3☐	4☐	5☐

	Yes	No
18. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	1☐	2☐
19. Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?	1☐	2☐

Has a doctor ever told you that you had:	Yes	No
20. Hypertension or high blood pressure	1☐	2☐
21. Angina pectoris or coronary artery disease	1☐	2☐
22. Congestive heart failure	1☐	2☐
23. A myocardial infarction or heart attack	1☐	2☐
24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	1☐	2☐
25. A stroke	1☐	2☐
26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)	1☐	2☐
27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease	1☐	2☐
28. Arthritis of the hip or knee	1☐	2☐
29. Arthritis of the hand or wrist	1☐	2☐
30. Osteoporosis, sometimes called thin or brittle bones	1☐	2☐
31. Sciatica (pain or numbness that travels down your leg to below your knee)	1☐	2☐
32. Diabetes, high blood sugar, or sugar in the urine	1☐	2☐

Has a doctor ever told you that you had:	**Yes**	**No**
33. Any cancer (other than skin cancer)	1☐	2☐

If you answered "yes" to question 33 above (that you have had cancer),

34. Are you currently under treatment for:

	Yes	**No**
a. Colon or rectal cancer	1☐	2☐
b. Lung cancer	1☐	2☐
c. Breast cancer	1☐	2☐
d. Prostate cancer	1☐	2☐

35. In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?

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☐

	Yes	**No**
36. In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?	1☐	2☐
37. In the past **year**, have you felt depressed or sad much of the time?	1☐	2☐
38. Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?	1☐	2☐

39. 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

40. 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

41. Many people experience problems with urinary incontinence, the leakage of urine. In the **past 6 months**, have you accidentally leaked urine?

1 ☐ Yes ➔***Go to Question 42***
2 ☐ No ➔***Go to Question 45***

42. How much of a problem, if any, was the urine leakage for you?

1 ☐ A big problem ➔***Go to Question 43***
2 ☐ A small problem ➔***Go to Question 43***
3 ☐ Not a problem ➔***Go to Question 45***

43. Have you talked with your current doctor or other health provider about your urine leakage problem?

1 ☐ Yes
2 ☐ No

44. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

1 ☐ Yes
2 ☐ No

45. 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 ➔***Go to Question 46***

    2 ☐ No ➔***Go to Question 46***

    3 ☐ I had no visits in the past 12 months ➔***Go to Question 47***

46. 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

47. 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?

    1 ☐ Yes

    2 ☐ No

    3 ☐ I had no visits in the past 12 months

48. Did you fall in the **past 12 months**?

    1 ☐ Yes

    2 ☐ No

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

    1 ☐ Yes

    2 ☐ No

50. Has your doctor or other health provider done these or anything else 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

    3 ☐ I had no visits in the past 12 months

51. 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 ☐ Yes

2 ☐ No

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

01 ☐ 90 lbs. or less
02 ☐ 91–100 lbs.
03 ☐ 101–110 lbs.
04 ☐ 111–120 lbs.
05 ☐ 121–130 lbs.
06 ☐ 131–140 lbs.
07 ☐ 141–150 lbs.
08 ☐ 151–160 lbs.
09 ☐ 161–170 lbs.
10 ☐ 171–180 lbs.
11 ☐ 181–190 lbs.
12 ☐ 191–200 lbs.
13 ☐ 201–210 lbs.
14 ☐ 211–220 lbs.
15 ☐ 221–230 lbs.
16 ☐ 231–240 lbs.
17 ☐ 241–250 lbs.
18 ☐ 251–260 lbs.
19 ☐ 261–270 lbs.
20 ☐ 271–280 lbs.
21 ☐ 281–290 lbs.
22 ☐ 291–300 lbs.
23 ☐ 301–310 lbs.
24 ☐ 311–320 lbs.
25 ☐ 321 lbs. or more

53. How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)

01 ☐ 5 ft. 00 in. or less
02 ☐ 5 ft. 01 in.
03 ☐ 5 ft. 02 in.
04 ☐ 5 ft. 03 in.
05 ☐ 5 ft. 04 in.
06 ☐ 5 ft. 05 in.
07 ☐ 5 ft. 06 in.
08 ☐ 5 ft. 07 in.
09 ☐ 5 ft. 08 in.
10 ☐ 5 ft. 09 in.
11 ☐ 5 ft. 10 in.
12 ☐ 5 ft. 11 in.
13 ☐ 6 ft. 00 in.
14 ☐ 6 ft. 01 in.
15 ☐ 6 ft. 02 in.
16 ☐ 6 ft. 03 in. or more

54. In what **year** were you born? Please provide your **year of birth** only. For example, if your date of birth is January 1, 1935, please answer "1935."

55. Are you male or female?

1 ☐ Male

2 ☐ Female

56. Are you of Hispanic or Latino origin or descent?

1 ☐ Yes, Hispanic or Latino

2 ☐ No, not Hispanic or Latino

57. How would you describe your race? Please mark one or more.

- a ☐ American Indian or Alaskan Native
- b ☐ Asian
- c ☐ Black or African American
- d ☐ Native Hawaiian or Other Pacific Islander
- e ☐ White
- f ☐ Another race

58. What is your current marital status?

- 1 ☐ Married
- 2 ☐ Divorced
- 3 ☐ Separated
- 4 ☐ Widowed
- 5 ☐ Never married

59. What is the highest grade or level of school that you have completed?

- 1 ☐ 8th grade or less
- 2 ☐ Some high school, but did not graduate
- 3 ☐ High school graduate or GED
- 4 ☐ Some college or 2 year degree
- 5 ☐ 4 year college graduate
- 6 ☐ More than a 4 year college degree

60. Is the house or apartment you currently live in:

- 1 ☐ Owned or being bought by you
- 2 ☐ Owned or being bought by someone in your family other than you
- 3 ☐ Rented for money
- 4 ☐ Not owned and one in which you live without payment of rent
- 5 ☐ None of the above

61. Who completed this survey form?

1 ☐ Person to whom survey was addressed ➔***Go to Question 63***

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

3 ☐ Friend of person to whom the survey was addressed

4 ☐ Professional caregiver of person to whom the survey was addressed

62. What is the name of the person who completed this survey form? Please **print** clearly.

First Name

Last Name

63. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?

01 ☐ Less than $5,000

02 ☐ $5,000–$9,999

03 ☐ $10,000–$19,999

04 ☐ $20,000–$29,999

05 ☐ $30,000–$39,999

06 ☐ $40,000–$49,999

07 ☐ $50,000–$79,999

08 ☐ $80,000–$99,999

09 ☐ $100,000 or more

10 ☐ Don't know

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

"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, C3-16-27, Baltimore, Maryland 21244-1850."

