

CMS Response to Public Comments Received for CMS-10197

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CMS Response to Public Comments Received for CMS-10197

The Centers for Medicare & Medicaid Services (CMS) received five comments on CMS-10197, which pertains to data collection for the Evaluation of the National DMEPOS Competitive Bidding Program. The comments contained numerous useful suggestions, and we have revised the data collection instruments and data collection plan in response. Below is a summary of the specific comments and our response to each one.

1. GENERAL COMMENTS

Comment: Problems with oxygen payment levels that create oxygen classes which pay most for the least expensive devices, and less for the most expensive devices that encourage ambulation.

Comment: Payment system is outdated and the CMN requires physicians to speculate about the oxygen a patient is actually getting, based on an outdated form.

Response:

This request for public comment deals specifically with CMS's information collection plans for an evaluation study of the national DME competitive bidding program. Comments about the program itself are outside the scope of the information collection solicitation.

Comment: Survey form after competitive bidding does not reference need for some beneficiaries to change suppliers

Response:

We would first like to clarify the timing of data collection for the evaluation. The survey design is a before/after study in which we will survey beneficiaries in competitive bidding areas and non-competitive bidding areas twice. Competitive bidding goes into effect January 1, 2011. In order to obtain accurate measures of the state of quality, access and beneficiary satisfaction in the study areas, our survey plan is to conduct the first survey before competitive bidding (mid-2010) and the second survey at least one year after competitive bidding begins. We believe that waiting at least one year will allow a fresh population of new users of DMEPOS to accumulate, as well as allow us to sample a period when the competitive bidding market has returned to stability after the transition. In this way, we hope to achieve an unbiased comparison of the state of quality, access, and beneficiary satisfaction between the two time points. The following describes the timing and contents of each wave of data collection.

Surveys

Survey Wave 1	mid-2010
Survey Wave 2	mid-2012

Qualitative Data Collection (focus groups, interviews)

Wave 1	mid-2010 (focus groups and interviews)
Wave 2	transition early 2011 (newly added) (interviews)
Wave 3	mid-2011 (interviews)

Many of the survey questions ask about initial experiences with suppliers: finding a supplier, obtaining DMEPOS products and services, quality of those products and services, and so on. To minimize recall bias, the survey population will be beneficiaries who began using their DMEPOS products within the nine months prior to survey administration. Thus baseline survey respondents (surveyed in the summer of 2010) will have begun using their products after September, 2009, and follow-up survey respondents (surveyed in 2012) will have begun using their products after January 1, 2011. Neither the baseline respondent group, nor the follow-up respondent group will have experienced the transition period. It therefore is not possible to survey beneficiaries about the transition.

In response to this comment, we have added response categories to a survey question to capture whether a respondent changed suppliers because the supplier became ineligible to provide the equipment. This response category could address circumstances such as those pointed out by the commenter, as well as (rare) circumstances where suppliers are sanctioned, lose accreditation, or otherwise are excluded from the Medicare program. We expect little change in the frequency of this response between baseline and follow-up surveys, due to the timing of the survey administrations and the fact that respondents will all be relatively new DMEPOS users, none of whom will have experienced the transition.

Old Question:

Why did you make these changes? (Please check all that apply.)

- ₁ Equipment needed to be replaced because it did not work
 - ₂ My condition/breathing changed
 - ₃ I found new equipment that was better for me
 - ₄ Equipment no longer available through supplier
 - ₅ Supplier told me Medicare no longer covered equipment
 - ₆ Doctor prescribed a different type of equipment
 - ₉₉ Other, please specify:
-

New Question:

If you have different oxygen equipment, why did you make a change? (Please check all that apply.)

- ₁ Equipment needed to be replaced because it did not work
- ₂ My condition/breathing changed
- ₃ I found new equipment that was better for me
- ₄ My supplier became ineligible to provide my equipment under Medicare
- ₅ My supplier told me Medicare no longer covered equipment
- ₆ Doctor prescribed a different type of equipment
- ₇ My supplier did not tell me why they changed my equipment
- ₉₉ Other, please specify:

Comment: Grandfathering policy should be extended to enteral nutrition and evaluation research should collect data on grandfathering policy impact on enteral nutrition patients, including possible adverse health outcomes.

Response:

The commenter recommends that surveys should address the grandfathering concern for enteral nutrition users. We have determined that conducting a survey of enteral nutrition users is not feasible, for several reasons. Many users of enteral nutrition products reside in nursing homes, and it is not clear if data collected from nursing home residents or their proxies would be consistent with data collected from Medicare beneficiaries living at home. Also, there are many differences between the experiences of nursing home residents and beneficiaries who live at home with regard to obtaining DMEPOS, which would have implications for the evaluation. For example, when nursing home residents do use DMEPOS products they most often obtain these products through nursing home staff. In addition, many services such as training in the use of the equipment or maintenance may be provided by nursing home staff in addition to or instead of the DMEPOS supplier. And some DMEPOS items may not be used directly by nursing home resident. For example, the nursing home staff may use the beneficiary's diabetic supplies (e.g., monitor, test strips, and lancets, enteral nutrition products) in the care of the patient, rather than the patient using these items directly. Each of these differences could harm the validity of the survey.

Another set of reasons has to do with our survey design, in which the timing will not encompass a period when any effects from the grandfathering policy will be measurable. As described above, none of the survey respondents will have experienced the transition, and any associated issues related to grandfather. Thus, it is not feasible to query survey respondents about the grandfathering policy, as new arrangements will have been made long before the follow-up survey is conducted. Nor is it feasible for CMS to create an additional wave of the survey due to the prohibitive expense of that form of data collection.

This is not to say that the evaluation will ignore information about the transition. The commenter recommends that interviews of beneficiaries and suppliers should address the grandfathering concern. We have added a new wave of qualitative data collection, timed during the transition in early 2011, and we intend to contact representatives in approximately 16 beneficiary/disease advocacy organizations, as well as other sources in a position to witness the impact of grandfathering policy in the competitive bidding areas shortly after the new contracts go into effect. We have developed interview guides for these contacts (see Appendix C section titled: Key Informant Discussion Guide: COMPARISON AREA: Beneficiary Groups/Advocates [Wave 2] for further description of this new component of data collection we are proposing in response to this and similar comments). We also plan to collect information from the competitive bidding Ombudsman, the 1-800-Medicare call center, the CMS regional offices, Areas on Aging, and other appropriate sources to gauge whether service interruptions are widespread for enteral nutrition users, and other DMEPOS users. We will ask these sources about the volume of complaints and problems they are handling during the transition, related to grandfathering; any special education sessions or materials they distribute related to grandfathering concerns; and whether enteral nutrition users (and those using other DMEPOS products) experience access problems related specifically to grandfathering.

The commenter recommends collecting data on possible adverse health outcomes, such as deaths and prolonged hospitalization or re-hospitalization. We noted in response to our original PRA

package in 2007 that tracing health outcomes to medical equipment quality is highly problematic. Frequently, there are too many intervening variables, particularly physician quality, that affect the final outcome but that cannot be accounted for in such an analysis. Further, studies can be hindered by lack of data on specific physiological measures, such as test results, which affect treatment decisions and eventually outcomes. Because of the expense and complexity of data collection required to conduct such studies, and because the state of the art for such research is not well developed, a properly conceived study, whose success is not assured, is not within the scope of the evaluation. As part of our contacts with sources in early 2011, we will attempt to collect information on these consequences to the extent interruptions in service are identified.

Comment: Report to Congress due before the evaluation is complete

Response:

The timeline for the national competitive bidding program and the schedule for Report to Congress are the prerogatives of the Congress, which enacted these provisions in Section 154 of the Medicare Improvements for Patients and Providers Act of 2008. CMS is planning its reporting on the evaluation in accordance with the law. We respectfully disagree with the implication of the commenter that the report will have no value because of its timing. Contents of the report will include savings estimates, reports of preliminary (baseline site visits), a description of the research design, and other information about the evaluation. It should be noted that other provisions of the law mandate reports from additional agencies, including the Government Accountability Office. We have indicated in the Information Collection Request that the remaining results of the evaluation will be forthcoming after additional data collection is completed. We intend to post these final evaluation reports on the CMS website.

Comment: CMS should fully incorporate views of diabetic patients and the evaluation should examine not only 'direct costs' associated with diabetes supplies, but more importantly what impact the program will have had on beneficiary access to the most commonly prescribed products and on beneficiary compliance with prescribed therapy.

Response:

To address access concerns of this and other commenters, as described above, we have added qualitative data collection in early 2011 with 16 advocacy organizations to obtain information about the transition to the new program for all types of DMEPOS products affected by competitive bidding. (Please see Wave 2 discussion guide in revised Appendix C: Non-statistical Instruments.) We also include in our plans interviews with government officials, such as the competitive bidding Ombudsman, who will be conducting outreach and program monitoring. Interviews with CMS officials at Central and Regional Offices will address the nature and extent of the outreach and education effort. Interviews with patient advocates will address the adequacy of these outreach efforts, and any problems or confusion beneficiaries encountered during the transition. Focus groups in 2010 and 2012 with suppliers and referral agents will address their perceptions before and after the transition, including the adequacy of information to prepare them for the transition. (See Appendix C: Non-statistical Instruments, Waves 1 and 4.) It should also be noted that the DMEPOS Ombudsman will prepare annual reports which should be expected to cover any problems encountered during the transition, and CMS will assemble information from the Medicare helpline regarding calls for DMEPOS competitive bidding information.

From these contacts and sources, the evaluation team expects to improve its understanding of access impacts and will include these results in the evaluation reports. The evaluation will also analyze claims to examine changes in patterns of mail order diabetic supplies and other

DMEPOS products. Access to DMEPOS is of concern and while it is not possible to directly measure access using claims data, we will use statistical models to estimate the impact of competitive bidding on Medicare expenditures, considering both changes in unit prices and changes in the volume of claims for each product category, in each competitive bidding area (as compared with changes in comparison areas). Such analyses are potentially interpretable as a type of information about access impacts. We will further report changes in estimates of out-of-pocket costs, which is a traditional measure of access. We can also use claims aggregated to the supplier level to analyze supplier statistics that are likely related to beneficiary access. Specifically, we will measure the change in the number of suppliers for each product category in each competitive bidding area, and how the change in the number of suppliers (measured in terms of number of suppliers and supplier to beneficiary ratio) of given product categories differs between the CAAs and the comparison areas.

Comment: Evaluation study should encompass how well CMS informed beneficiaries about the program and how well CMS responded to access problems.

Response:

CMS plans an extensive outreach and education campaign targeting patients, providers and suppliers, and the agency plans to monitor this outreach effort carefully. There are many components of this outreach and monitoring; for example: public presentations held by CMS Regional Office staff in the nine communities, conference calls CMS holds with advocacy organizations around the country, information about calls placed by beneficiaries to the 1-800-MEDICARE helpline, and information about complaints submitted to the DMEPOS Ombudsman. The Office of Medicare Ombudsman will submit an annual report to Congress and the Secretary of Health & Human Services (HHS) that includes the Ombudsman's recommendation for improvement in the administration of the Medicare competitive bidding program.

The evaluators plan to interview CMS officials about the implementation of competitive bidding, including the metrics of the outreach and education campaign (for example, numbers of mailings and listservs, and their volumes and timing; staff presentations at meetings and conferences; other types of contacts such as explanation of benefits messages, conference calls, complaints, and so on). Evaluators will interview, among others, the Provider communications group in the CMS Central Office, the DMEPOS Ombudsman, the Office of External Affairs, and outreach staff in CMS Regional Offices in regions that contain the first nine competitive bidding areas, as well as the competitive bidding implementation contractor (CBIC). Through these activities, the evaluation team will be collecting information about the level of effort and volumes of public education contacts with the various audiences and stakeholders in order to round out the description of the public education activities. The evaluation Report to Congress and the subsequent report on the evaluation will include these measures of process undertaken by the agency and its partners to prepare and assist beneficiaries and various stakeholders with respect to the new competitive bidding program. At this writing, these activities have already begun.

We agree with the commenter that transition issues are important, not least for what they can reveal about how CMS should implement future rounds of competitive bidding. The evaluation project has added qualitative data collection in early 2011, during the transition, to learn about adequacy of information, any disruptions due to changing suppliers, etc. The new wave of qualitative data collection in early 2011 will include about 16 advocacy organizations for all types of DMEPOS products affected by competitive bidding. The evaluators will ask these advocates about the perceived adequacy of CMS' outreach and education efforts. An additional interview guide has been prepared to gather information about these transition issues from patient advocacy organizations (see Appendix C: Non-statistical Instruments, Wave 2).

Adding a survey or other large-scale data collection to study outreach effectiveness is beyond the scope of the evaluation and its budget.

Comment: CMS should collaborate with interested organizations to help the agency address beneficiary questions and concerns during program implementation

Response:

As discussed above, CMS is planning for an extensive and multi-faceted outreach and education program for beneficiaries, suppliers and healthcare providers affected by the competitive bidding program. The outreach program strongly emphasizes a role for CMS' many partners in this effort. Partners include national advocacy organizations such as the American Diabetes Association. CMS welcomes additional partners; they can join the partner community by visiting the "How to Partner with CMS" webpage and clicking on "Submit Feedback" (http://www.cms.hhs.gov/Partnerships/04_HTP.asp#TopOfPage).

Comment: CMS should consult with the diabetes community before finalizing new instruments

Response:

We believe the PRA ICR process provides for this consultation through the review and comment process. As part of this process, we are providing for public comment additional interview guides that we will use shortly after competitive bidding is launched on 1/1/11, as well as revisions to previously developed interview guides. We have augmented the qualitative data collection to include interviews with patient advocacy organizations – including those representing patients with diabetes – during the transition. We have also enhanced focus group guides to include issues concerning the outreach and education effort, and whether patients had sufficient information to support a smooth transition. We refer readers to the guides for the added wave of data collection, Wave 2, in Appendix C, Nonstatistical Instruments, and to revisions to the existing interview guides, revisions that are detailed in the Addendum to these comments and responses.

Comment: Data collection instruments should be clear and easy to follow.

Response:

CMS believes that we have designed our survey forms to meet the criteria that the commenter mentions. These forms were thoroughly tested during the 2007 baseline data collection, before the program was delayed. We welcome any specific suggestions from the public on clarity and flow of the survey instruments. No other forms in this information collection package are for use by the public.

Comment: Ensure representation in the study of populations at high risk of diabetes, including racial/ethnic minorities.

Response:

Resources do not permit surveying users of all nine DMEPOS products, and there will be no survey of users of mail-ordered diabetic supplies. The evaluators will be analyzing claims for diabetic supplies, to study access issues, and these claims will be stratified by race/ethnicity to the extent possible. (It is important to recognize, however, that CMS administrative data have a

degree of error in race/ethnicity classification.)

Qualitative data collection will take place before and after the competitively bid contracts begin, and we have added data collection during the transition (early 2011) to identify issues that arise related to changing suppliers or information needs. During this transition data collection phase, the evaluators will contact organizations like the National Alliance for Hispanic Health, and the National Caucus and Center on Black Aged, as well as organizations with a disease specific focus (e.g., American Diabetes Association) to explore the concerns raised by the commenter. We welcome identification of relevant patient advocacy groups.

Comment: Evaluation overlooks impacts on rural beneficiaries.

Response:

This comment is outside the scope of this evaluation because the law prohibits conducting competitive bidding competitions in rural areas before 2015. Section 1847(a)(1)(B) of the Social Security Act (the Act) requires that both the Round 1 rebid and Round 2 occur in specific metropolitan statistical areas. Furthermore, section 1847(a)(1)(D)(iii) of the Act requires the Secretary to exempt rural areas from subsequent competitions occurring before 2015 (except for national mail order).

Comment: Survey forms are too long.

Response:

These forms were thoroughly tested with thousands of respondents during the 2007 baseline data collection, before the program was delayed. In response to several comments, we have been able to reduce the length of the oxygen users survey somewhat, eliminating two questions and consolidating four others. While we agree that the surveys are lengthy, they address several critical access and quality issues that are central to the evaluation.

Comment: Dropping supplier survey will produce skewed data

“CMS states that it plans to drop the supplier survey used in 2007 in favor of focus groups and key informant interviews with suppliers and referral agents. [...] HCC members would argue that the proposed approach will also produce skewed data from the supplier community. [...] [T]he only data that will be collected will be from those who have achieved accreditation, secured a surety bond and been able to maintain their existence in the face of the implementation of competitive bidding.”

Response:

The focus of the previous supplier survey was narrow: to identify makes and models of DMEPOS products offered before and after competitive bidding, to measure changes that may in part be due to the program. We will not be collecting this information in a supplier survey. However, CMS requires bidding suppliers to specify the makes and models of products they intend to provide, and requires winning suppliers to report each quarter on what was actually furnished to beneficiaries. This information will be used by the evaluation team determine whether suppliers continue to provide the makes and models of equipment listed on their bid forms. This alternative mechanism for tracking changes in makes and models will take the place of the supplier survey.

Our original evaluation plan for qualitative data collection with suppliers has not changed, and in fact has been expanded in response to comments received. We will conduct focus groups with suppliers in four of the nine competitive bidding areas rather than just three, interview industry representatives, before and after program implementation, and will check in with them by phone between these two rounds of focus groups as well. The qualitative data are not intended as a substitute for the supplier survey, but rather as an independent data source oriented towards a different set of questions (questions other than product diversity).

Using bidder data and claims, the evaluation will be analyzing changes in the supplier market: which types of suppliers submitted bids, which types won/lost bids, etc. The purpose of this analysis will be to document the number and types of suppliers serving each market before and after competitive bidding, and to understand which types of suppliers were successful in the first round of competitive bidding – and might be expected to be successful in future rounds, when many more communities will be added to the competitive bidding program.

We would like to note that the Government Accountability Office has been tasked by Congress to study the impacts of competitive bidding on suppliers. The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, Section 154, requires the GAO to submit a report on the following topics:

- (i) Beneficiary access to items and services under the program, including the impact on such access of awarding contracts to bidders that--
 - (I) did not have a physical presence in an area where they received a contract; or*
 - (II) had no previous experience providing the product category they were contracted to provide.**
- (ii) Beneficiary satisfaction with the program and cost savings to beneficiaries under the program.*
- (iii) Costs to suppliers of participating in the program and recommendations about ways to reduce those costs without compromising quality standards or savings to the Medicare program.*
- (iv) Impact of the program on small business suppliers.*
- (v) Analysis of the impact on utilization of different items and services paid within the same Healthcare Common Procedure Coding System (HCPCS) code.*
- (vi) Costs to the Centers for Medicare & Medicaid Services, including payments made to contractors, for administering the program compared with administration of a fee schedule, in comparison with the relative savings of the program.*
- (vii) Impact on access, Medicare spending, and beneficiary spending of any difference in treatment for diabetic testing supplies depending on how such supplies are furnished.*
- (viii) Such other topics as the Comptroller General determines to be appropriate.'*

This GAO report is in addition to CMS' evaluation report to Congress.

One commenter submitted transcripts from many communications, such as telephone calls, they received from Medicare beneficiaries. These are summarized below:

Ability to use DME supplier of choice: 29 transcribed phone calls from: 28 beneficiaries or caretakers, 1 licensed social worker expressed concerns that beneficiaries will no longer have the ability to choose their DME supplier (loss of consumer choice); that competitive bidding will create monopolies; that small businesses will be harmed; and that beneficiaries will be forced to stop working with the suppliers that they know and trust.

Quality of supplier service: 23 transcribed phone calls from oxygen suppliers, beneficiaries or caretakers expressed concern that competitive bidding will force patients to use a supplier who does not provide them with the same level of quality service that they enjoy with their current supplier, such as equipment set-up and explanation, round the clock on-call assistance, and respectful treatment.

Diabetic supplies: transcribed phone calls from three beneficiaries raised concerns about being forced to use a national instead of a local suppliers, having to pay out of pocket if the new supplier does not work out, and receiving poorer quality service from a new supplier.

Response:

This request for public comment deals specifically with CMS's information collection plans for an evaluation study of the national DME competitive bidding program. Comments about the program itself are outside the scope of the information collection solicitation.

2. COMMENTS RELATED TO QUANTITATIVE DATA COLLECTION

Oxygen Equipment Survey

Comment: Logical flaw in opening statement: "First page, opening statement: The last sentence makes no sense when combined with the boxes one is supposed to check off. Since the first sentence asks the person to check off the appropriate box if they are unable to complete the survey, the last sentence is redundant. We suggest deleting it."

Response:

Survey instrument revised - it now has one check box to indicate that the person to whom the survey was mailed is unable to respond and there is no one available to can serve as a proxy.

Previous opening statement

If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is:

- ₁ There is nobody available who can complete this survey
- ₉₉ Other reason, please specify: _____

Revised opening statement

- ₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.

Comment: Provide a definition of CPAP in Question A3.

Response:

We have added a simple description of a CPAP machine: A CPAP machine blows air through a hose into a face mask or ventilator, to improve breathing while asleep.

Comment: “A3a. Add a new item 8, ‘I was embarrassed to wear it.’”

Response:

This response category has been added; the response categories are now:

A3a. Why did you stop using oxygen? (Please check all that apply and then go to SECTION G on p. 19.)

- ₁ I believed that my breathing got better so I did not need it anymore
- ₂ My doctor said I did not need it
- ₃ Oxygen therapy costs too much
- ₄ I just did not like using it
- ₅ Equipment was too heavy or cumbersome
- ₆ Equipment kept breaking down
- ₇ I had a problem getting the supplies from my oxygen supplier
- ₈ I was embarrassed to use it
- ₉₆ Other, please specify:

Comment: Delete question A5 on origination site of oxygen therapy

“A5. This is misleading. Most patients start home oxygen within 48 hrs prior to discharge. If they go home on an E cylinder, and receive home oxygen with an E cylinder, they will likely answer ‘yes’ and data will be skewed away from those on the least portable oxygen system. Those that go home on a portable liquid system are in the same predicament. Adding this question is also problematic because if the answer is ‘yes,’ all the other questions relating to the equipment are skipped. It adds little value and we suggest deleting it altogether.”

Response:

We agree with the comment and have eliminated the Skip instruction for those who answer “yes” to this question.

Comments Concerning Questions A7 through A 10:

Comment: Relocate definition of respiratory therapist in Question A7.

“A7. While the description of a respiratory therapist is reasonable, we would recommend 1) either incorporating it into the question in parentheses to be consistent with other definitions, or 2) perhaps consider including a section by itself with definitions or a glossary.”

Comment: Add question about site of respiratory therapist contact.

“A7 – A10. Respiratory therapists (RTs) who work in the home setting should be distinguished from doctors, nurses and hospital-based respiratory therapists. Asking questions about what information was given by professionals outside the home is clinically important. However, since RTs in the home setting have been available in the past, it is of great interest to know if competitive bidding has taken away this clinical support, especially if it is not provided outside the home.

Comment: Improve question A8 about goal of oxygen therapy.

“A8. This question is misleading – the clinical goal of oxygen therapy is to reach a certain oxygen saturation level. For some patients that might mean a flow rate of 2 LPM, while for others it would be a different flow rate. Asking a question about quantity is not as relevant as knowing the end point for adequate oxygenation with rest and exertion.”

I don't know”

Response to Comments on questions A7 through A10:

We agree that the issue for this series of questions is really whether a clinician (rather than a supplier's delivery person) adequately explained equipment options and use to patients. It is also important to know whether instruction happened in the hospital or after the patient returned home and began using the equipment without medical supervision. And we are interested in identifying patients who are not well-educated by medical personnel, as their answers to other survey questions may differ from those who did receive adequate education. The questionnaire has been revised to combine questions A7 through A10 into one question (check all that apply); we believe that this simplification is warranted and has the added benefit of shortening the questionnaire.

Previous questions A7 through A10

A7. A respiratory therapist is a specially trained professional who helps you improve your breathing. Did a doctor or another medical person like a nurse or a respiratory therapist ever explain to you why you needed oxygen?

- ₁ Yes
₂ No
₉₈ I don't know

A8. Did a doctor or another medical person like a nurse or a respiratory therapist ever explain to you how much oxygen you needed?

- ₁ Yes
₂ No
₉₈ I don't know

A9. Did a doctor or another medical person like a nurse or a respiratory therapist ever explain to you when you are supposed to use your oxygen system?

- ₁ Yes

- ₂ No
- ₉₈ I don't know

A10. Did a doctor or another medical person like a nurse or a respiratory therapist ever explain oxygen equipment options and which might be best for you?

- ₁ Yes
 - ₂ No
 - ₉₈ I don't know

Revised questions A7

A7. Did a respiratory therapist or another medical person like a doctor or a nurse ever explain the following to you (Please check all that apply):

- ₁ Oxygen equipment options and which might be best for you
- ₂ Why you need to use oxygen equipment
- ₃ How much oxygen you need
- ₄ When to use your oxygen equipment
- ₉₈ None of these things were explained by a respiratory therapist, doctor, or nurse

Comment: "A13a needs to be revised to better tie it into A13. We suggest revising it to read: "If you have different oxygen equipment, why did you make a change? (Please check all that apply.)" Also, add 'My supplier did not tell me why they changed my equipment.'

Response:

The survey instrument has been revised as suggested in this comment.

Previous questions A13 and A13a

A13. Are you still using the same oxygen equipment as when you first started using oxygen at home?

- ₁ Yes (→Skip to A14)
- ₂ No
- ₉₈ I don't know (→Skip to A14)

A13a. Why did you make these changes? (Please check all that apply.)

- ₁ Equipment needed to be replaced because it did not work
- ₂ My condition/breathing changed
- ₃ I found new equipment that was better for me
- ₄ Equipment no longer available through supplier
- ₅ Supplier told me Medicare no longer covered equipment
- ₆ Doctor prescribed a different type of equipment
- ₉₉ Other, please specify:

Revised questions

A11. Are you still using the same oxygen equipment as when you first started using oxygen at home?

- ₁ Yes (→Skip to A12)
- ₂ No
- ₉₈ I don't know (→Skip to A12)

A11a. If you have different oxygen equipment, why did you make a change?
(Please check all that apply.)

- ₁ Equipment needed to be replaced because it did not work
 - ₂ My condition/breathing changed
 - ₃ I found new equipment that was better for me
 - ₄ My supplier became ineligible to provide my equipment under Medicare
 - ₅ My supplier told me Medicare no longer covered equipment
 - ₆ Doctor prescribed a different type of equipment
 - ₇ My supplier did not tell me why they changed my equipment
 - ₉₉ Other, please specify:
-

Comment: Responses to Question A15a do not address the question. Recommend splitting the question into two parts.

Response:

We do not agree that this question should be divided into two parts. Moreover we are asking for individuals' subjective judgments about what is or is not difficult or uncomfortable for them. Equipment one person finds to be heavy or cumbersome may not be a problem for another person. We have modified the response categories in an effort to clarify this purpose.

Comment: Subject of Question A17a is not clear. Does 'less oxygen' mean lower dose, but prescribed duration, shorter duration but prescribed dose, or both? The responses fit more with shorter duration. Shorter duration is proven to reduce survival (NOTT study). Also, response 9 does not make sense in the context of this question and should be deleted."

Response:

We have modified the question in response to this comment, as follows:

Are you using less oxygen than your doctor, nurse or respiratory therapist recommended?

- ₁ Yes, I use it for fewer hours per day than my doctor recommended
- ₂ Yes, I use it for fewer days each week than my doctor recommended
- ₃ Yes, I use a lower flow rate than my doctor recommended
- ₄ No (→Skip to SECTION B)

☐₉₈ I don't know (→ Skip to SECTION B)

Comment: Line drawings for devices are not to scale and therefore are misleading.

Response:

It is not possible to make pictures to scale on an 8 x 10 paper survey questionnaire. We cannot show images of all types of equipment, because they are so diverse – each manufacturer's concentrator looks somewhat different. Moreover, we cannot use photographs of any particular manufacturer's product(s). We believe the current approach of combining 'generic' pictures with text descriptions is the best solution, and these pictures/descriptions were tested successfully in the 2007 data collection. We have, however, added additional descriptors to clarify some of the products, especially to distinguish concentrators (which concentrate room air) from liquid oxygen units (which must be refilled).

Comment: Revise Response 2 of Question B2.

“B2. Response 2 infers that a liquid oxygen vessel resembles a large thermos. A liquid reservoir placed in a patient's home is not generally moved, and one can infer from your description that the device is actually much smaller.”

Response:

The survey instrument has been revised as suggested. Response 2 now reads: “Liquid oxygen vessel (large tank that is usually placed in the home and not moved).”

Comment: Rephrase response category 3 of Question B7a.

“B7a. Response 3 uses ‘apples and oranges’ in its description. We recommend using the phrase ‘liquid oxygen or compressed oxygen’ rather than liquid or cylinder. Many people would describe a liquid system as cylindrical.”

Response:

Response 3 changed to “Unit ran out of liquid oxygen or compressed oxygen.”

Comment: Section B line drawings for devices are not to scale and therefore are misleading.

Response:

It is not possible to show images of every type of equipment, because as this commenter points out, they are so diverse. Moreover, we cannot use photographs of any particular manufacturer's product(s). We believe the current approach of combining 'generic' pictures with text descriptions is the best solution. These pictures/descriptions were tested successfully in the 2007 data collection.

Comment: “C2. Response 1 should say ‘can roll on a cart’ to fit with ‘can carry’ responses – It cannot be carried. Response 4 is inappropriate. ALL examples usually use pulse dose.”

Response:

Response category 6 has been revised.

Previous question

- C2. What type of portable oxygen system(s) do you use? (Please check all that apply.)
- ₁ Mid-sized compressed oxygen tank (E-cylinder, resembles a diving tank)
[pictured below at left]
 - ₂ Very small and light compressed oxygen tank (can carry on your shoulder)
[pictured below at right]
 - ₃ Mid-sized or standard portable liquid oxygen unit *[pictured below in center]*
 - ₄ Very small liquid portable unit (i.e., can carry on your shoulder or belt and delivers pulses of oxygen) *[not pictured]*
 - ₅ Small portable oxygen concentrator *[not pictured]*
 - ₆ Small portable concentrator that also serves as a stationary source *[not pictured]*
 - ₉₈ I don't know
 - ₉₆ Other portable oxygen system: _____

Revised question

- C2. What type of portable oxygen system(s) do you use? (Please check all that apply.)
- ₁ Mid-sized compressed oxygen tank (E-cylinder, resembles a diving tank and can roll on a cart) *[pictured below at left]*
 - ₂ Very small and light compressed oxygen tank that concentrates room oxygen (can carry on your shoulder) *[pictured below at right]*
 - ₃ Mid-sized or standard portable liquid oxygen unit *[pictured below in center]*
 - ₄ Very small liquid portable unit (can carry on your shoulder or belt and that must be refilled) *[not pictured]*
 - ₅ Small portable oxygen concentrator that concentrates room oxygen *[not pictured]*
 - ₆ Small portable concentrator that concentrates room oxygen and also serves as a stationary source *[not pictured]*
 - ₉₈ I don't know
 - ₉₆ Other portable oxygen system: _____

Comment: Add a response category to Question C5a about oxygen not meeting needs: 'I'm afraid I'll run out of oxygen' as was also used in A15a."

Response:

A response category has been added, as suggested; the revised question is:

- C5a. Please tell us why your portable oxygen system is not meeting your needs. (Please check all that apply.)

- ₁ I believe that my breathing got better so I don't need oxygen as much
- ₂ Oxygen therapy costs too much
- ₃ I just don't like using it
- ₄ I am embarrassed to use it
- ₅ Equipment is too heavy or cumbersome
- ₆ Equipment keeps breaking down
- ₇ Equipment is too complicated for me to use
- ₈ I have a problem getting the supplies from my oxygen supplier
- ₉ I'm using a different oxygen system
- ₁₀ I'm afraid I will run out of oxygen
- ₉₆ Other, please specify:

Comment: Clarify response category 6 of question C6 on refills frequency. Suggest revising response 6 to say 'I don't need refills of any type.'

Response:

The survey has been revised as suggested; the revised question is:

C6. In general, how often do you get deliveries/refills from your oxygen supplier for your portable oxygen system? This may include oxygen tank deliveries, liquid oxygen refills, etc.

- ₁ 4 times a month
- ₂ 2-3 times a month
- ₃ Once a month
- ₄ Once every year
- ₅ Less than once per year
- ₆ I don't get refills of any type
- ₉₈ I don't know

Comment: Number of tanks question not interpretable, unless there is also specific information about the size of the tanks being refilled. In addition, while the description of the intermittent flow device is reasonable, neither small liquid units nor portable concentrators are examples of these flow devices; rather they are examples of devices that may use a pulse dosing oxygen regulator. "Suggest modifying the definition to read as follows: '... Examples of these oxygen-conserving devices are pulse-dosing oxygen regulators, or small liquid portable units or portable concentrators that use a pulse dosing oxygen regulator.'"

Response:

Rather than asking respondents how frequently oxygen is delivered to their homes, and how many tanks are delivered, we have reconsidered our approach and will ask instead whether respondents are getting enough oxygen delivered to meet their needs. Question F6a asks about

reasons for changing suppliers, and two answer categories now ask whether the respondent changed suppliers because they were unhappy with the amount of oxygen being delivered to their home for their stationary units, or were unhappy with the amount of oxygen being delivered for their portable units. In addition, questions about difficulty or discomfort with using equipment include an answer category about fear of running out of oxygen. These more direct questions will provide more accurate information and will also shorten the survey.

The definition has been modified as suggested by this commenter.

Comment: Correct assumption behind question C7a about who adjusted new device. This question infers that the patient was titrated as part of the initial oxygen set up process. That is not a valid assumption in all cases. “We would recommend changing the wording to ‘When you first received your oxygen equipment that was equipped with an intermittent flow device (not all oxygen users actually use these regulators), who adjusted the device . . . ’”

Response:

The wording of the question has been revised, as suggested by the commenter.

Previous question

C7a. When you first got your intermittent flow device, who adjusted the device and tested you while you were using it? (Please check all that apply.)

- ₁ Home oxygen supplier
- ₂ Doctor
- ₃ Other medical personnel
- ₄ No one
- ₅ Don't remember if anyone did
- ₉₈ I don't know

Revised question

C7a. When you first received your oxygen equipment that was equipped with an intermittent flow device, who adjusted the device? (Please check all that apply.)

- ₁ Home oxygen supplier or a respiratory therapist from the supplier
- ₂ Doctor
- ₃ Other medical personnel
- ₄ No one
- ₅ Don't remember if anyone did
- ₉₈ I don't know who it was

Comment: Add a response category to question D3 about expenses for oxygen equipment which may be above \$1,000.

Response:

The wording of the question has been revised, as suggested by the commenter. The response categories for question D3 are now:

- ₁ Less than \$100
- ₂ \$100-\$500
- ₃ \$500 to \$1,000
- ₄ \$1,000 to \$2,000
- ₉₈ I don't know

Comment: Questions in Section E do not address beneficiaries experience changing suppliers during the transition.

Response:

Differences in survey responses between pre and post competitive bidding will be analyzed to identify changes in access or supplier performance after competitive bidding goes into effect, taking into account environmental changes that affect everyone (as measured in comparison areas). This is the strength of the difference-in-differences evaluation design. The first round of the survey will take place before the competitive bidding program begins and respondents will all have started using their DMEPOS equipment within the previous nine months. The second round of the survey will be given only to beneficiaries who started to receive their DMEPOS items in the year or more after the competitive bidding program began. Therefore surveyed beneficiaries in the post-competitive bidding environment will not include continuing oxygen users who have had to change suppliers as a result of the competitive bidding program. In other words, by administering these questions in a before/after survey design, we intend to learn about ease of negotiating the oxygen marketplace before and after competitive bidding, and then we will compare the two sets of information. A separate part of our research will address the transition to competitive bidding. It will be based on qualitative data collection, as described above and in Appendix C – non-statistical instruments.

Comment: Misuse of word “order” in Question E8 about how quickly equipment arrived; beneficiaries do not order oxygen, physicians do.

Response:

The revised question now reads: “after the order was placed for your oxygen equipment, how long did it take to arrive?”

Comment: Add a “don’t know” response category to Question E10 about specialty of visiting clinician.

Response:

An additional response has been added: “I don’t know or recall the clinical specialty of the person who came to my home.”

Comment: Revise Question E13 about equipment offerings explained by supplier. Suggest revising the question as follows:

E13. Before deciding on the oxygen equipment you use now, did your supplier tell you about all the options available to you, even ones that the supplier did not have in inventory?

- Yes, all options were explained
- No, the supplier only told me what was in his/her inventory
- I don't know"

Response:

The response categories for Question E13 (now renumbered E3a) are revised as follows:

- ₁ Yes, all equipment designs were explained
- ₂ No, the supplier only told me what he/she has in stock
- ₃ No, I already knew the equipment designs available to me
- ₉₈ I don't know

Comment: Revise order of question in Section E.

E1-E2: Okay as is
E13 should become E3
E8 should become E4
E14 should become E5
E9 and 9a should become E6 and 6a
E6 should become E7
E7 should become E8
E10, 11 and 12 should become E9, 10 and 11
E3, 4 and 5 should become E12, 13 and 14"

Response:

The order of questions has been revised as suggested in this comment. The same reordering has been applied to the questionnaires for other types of equipment.

Comment:

Prior to the current Section A of each questionnaire, include a brief new section to ask patients about their experience changing suppliers during the transition.

Response:

We did not change the survey as recommended. The reason is that the first round of the survey will be before the competitive bidding program begins, and the second round of the survey will be given only to beneficiaries who started to receive their DMEPOS items after the program begins; therefore none of the surveyed beneficiaries will have been part of the "transition" cohort that may need to change suppliers.

Comment: "[...] a number of the questions included in the early part of the survey (A7-A12) designed for use with patients on oxygen really do not focus on the responsibilities of the DMEPOS supplier, but rather on the professional medical services provided by the physician who ordered the oxygen equipment for the patient or by the hospital or nursing home personnel that may have been serving the patient at the time oxygen equipment was ordered. While this may be a worthy focus for a CMS evaluation, it really does not relate to the activities of a

DMEPOS supplier in a competitive bidding environment.”

Response:

To address this and several other comments, questions A7 – A10 have been combined into one question (as discussed above), which has two purposes. First, we wish to identify patients who do not receive adequate education from medical personnel – their answers to other survey questions may differ from patients who are well-educated. Second, there is some concern that competitive bidding may reduce patient education services, particularly if suppliers who previously paid respiratory therapists to provide this education no longer do so.

3. COMMENTS RELATED TO STUDY FACT SHEETS

Comment: The Fact Sheet does not accurately state the purpose of the study.

Response:

We agree with this comment and have added a introductory statement about the Purpose of the Study. Use of the term “competitive bidding” will likely confuse beneficiaries, because the timing of the first survey administration predates the public information campaign about competitive bidding by several months, and the timing of the second administration occurs well beyond the time of competitive bidding implementation. Thus, we expect many beneficiaries will be perplexed by specific mention of this policy change. However, we agree that it is worthwhile to be more precise about the purpose of the study, which is to provide policymakers a source of information about the home medical equipment benefit in relation to Medicare policy changes. The purpose of the study, as included in the FAQs, will be added to each questionnaire, as follows:

The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your oxygen (or other durable medical equipment) supplier. We also hope to better understand your experiences in obtaining and using this equipment. Results of the survey will be compared with results from patients in different metropolitan areas and results from patients who received their equipment in a different year. These comparisons will help reveal how new ways of administering the Medicare program affect beneficiaries.

4. COMMENTS RELATED TO QUALITATIVE DATA COLLECTION (FOCUS GROUPS AND KEY INFORMANT INTERVIEWS)

Key Informant Discussion Guide: Beneficiary Groups/Advocates (Wave 1)

Comment: “Question 7 ‘Have you heard of the Medicare plan to use Competitive Bidding to modify the DMEPOS fee schedule for reimbursing suppliers?’ should be expanded to include a Question 7c, Have any of the beneficiaries you work with/represent changed their DME supplier(s) as a result of competitive bidding? If so, how has the change affected them?”

Response:

The focus groups will be conducted well before competitively bid contracts begin, and again more than a year after the start. It would be inappropriate to ask these questions before the program begins, but in response to this comment we have added questions on this topic to the moderators' guides for the second round of focus groups.

Comment:

“The term ‘clients’ in Question 7b should be replaced by a neutral term that does not imply a financial relationship.”

Response:

The term “clients” has been replaced by “beneficiaries”.

Comment: “The Center For Regulatory Effectiveness should be named as one of the Beneficiary Groups/Advocates that CMS works with on this study in light of our: 1) long-standing work on competitive bidding, and 2) unique access to/outreach program for Medicare beneficiaries through our Competitive Bidding IPD and toll-free Hotline.”

Response:

We respectfully respond that this comment is premature. The evaluation team, in consultation with the CMS project officer, will select appropriate patient advocacy organizations to interview in the context of the program phase at the time of the interview, in accordance with the evaluation design, in recognition of the potential value of the source given information that has come to the team's attention at the time sources are being recruited, and in consideration of the fact that sources must be prioritized to avoid duplication. As with all studies, resources are limited.

Key Informant Discussion Guide: CMS Officials or CMS' Bidding Program Managers (All Waves)

Comment: “The focus group discussion should be expanded to ask CMS officials: 1) whether they have received complaints from beneficiaries about competitive bidding, and 2) to discuss/characterize those complaints. The Competitive Acquisition Ombudsman should be among the officials interviewed.”

Response:

CMS officials will be interviewed individually rather than participating in any focus groups. They will be asked about their process for tracking complaints/calls/issues, and the types of issues that arose during the transition period.

The DME Ombudsman will be among the officials interviewed by the evaluation team. The competitive bidding ombudsman will also prepare a separate report covering, among other things, the competitive bidding program implementation.

Addendum: charts showing changes to data collection instruments

DMEPOS Survey of Oxygen Users: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Title. Survey of Medicare Patients Who Use Oxygen Equipment	1	Title. Survey of Medicare Patients Who Use Oxygen Equipment	1	No Change
<p>Qualifying Question. If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is:</p> <p><input type="checkbox"/>₁ There is nobody available who can complete this survey</p> <p><input type="checkbox"/>₉₉ Other reason, please specify:</p>	1	<p>Qualifying Question.</p> <p><input type="checkbox"/>₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.</p>	1	The last sentence did not make sense when combined with the boxes one was supposed to check off. A single check box is sufficient.
Section Title. A.USE OF OXYGEN SYSTEMS	3	Section Title. A. USE OF OXYGEN SYSTEMS	3	No Change
<p>A1.When did you begin using oxygen equipment and tanks at home?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used oxygen equipment at home (Skip to SECTION G on page 16)</p>	3	<p>A1. When did you begin using oxygen equipment and tanks at home?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used oxygen equipment at home (Skip to SECTION G on page 19)</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A2. When you first began using oxygen equipment and tanks at home, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A2. When you first began using oxygen equipment and tanks at home, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	
<p>A3. Do you <u>use</u> any type of oxygen system now? This includes using oxygen all of the time, with exercise or walking only, at night only, or using it with another medical device such as a CPAP machine or ventilator.</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use Oxygen</p>	3	<p>A3. Do you <u>use</u> any type of oxygen system now? This includes using oxygen all of the time, with exercise or walking only, at night only, or using it with another medical device such as a ventilator or a CPAP machine? (A CPAP machine blows air through a hose into a face mask or ventilator, to improve breathing while asleep.)</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use Oxygen</p>	2	Clarified by adding definition of a CPAP machine.

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A3a. Why did you stop using oxygen? (Please check all that apply and then go to SECTION G on page 16.)</p> <p><input type="checkbox"/>₁ I believed that my breathing got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My doctor said I did not need it</p> <p><input type="checkbox"/>₃ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₄ I just did not like using it</p> <p><input type="checkbox"/>₅ Equipment was too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment kept breaking down</p> <p><input type="checkbox"/>₇ I had a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	<p>A3a. Why did you stop using oxygen? (Please check all that apply and then go to SECTION G on p. 19.)</p> <p><input type="checkbox"/>₁ I believed that my breathing got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My doctor said I did not need it</p> <p><input type="checkbox"/>₃ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₄ I just did not like using it</p> <p><input type="checkbox"/>₅ Equipment was too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment kept breaking down</p> <p><input type="checkbox"/>₇ I had a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₈ I was embarrassed to use it</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	Added new response category “I was embarrassed to use it” which may prevent some patients from using their equipment.
Subsection Title. YOUR CURRENT USE OF OXYGEN SYSTEM	3	Subsection Title. YOUR CURRENT USE OF OXYGEN SYSTEM	2	No Change
<p>A4. When did you first get the oxygen equipment you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	3	<p>A4. When did you first get the oxygen equipment you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	No Change
<p>A5. Did you get your current oxygen system while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes (→Skip to SECTION G on page 16)</p> <p><input type="checkbox"/>₂ No</p>	3	<p>A5. Did you get your current oxygen system while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A6. Does someone regularly help you use your oxygen equipment (for example, a relative, friend, or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	4	<p>A6. Does someone regularly help you use your oxygen equipment (for example, a relative, friend, or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	3	No Change
<p>This description was part of the question in the 2010 survey.</p>		<p>A <u>respiratory therapist</u> is a specially trained professional who helps you improve your breathing.</p>	3	The definition of respiratory therapist now precedes this set of questions, rather than being incorporated as part of Question A.7
<p>A7. <i>A respiratory therapist is a specially trained professional who helps you improve your breathing.</i> Did a doctor or another medical person like a nurse or a respiratory therapist <u>ever</u> explain to you why you needed oxygen?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A7. Did a respiratory therapist or another medical person like a doctor or a nurse <u>ever</u> explain the following to you (Please check all that apply):</p> <p><input type="checkbox"/>₁ Oxygen equipment options and which might be best for you</p> <p><input type="checkbox"/>₂ Why you need to use oxygen equipment</p> <p><input type="checkbox"/>₃ How much oxygen you need</p> <p><input type="checkbox"/>₄ When to use your oxygen equipment</p> <p><input type="checkbox"/>₉₈ None of these things were explained by a respiratory therapist, doctor, or nurse</p>	3	Several questions were combined into one, to shorten the survey and focus on patient perceptions.
<p>A8. Did a doctor or another medical person like a nurse or a respiratory therapist <u>ever</u> explain to you how much oxygen you needed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4			

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A9. Did a doctor or another medical person like a nurse or a respiratory therapist <u>ever</u> explain to you when you are supposed to use your oxygen system?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4			
<p>A10. Did a doctor or another medical person like a nurse or a respiratory therapist <u>ever</u> explain oxygen equipment options and which might be best for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4			
<p>This question was not in the previous survey.</p>		<p>A8. If a respiratory therapist was the professional who explained your oxygen equipment, where was the information provided? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Information was provided in my home</p> <p><input type="checkbox"/>₂ Information was provided while I was in the hospital</p> <p><input type="checkbox"/>₃ A respiratory therapist did not provide me with information</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>Revised to indicate where patient education took place (prior to hospital discharge, or in the patient's home).</p>

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A11. How often does a medical person like a nurse or a respiratory therapist come to your home and clip an oxygen measurement device to your fingertip, to measure your oxygen?</p> <p><input type="checkbox"/>₁ At least once each month</p> <p><input type="checkbox"/>₂ A few times each year</p> <p><input type="checkbox"/>₂ No one ever comes to my home to do a fingertip oxygen measurement</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A9. How often does a medical person like a nurse or a respiratory therapist come to your home and clip an oxygen measurement device to your fingertip, to measure your oxygen?</p> <p><input type="checkbox"/>₁ At least once each month</p> <p><input type="checkbox"/>₂ A few times each year</p> <p><input type="checkbox"/>₃ No one ever comes to my home to do a fingertip oxygen measurement</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change
<p>A12. When was the <u>last time</u> you discussed your need for oxygen with a doctor or another medical person like a nurse or a respiratory therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A10. When was the <u>last time</u> you discussed your need for oxygen with a doctor or another medical person like a nurse or a respiratory therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	No Change
<p>A13. Are you still using the same oxygen equipment as when you first started using oxygen at home?</p> <p><input type="checkbox"/>₁ Yes (→Skip to A14)</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A14)</p>	5	<p>A11. Are you still using the same oxygen equipment as when you first started using oxygen at home?</p> <p><input type="checkbox"/>₁ Yes (→Skip to A12)</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A12)</p>	4	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A13a. Why did you make these changes? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Equipment needed to be replaced because it did not work</p> <p><input type="checkbox"/>₂ My condition/breathing changed</p> <p><input type="checkbox"/>₃ I found new equipment that was better for me</p> <p><input type="checkbox"/>₄ Equipment no longer available through supplier</p> <p><input type="checkbox"/>₅ Supplier told me Medicare no longer covered equipment</p> <p><input type="checkbox"/>₆ Doctor prescribed a different type of equipment</p> <p><input type="checkbox"/>₉₉ Other, please specify: _____</p>	5	<p>A11a. If you have different oxygen equipment, why did you make a change? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Equipment needed to be replaced because it did not work</p> <p><input type="checkbox"/>₂ My condition/breathing changed</p> <p><input type="checkbox"/>₃ I found new equipment that was better for me</p> <p><input type="checkbox"/>₄ My supplier became ineligible to provide my equipment under Medicare</p> <p><input type="checkbox"/>₅ My supplier told me Medicare no longer covered equipment</p> <p><input type="checkbox"/>₆ Doctor prescribed a different type of equipment</p> <p><input type="checkbox"/>₇ My supplier did not tell me why they changed my equipment</p> <p><input type="checkbox"/>₉₉ Other, please specify: _____</p>	4	Clarified question language; clarified one response category to focus on supplier becoming ineligible for Medicare (most relevant for the follow-up survey in 2012); added a response category of “ My supplier did not tell me why they changed my equipment” because patient may not know the reason.
<p>A14. Do you believe that you now have the oxygen equipment that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don’t know</p>	5	<p>A12. Do you believe that you now have the oxygen equipment that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don’t know</p>	4	No Change
<p>A15. Is using your current oxygen equipment difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A16)</p> <p><input type="checkbox"/>₉₈ I don’t know (→Skip to A16)</p>	5	<p>A13. Is using your current oxygen equipment difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A14)</p> <p><input type="checkbox"/>₉₈ I don’t know (→Skip to A14)</p>	5	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A15a. What is it about your current oxygen equipment that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Cannot move freely around my home</p> <p><input type="checkbox"/>₂ Cannot go outside of my home for a short walk</p> <p><input type="checkbox"/>₃ Cannot go to the doctor when I need to</p> <p><input type="checkbox"/>₄ Cannot go to church, visit friends, shop, or leave the house for more than a short time</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome (hard to lift, doesn't fit easily into the car)</p> <p><input type="checkbox"/>₆ Equipment doesn't supply enough oxygen/I'm afraid I'll run out of oxygen</p> <p><input type="checkbox"/>₇ Equipment breaks down a lot</p> <p><input type="checkbox"/>₈ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₉ I am embarrassed to use it</p> <p><input type="checkbox"/>₉₉ Other, please specify:</p> <p>_____</p>	5	<p>A13a. What is it about your current oxygen equipment that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Equipment makes it difficult to move freely around my home</p> <p><input type="checkbox"/>₂ Equipment makes it difficult to go outside of my home for a short walk</p> <p><input type="checkbox"/>₃ Equipment makes it difficult to go to the doctor when I need to</p> <p><input type="checkbox"/>₄ Equipment makes it difficult to go to church, visit friends, shop, or leave the house for more than a short time</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome (hard to lift, doesn't fit easily into the car)</p> <p><input type="checkbox"/>₆ Equipment doesn't supply enough oxygen</p> <p><input type="checkbox"/>₇ I'm afraid I will run out of oxygen</p> <p><input type="checkbox"/>₈ Equipment breaks down a lot or is undependable</p> <p><input type="checkbox"/>₉ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₁₀ I am embarrassed to use the equipment outside my home</p> <p><input type="checkbox"/>₉₉ Other, please specify:</p> <p>_____</p>	5	<p>Revised language of response categories for grammatical consistency; separated one response category into two (equipment doesn't supply enough oxygen; I'm afraid I'll run out of oxygen).</p>

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<p>A16. Does using the oxygen equipment make you feel better?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	<p>A14. Does using the oxygen equipment make you feel better?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	No Change
<p>A17. Are you using less oxygen than your doctor, nurse or respiratory therapist recommended?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION B)</p>	6	<p>A15. Are you using less oxygen than your doctor, nurse or respiratory therapist recommended?</p> <p><input type="checkbox"/>₁ Yes, I use it for fewer hours per day than my doctor recommended</p> <p><input type="checkbox"/>₂ Yes, I use it for fewer days each week than my doctor recommended</p> <p><input type="checkbox"/>₃ Yes, I use a lower flow rate than my doctor recommended</p> <p><input type="checkbox"/>₄ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION B)</p>	5	Clarified answer categories to specify whether less oxygen is used per day, on fewer days, or at a lower flow rate than doctor recommended.

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<p>A17a. Please tell us why you are using less oxygen than your doctor or other medical person recommended. (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I believe that my breathing got better so I don't need oxygen as much</p> <p><input type="checkbox"/>₂ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₃ I just don't like using it</p> <p><input type="checkbox"/>₄ I am embarrassed to use it</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment keeps breaking down</p> <p><input type="checkbox"/>₇ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₈ I have a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₉ I'm using a different oxygen system</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p> <p>_____</p>	6	<p>A15a. Please tell us why you are using less oxygen than your doctor or other medical person recommended. (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I believe that my breathing got better so I don't need oxygen as much</p> <p><input type="checkbox"/>₂ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₃ I just don't like using it</p> <p><input type="checkbox"/>₄ I am embarrassed to use it</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment keeps breaking down</p> <p><input type="checkbox"/>₇ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₈ I have a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p> <p>_____</p>	6	Removed one answer category that is unnecessary due to prior skip pattern.
Section Title. B. STATIONARY OXYGEN	6	Section Title. B. STATIONARY OXYGEN	7	No Change
<p>Description. Stationary oxygen systems are heavy pieces of equipment that you cannot move easily.</p> <p>These include non-portable oxygen concentrators, liquid oxygen vessels, and large compressed gas oxygen cylinders.</p>	6	<p>Description. Stationary oxygen systems are heavy pieces of equipment that you cannot move easily.</p> <p>These include non-portable oxygen concentrators, liquid oxygen vessels, and large compressed gas oxygen cylinders.</p>	7	No Change

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<p>B1. Do you use any type of stationary oxygen system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION C)</p>	6	<p>B1. Do you use any type of stationary oxygen system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION C)</p>	7	No Change
<p>B2. What type of <u>stationary</u> oxygen system(s) do you usually use at home? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Oxygen concentrator machine (unit that plugs into the wall and produces oxygen) <i>[pictured below at left]</i></p> <p><input type="checkbox"/>₂ Liquid oxygen vessel (large tank that resembles a large thermos) <i>[pictured below at center]</i></p> <p><input type="checkbox"/>₃ Large compressed oxygen cylinder (resembles a welding tank) <i>[pictured below at right]</i></p> <p><input type="checkbox"/>₄ Oxygen concentrator system that allows you to fill small cylinders <i>[not pictured]</i></p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>B2. What type of <u>stationary</u> oxygen system(s) do you usually use at home? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Oxygen concentrator machine (unit that plugs into the wall and produces oxygen) <i>[pictured below at left]</i></p> <p><input type="checkbox"/>₂ Liquid oxygen vessel (large tank that is usually placed in the home and not moved) <i>[pictured below at center]</i></p> <p><input type="checkbox"/>₃ Large compressed oxygen cylinder (resembles a welding tank) <i>[pictured below at right]</i></p> <p><input type="checkbox"/>₄ Oxygen concentrator system that allows you to fill small cylinders <i>[not pictured]</i></p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	Clarified one answer category.

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<p>B3. What type of oxygen delivery device do you breathe from to get your oxygen? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Nasal cannula (nose prongs/tubes)</p> <p><input type="checkbox"/>₂ Transtracheal catheter (very thin tube that goes directly in your throat)</p> <p><input type="checkbox"/>₃ Reservoir cannula: small oxygen storage chamber positioned below nose or on your chest</p> <p><input type="checkbox"/>₄ Oxygen mask</p> <p><input type="checkbox"/>₅ Connection to your tracheostomy tube</p> <p><input type="checkbox"/>₆ Connection to my CPAP machine, bi-level device, or ventilator</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>B3. What type of oxygen delivery device do you breathe from to get your oxygen? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Nasal cannula (nose prongs/tubes)</p> <p><input type="checkbox"/>₂ Transtracheal catheter (very thin tube that goes directly in your throat)</p> <p><input type="checkbox"/>₃ Reservoir cannula: small oxygen storage chamber positioned below nose or on your chest</p> <p><input type="checkbox"/>₄ Oxygen mask</p> <p><input type="checkbox"/>₅ Connection to your tracheostomy tube</p> <p><input type="checkbox"/>₆ Connection to my CPAP machine, bi-level device, or ventilator</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change
<p>B4. In general, how often do you use your <u>stationary</u> oxygen system?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	8	<p>B4. In general, how often do you use your <u>stationary</u> oxygen system?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	8	No Change
<p>B5. On the days that you do use <u>stationary</u> oxygen, for how many hours do you use it (out of 24 hours in a day)?</p> <p>_____ hours per day</p>	8	<p>B5. On the days that you do use <u>stationary</u> oxygen, for how many hours do you use it (out of 24 hours in a day)?</p> <p>_____ hours per day</p>	8	No Change

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Description. Sometimes people have serious problems with their <u>stationary</u> systems and are forced to stop using oxygen or to use another source of oxygen, such as a portable tank or emergency back-up tank.	8	Description. Sometimes people have serious problems with their <u>stationary</u> systems and are forced to stop using oxygen or to use another source of oxygen, such as a portable tank or emergency back-up tank.	8	No Change
B7. <u>During the past six months</u> did you have any serious problems that made you stop using your stationary oxygen system? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION C)	8	B6. <u>Have you had</u> any serious problems that made you stop using your stationary oxygen system? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION C)	8	Removed reference to past six months
B7a. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ Power outage in my home <input type="checkbox"/> ₂ Equipment failed or did not work <input type="checkbox"/> ₃ Unit ran out of oxygen (liquid or cylinder) <input type="checkbox"/> ₉₆ Other, please specify: <hr/> <input type="checkbox"/> ₉₈ I don't know	8	B6a. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ Power outage in my home <input type="checkbox"/> ₂ Equipment failed or did not work <input type="checkbox"/> ₃ Unit ran out of liquid oxygen or compressed oxygen <input type="checkbox"/> ₉₆ Other, please specify: <hr/> <input type="checkbox"/> ₉₈ I don't know	9	Clarified language of one response category.
B7b. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times		B6b. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times	9	No Change
Section Title C. PORTABLE OXYGEN	9	Section Title C. PORTABLE OXYGEN	10	No Change

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<p>Description. Portable oxygen systems let you keep using oxygen when you are away from the stationary system. They may be light enough to carry on a strap over your shoulder or to pull on a wheeled cart.</p> <p>Your portable oxygen system may be a small gaseous oxygen tank, a small liquid oxygen cylinder, or a small portable oxygen concentrator.</p>	9	<p>Description. Portable oxygen systems let you keep using oxygen when you are away from the stationary system. They may be light enough to carry on a strap over your shoulder or to pull on a wheeled cart.</p> <p>Your portable oxygen system may be a small gaseous oxygen tank, a small liquid oxygen cylinder, or a small portable oxygen concentrator.</p>	10	No Change
<p>C1. Do you use any type of <u>portable</u> oxygen system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION D)</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>C1. Do you use any type of <u>portable</u> oxygen system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION D)</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change

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<p>C2. What type of <u>portable</u> oxygen system(s) do you use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mid-sized compressed oxygen tank (E-cylinder, resembles a diving tank) <i>[pictured below at left]</i></p> <p><input type="checkbox"/>₂ Very small and light compressed oxygen tank (can carry on your shoulder) <i>[pictured below at right]</i></p> <p><input type="checkbox"/>₃ Mid-sized or standard portable liquid oxygen unit <i>[pictured below in center]</i></p> <p><input type="checkbox"/>₄ Very small liquid portable unit (i.e., can carry on your shoulder or belt and delivers pulses of oxygen) <i>[not pictured]</i></p> <p><input type="checkbox"/>₅ Small portable oxygen concentrator <i>[not pictured]</i></p> <p><input type="checkbox"/>₆ Small portable concentrator that also serves as a stationary source <i>[not pictured]</i></p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Other portable oxygen system: _____</p>	9	<p>C2. What type of <u>portable</u> oxygen system(s) do you use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mid-sized compressed oxygen tank (E-cylinder, resembles a diving tank and can roll on a cart) <i>[pictured below at left]</i></p> <p><input type="checkbox"/>₂ Very small and light compressed oxygen tank that concentrates room oxygen (can carry on your shoulder) <i>[pictured below at right]</i></p> <p><input type="checkbox"/>₃ Mid-sized or standard portable liquid oxygen unit <i>[pictured below in center]</i></p> <p><input type="checkbox"/>₄ Very small liquid portable unit (can carry on your shoulder or belt and that must be refilled) <i>[not pictured]</i></p> <p><input type="checkbox"/>₅ Small portable oxygen concentrator that concentrates room oxygen <i>[not pictured]</i></p> <p><input type="checkbox"/>₆ Small portable concentrator that concentrates room oxygen and also serves as a stationary source <i>[not pictured]</i></p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Other portable oxygen system: _____</p>	10	Revised descriptions of portable oxygen systems to clarify distinctions between different types of systems.

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C3. In general, how often do you use your portable oxygen system? <input type="checkbox"/> ₁ Less than one day a week <input type="checkbox"/> ₂ 1-2 days per week <input type="checkbox"/> ₃ 3-4 days per week <input type="checkbox"/> ₄ 5-6 days per week <input type="checkbox"/> ₅ Every day	10	C3. In general, how often do you use your portable oxygen system? <input type="checkbox"/> ₁ Less than one day a week <input type="checkbox"/> ₂ 1-2 days per week <input type="checkbox"/> ₃ 3-4 days per week <input type="checkbox"/> ₄ 5-6 days per week <input type="checkbox"/> ₅ Every day	11	No Change
C4. On the days that you use portable oxygen, for how many hours do you use it (out of 24 hours in a day)? _____ hours per day	10	C4. On the days that you use portable oxygen, for how many hours do you use it (out of 24 hours in a day)? _____ hours per day	11	No Change
C5. Is your portable oxygen system meeting your needs? <input type="checkbox"/> ₁ Yes (→Skip to C6) <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know (→Skip to C6)	10	C5. Is your portable oxygen system meeting your needs? <input type="checkbox"/> ₁ Yes (→Skip to C6) <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know (→Skip to C6)	11	No Change

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<p>C5a. Please tell us why your portable oxygen system is not meeting your needs. (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I believe that my breathing got better so I don't need oxygen as much</p> <p><input type="checkbox"/>₂ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₃ I just don't like using it</p> <p><input type="checkbox"/>₄ I am embarrassed to use it</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment keeps breaking down</p> <p><input type="checkbox"/>₇ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₈ I have a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₉ I'm using a different oxygen system</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p>	10	<p>C5a. Please tell us why your portable oxygen system is not meeting your needs. (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I believe that my breathing got better so I don't need oxygen as much</p> <p><input type="checkbox"/>₂ Oxygen therapy costs too much</p> <p><input type="checkbox"/>₃ I just don't like using it</p> <p><input type="checkbox"/>₄ I am embarrassed to use it</p> <p><input type="checkbox"/>₅ Equipment is too heavy or cumbersome</p> <p><input type="checkbox"/>₆ Equipment keeps breaking down</p> <p><input type="checkbox"/>₇ Equipment is too complicated for me to use</p> <p><input type="checkbox"/>₈ I have a problem getting the supplies from my oxygen supplier</p> <p><input type="checkbox"/>₉ I'm using a different oxygen system</p> <p><input type="checkbox"/>₁₀ I'm afraid I will run out of oxygen</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p>	11	<p>Added one response category, for patients who are concerned about running out of oxygen.</p>

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<p>C6. In general, how often do you get deliveries/refills from your oxygen supplier for your <u>portable</u> oxygen system? This may include oxygen tank deliveries, liquid oxygen refills, etc.</p> <p><input type="checkbox"/>₁ 4 times a month</p> <p><input type="checkbox"/>₂ 2-3 times a month</p> <p><input type="checkbox"/>₃ Once a month</p> <p><input type="checkbox"/>₄ Once every year</p> <p><input type="checkbox"/>₅ Less than once per year</p> <p><input type="checkbox"/>₆ I don't get refills of any type</p> <p>(→ Skip to C7)</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	<p>C6. In general, how often do you get deliveries/refills from your oxygen supplier for your <u>portable</u> oxygen system? This may include oxygen tank deliveries, liquid oxygen refills, etc.</p> <p><input type="checkbox"/>₁ 4 times a month</p> <p><input type="checkbox"/>₂ 2-3 times a month</p> <p><input type="checkbox"/>₃ Once a month</p> <p><input type="checkbox"/>₄ Once every year</p> <p><input type="checkbox"/>₅ Less than once per year</p> <p><input type="checkbox"/>₆ I don't get refills of any type</p> <p><input type="checkbox"/>₉₈ I don't know</p>	11	Removed Skip instruction because question C6a has been deleted.
<p>C6a. If you get tank refills for your <u>portable</u> oxygen system, how many tank refills do you normally get at one time (that is, number of tanks per delivery)?</p> <p>____ Number of tanks at one time</p> <p><input type="checkbox"/>₉₈ I don't know</p>	11			Removed this question because we are not trying to determine volume of oxygen used.
<p>Description. An intermittent flow device gives you oxygen only when you breathe in. Examples of these oxygen-conserving devices are pulse-dosing oxygen regulators, small liquid portable units, or portable concentrators.</p>	11	<p>Description. An <u>intermittent flow device</u> gives you oxygen only when you breathe in. Examples of these oxygen-conserving devices are pulse-dosing oxygen regulators and small liquid portable units or portable concentrators that use a pulse-dosing oxygen regulator.</p>	12	Revised description so it will apply to all intermittent flow devices.

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<p>C7. Do you use any type of <u>intermittent flow device</u> with your portable system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION D)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION D)</p>	11	<p>C7. Do you use any type of <u>intermittent flow device</u> with your portable system <u>now</u>?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION D)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION D)</p>	12	No Change
<p>C7a. When you first got your <u>intermittent flow device</u>, who adjusted the device and tested you while you were using it? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Home oxygen supplier</p> <p><input type="checkbox"/>₂ Doctor</p> <p><input type="checkbox"/>₃ Other medical personnel</p> <p><input type="checkbox"/>₄ No one</p> <p><input type="checkbox"/>₅ Don't remember if anyone did</p> <p><input type="checkbox"/>₉₈ I don't know</p>	11	<p>C7a. When you first received your oxygen equipment that was equipped with an intermittent flow device, who <u>adjusted</u> the device? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Home oxygen supplier or a respiratory therapist from the supplier</p> <p><input type="checkbox"/>₂ Doctor</p> <p><input type="checkbox"/>₃ Other medical personnel</p> <p><input type="checkbox"/>₄ No one</p> <p><input type="checkbox"/>₅ Don't remember if anyone did</p> <p><input type="checkbox"/>₉₈ I don't know who it was</p>	12	Clarified language of the question; revised language of the 'don't know' answer category.
Section Title. D. MEDICAL EXPENSES	11	Section Title. D. MEDICAL EXPENSES	12	No Change
<p>D1. In the past year, have you bought <u>any</u> oxygen equipment or supplies <u>with your own money</u> because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION E)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION E)</p>	11	<p>D1. In the past year, have you bought <u>any</u> oxygen equipment or supplies <u>with your own money</u> because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION E)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION E)</p>	12	No Change

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<p>D2. In the past year, what oxygen equipment or supplies did you buy <u>with your own money</u>? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Extra portable oxygen system</p> <p><input type="checkbox"/>₂ Extra stationary oxygen system</p> <p><input type="checkbox"/>₃ Oxygen conserving/intermittent flow device</p> <p><input type="checkbox"/>₄ Special nasal cannula</p> <p><input type="checkbox"/>₅ Transtracheal supplies</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p> <p>_____</p>	11	<p>D2. In the past year, what oxygen equipment or supplies did you buy <u>with your own money</u>? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Extra portable oxygen system</p> <p><input type="checkbox"/>₂ Extra stationary oxygen system</p> <p><input type="checkbox"/>₃ Oxygen conserving/intermittent flow device</p> <p><input type="checkbox"/>₄ Special nasal cannula</p> <p><input type="checkbox"/>₅ Transtracheal supplies</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p> <p>_____</p>	12	No Change
<p>D3. Thinking about everything you paid for <u>with your own money</u> in the past year for the oxygen equipment and supplies that were not covered by insurance, how much did you spend? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	12	<p>D3. Thinking about everything you paid for <u>with your own money</u> in the past year for the oxygen equipment and supplies that were not covered by insurance, how much did you spend? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 to \$1,000</p> <p><input type="checkbox"/>₄ \$1,000 to \$2,000</p> <p><input type="checkbox"/>₉₈ I don't know</p>	13	Added another category for patients with higher out-of-pocket costs.
Section Title. E. YOUR SUPPLIER	12	Section Title. E. YOUR SUPPLIER	13	No Change

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<p>E1. Considering the oxygen equipment you have now, did you have any problems finding an equipment supplier to get it from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to E3)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to E3)</p>	12	<p>E1. Considering the oxygen equipment you have now, did you have any problems finding an equipment supplier to get it from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to E2)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to E2)</p>	13	Corrected erroneous Skip instruction.
<p>E1a. What kinds of problems did you have finding an oxygen supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please describe:</p> <p>_____</p> <p><input type="checkbox"/>₉₈ I don't know</p>	12	<p>E1a. What kinds of problems did you have finding an oxygen supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please describe:</p> <p>_____</p> <p><input type="checkbox"/>₉₈ I don't know</p>	13	No Change
<p>E2. Considering the oxygen equipment you have now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	12	<p>E2. Considering the oxygen equipment you have now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	13	No Change

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<p>E3. Considering the oxygen equipment you have now, do you get your current oxygen equipment, supplies, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	12	<p>E11. Do you currently get your current oxygen equipment, supplies, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	16	Clarified language of question.
<p>E4. Overall, how would you rate the supplier that you use most?</p> <p><input type="checkbox"/>₁ Poor</p> <p><input type="checkbox"/>₂ Fair</p> <p><input type="checkbox"/>₃ Good</p> <p><input type="checkbox"/>₄ Very good</p> <p><input type="checkbox"/>₅ Excellent</p>	12	<p>E12. Overall, how would you rate the supplier that you use most?</p> <p><input type="checkbox"/>₁ Poor</p> <p><input type="checkbox"/>₂ Fair</p> <p><input type="checkbox"/>₃ Good</p> <p><input type="checkbox"/>₄ Very good</p> <p><input type="checkbox"/>₅ Excellent</p>	16	No Change
<p>E5. Would you recommend this oxygen supplier to a friend who needed similar services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	12	<p>E13. Would you recommend this oxygen supplier to a friend who needed similar services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	16	No Change
<p>E6. How do you get your oxygen refills and supplies? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed to my home by my supplier</p> <p><input type="checkbox"/>₃ I pick them up from my oxygen supplier</p> <p><input type="checkbox"/>₄ Someone picks them up for me</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please tell us how:</p>	13	<p>E9. How do you get your oxygen refills and supplies? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed to my home by my supplier</p> <p><input type="checkbox"/>₃ I pick them up from my oxygen supplier</p> <p><input type="checkbox"/>₄ Someone picks them up for me</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please tell us how:</p>	15	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>E7. Considering the oxygen equipment you have now, how much time and energy does it take to get your oxygen equipment, supplies, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	13	<p>E10. Considering the oxygen equipment you have now, how much time and energy does it take to get your oxygen equipment, supplies, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	16	No Change
<p>E8. After you ordered the oxygen equipment you have now, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Same day</p> <p><input type="checkbox"/>₂ Next day</p> <p><input type="checkbox"/>₃ Within a week</p> <p><input type="checkbox"/>₄ More than 1 week later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	13	<p>E5. After the order was placed for your oxygen equipment, <u>how long did it take to arrive?</u></p> <p><input type="checkbox"/>₁ Same day</p> <p><input type="checkbox"/>₂ Next day</p> <p><input type="checkbox"/>₃ Within a week</p> <p><input type="checkbox"/>₄ More than 1 week later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	14	Clarified language of question because patients do not directly order their own equipment.

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<p>E9. When you got the oxygen equipment you <u>use now</u>, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? (Please check all that apply.) Did he/she...</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the equipment or supplies</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the equipment or supplies</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to <u>store</u> the equipment or supplies</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the equipment or supplies</p> <p><input type="checkbox"/>₅ Show you how to use oxygen <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your equipment and supplies while they watched</p> <p><input type="checkbox"/>₇ Give you the manufacturer's customer assistance toll-free telephone number</p> <p><input type="checkbox"/>₈ I did not get any training or help from my oxygen supplier (→ Skip to E10)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to E10)</p>	13	<p>E6. When you got the oxygen equipment you <u>use now</u>, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? (Please check all that apply.) Did he/she...</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the equipment or supplies</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the equipment or supplies</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to <u>store</u> the equipment or supplies</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the equipment or supplies</p> <p><input type="checkbox"/>₅ Show you how to use oxygen <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your equipment and supplies while they watched</p> <p><input type="checkbox"/>₇ Give you the manufacturer's customer assistance toll-free telephone number</p> <p><input type="checkbox"/>₈ I did not get any training or help from my oxygen supplier (→ Skip to E7)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to E7)</p>	14	No Change

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<p>E9a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your oxygen equipment?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	14	<p>E6a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your oxygen equipment?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	15	No Change
<p>E10. In the first 3 months after you got the oxygen equipment you use now, how often did a <u>nurse or respiratory therapist</u> come to your home to check on how you are doing and if you are getting enough oxygen?</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the oxygen equipment</p>	14	<p>E7. In the first 3 months after you got the oxygen equipment you use now, how often did a <u>nurse or respiratory therapist</u> come to your home to check on how you are doing and if you are getting enough oxygen?</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₄ I don't know or recall the clinical specialty of the person who came to my home.</p>	15	Added another answer category for patients who don't know or don't recall.

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<p>E11. In the first 3 months after you got the oxygen equipment you use now, how often did your supplier send someone to your home to <u>check the equipment</u>? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the oxygen equipment</p>	14	<p>E8. In the first 3 months after you got the oxygen equipment you use now, how often did your supplier send someone to your home to <u>check the equipment</u>? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the oxygen equipment</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the oxygen equipment</p>	15	No Change
<p>E12. Considering the oxygen equipment you have now, when you asked your supplier questions, did you <u>get answers that you could understand</u>?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	14	<p>E3. Considering the oxygen equipment you have now, when you asked your supplier questions, did you <u>get answers that you could understand</u>?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	14	No Change
<p>E13. Before deciding on the oxygen equipment you use now, did your supplier <u>tell you as much as you wanted to know</u> about the options for your oxygen equipment?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	14	<p>E4. Before deciding on the oxygen equipment you use now, did your supplier <u>tell you as much as you wanted to know</u> about the options for your oxygen equipment?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p>	14	Removed the “don't know” answer category.

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This question was not in the previous survey.		E4a. Before you decided on the oxygen equipment that you use now, did your supplier tell you about all the equipment designs available to you, <u>even those which the supplier did not have in stock</u> ? <input type="checkbox"/> ₁ Yes, all equipment designs were explained <input type="checkbox"/> ₂ No, the supplier only told me what he/she has in stock <input type="checkbox"/> ₃ No, I already knew the equipment designs available to me <input type="checkbox"/> ₉₈ I don't know	14	Added this question out of concern that suppliers will not keep as many makes and models in their inventory after competitive bidding.
E12. <u>When you got the oxygen equipment you use now, did your supplier spend as much time with you as you wanted?</u> <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	14			Deleted this question to shorten the survey, and because this issues is addressed in previous questions.
Section Title. F. RECENT EXPERIENCES	15	Section Title. F. RECENT EXPERIENCES	17	No Change
F1. <u>During the past six months, how reliable was your oxygen supplier in making deliveries?</u> <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Not reliable at all <input type="checkbox"/> ₄ Does not apply	15	F1. <u>During the past six months, how reliable was your oxygen supplier in making deliveries?</u> <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Not reliable at all <input type="checkbox"/> ₄ Does not apply	17	No Change

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<p>F2. <u>In the past six months</u>, have you contacted your oxygen supplier with a complaint or a problem?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to F4)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to F4)</p> <p><input type="checkbox"/>₄ Don't know how to contact my oxygen supplier (→ Skip to F4)</p>	15	<p>F2. <u>In the past six months</u>, have you contacted your oxygen supplier with a complaint or a problem?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to F4)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to F4)</p> <p><input type="checkbox"/>₄ Don't know how to contact my oxygen supplier (→ Skip to F4)</p>	17	No Change
<p>F2a. When you contacted your oxygen supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	15	<p>F2a. When you contacted your oxygen supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	17	No Change
<p>F3. <u>In the past six months</u>, have you contacted your oxygen supplier to get emergency service or advice?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to F4)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to F4)</p>	15	<p>F3. <u>In the past six months</u>, have you contacted your oxygen supplier to get emergency service or advice?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to F4)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to F4)</p>	17	No Change
<p>F3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	15	<p>F3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	17	No Change

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F3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	15	F3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	17	No Change
F4. <u>In the past six months</u> , have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to F5) <input type="checkbox"/> ₉₈ I don't know (→ Skip to F5)	15	F4. <u>In the past six months</u> , have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to F5) <input type="checkbox"/> ₉₈ I don't know (→ Skip to F5)	17	No Change
F4a. When you contacted your supplier after business hours, in general were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	16	F4a. When you contacted your supplier after business hours, in general were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	18	No Change
F5. <u>In the past six months</u> , how reliable has your oxygen equipment been? Would you say ... <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Somewhat unreliable <input type="checkbox"/> ₄ Very unreliable <input type="checkbox"/> ₉₈ I don't know	16	F5. <u>In the past six months</u> , how reliable has your oxygen equipment been? Would you say ... <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Somewhat unreliable <input type="checkbox"/> ₄ Very unreliable <input type="checkbox"/> ₉₈ I don't know	18	No Change

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F6. <u>In the past six months</u> , have you changed your oxygen supplier? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION G) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION G)	16	F6. <u>In the past six months</u> , have you changed your oxygen supplier? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION G) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION G)	18	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>F6a. Why did you change your oxygen supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide the oxygen equipment or accessories I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	16	<p>F6a. Why did you change your oxygen supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide the oxygen equipment or accessories I needed</p> <p><input type="checkbox"/>₉ I was not happy with the amount of oxygen my supplier was delivering to my home for my stationary oxygen unit</p> <p><input type="checkbox"/>₁₀ I was not happy with the amount of oxygen my supplier was delivering for my portable unit</p> <p><input type="checkbox"/>₁₁ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₁₂ Supplier became ineligible to provide the equipment under Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	18	<p>Added several answer categories to better reflect supplier service and timely delivery of oxygen refills, and to address the circumstance of suppliers becoming ineligible for Medicare.</p>
Section Title G. ABOUT YOU	16	Section Title G. ABOUT YOU	19	No Change

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Description Section G is about you, the person whose name is on the mailing label of this survey.	16	Description Section G is about you, the person whose name is on the mailing label of this survey.	19	No Change
G1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	16	G1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor ¹⁹	19	No Change
G2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	17	G2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	19	No Change
G3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to G5) <input type="checkbox"/> ₂ No	17	G3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to G5) <input type="checkbox"/> ₂ No	19	No Change
G4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	17	G4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	19	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
G5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	17	G5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	19	No Change
G6. What was your household's annual income during 2009 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	17	G6. What was your household's annual income during 2009 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	19	No Change
G7. Are you of Hispanic or Latino heritage? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	17	G7. Are you of Hispanic or Latino heritage? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	19	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
G8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₉ Other, please tell us: _____	17	G8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₉ Other, please tell us: _____	20	No Change
Section Title. H. OTHER INFORMATION	18	Section Title. H. OTHER INFORMATION	20	No Change
H1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→ Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	18	H1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→ Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	20	No Change
H2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	18	H2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	20	No Change

DMEPOS Survey of CPAP Users: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Title. Survey of Medicare Patients Who Use a Continuous Positive Airway Pressure (CPAP) Machine	1	Title. Survey of Medicare Patients Who Use a Continuous Positive Airway Pressure (CPAP) Machine	1	No Change
<p>Qualifying Question. If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is:</p> <p><input type="checkbox"/>₁ There is nobody available who can complete this survey</p> <p><input type="checkbox"/>₉₆ Other reason, please specify: _____</p>	1	<p>Qualifying Question. The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your hospital bed supplier. We also hope to better understand your experiences in obtaining and using this equipment.</p> <p><input type="checkbox"/>₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.</p>	1	The last sentence did not make sense when combined with the boxes one was supposed to check off. A single check box is sufficient.
Section Title. A. USE OF CPAP MACHINES	3	Section Title. A. USE OF CPAP MACHINES	3	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A1. When did you begin using a CPAP machine?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a CPAP machine (Skip to SECTION E on page 11)</p>	3	<p>A1. When did you begin using a CPAP machine?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a CPAP machine (Skip to SECTION E on page 11)</p>	3	No Change
<p>A2. <u>When you first began using a CPAP machine</u>, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A2. <u>When you first began using a CPAP machine</u>, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change
<p>A3. Do you use a CPAP machine now? This includes using a CPAP machine all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a CPAP machine</p>	3	<p>A3. Do you use a CPAP machine now? This includes using a CPAP machine all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a CPAP machine</p>	3	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A3a. Why did you stop using your CPAP machine? (Please check all that apply and then skip to SECTION E on page 11.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable using it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking down</p> <p><input type="checkbox"/>₉ The mask did not fit properly</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	<p>A3a. Why did you stop using your CPAP machine? (Please check all that apply and then skip to SECTION E on page 11.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable using it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking down</p> <p><input type="checkbox"/>₉ The mask did not fit properly</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	No Change
Subsection Title. YOUR CURRENT USE OF CPAP MACHINE	3	Subsection Title. YOUR CURRENT USE OF CPAP MACHINE	3	No Change
<p>A4. When did you first get the CPAP machine you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	3	<p>A4. When did you first get the CPAP machine you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	3	No Change
<p>A5. Did you get your current CPAP machine when you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes (→ Skip to SECTION E on page 11)</p> <p><input type="checkbox"/>₂ No</p>	3	<p>A5. Did you get your current CPAP machine when you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	3	The skip prompt was removed from this question in order to capture subsequent information related to the equipment.

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A6. Does someone regularly help you use your CPAP machine (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	4	<p>A6. Does someone regularly help you use your CPAP machine (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	4	No Change
<p>This definition was not in the 2010 survey as a separate definition.</p>		<p>Definition. A respiratory therapist is a specially trained professional who helps you improve your breathing.</p>	4	The definition of respiratory therapist now precedes this set of questions, rather than being incorporated as part of Question A.7
<p>A7. Did a doctor or another medical person like a nurse or respiratory therapist ever explain to you why you needed to use a CPAP machine?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A7. Did a respiratory therapist or another medical person like a doctor or nurse <u>ever</u> explain the following to you (Please check all that apply):</p> <p><input type="checkbox"/>₁ Why you needed to use a CPAP machine</p> <p><input type="checkbox"/>₂ The different types of CPAP machines, control options, and accessories</p> <p><input type="checkbox"/>₃ None of these things were explained by a medical person</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained anything to me</p>		<p>Questions A7 and A8 in the 2010 survey were combined into one to shorten the survey and focus on patient perceptions.</p>
<p>A8. Did a doctor or another medical person like a nurse or respiratory therapist ever explain to you the different types of CPAP machines, controls options and accessories that exist?</p> <p><input type="checkbox"/>₁ Yes, a medical person explained CPAP machines</p> <p><input type="checkbox"/>₂ No, no medical person explained CPAP machines</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained CPAP machines</p>	4			

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A9. When was the last time you discussed your needs or issues related to your CPAP machine with a doctor or another medical person like a nurse or respiratory therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A8. When was the <u>last time</u> you discussed your needs or issues related to your CPAP machine with a respiratory therapist or another medical person like a doctor or nurse?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	No Change
<p>A10. Have you had more than one CPAP machine in the past year, or changed accessories (for example, hoses, mask) in the past year? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ No (→Skip to A11)</p> <p><input type="checkbox"/>₂ Yes, I changed my CPAP machine</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A11)</p>	4	<p>A9. Have you had more than one CPAP machine in the past year, or changed accessories (for example, hoses, mask) in the past year? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ No (→Skip to A10)</p> <p><input type="checkbox"/>₂ Yes, I changed my CPAP machine</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A10)</p>	4	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A10a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ CPAP machine needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new CPAP machine that was better for me</p> <p><input type="checkbox"/>₄ Found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ Doctor/ health care provider prescribed a different type of CPAP machine</p> <p><input type="checkbox"/>₆ Supplier changed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	4	<p>A9a.Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ My CPAP machine needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ I found a new CPAP machine that was better for me</p> <p><input type="checkbox"/>₄ I found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ My doctor/ health care provider prescribed a different type of CPAP machine</p> <p><input type="checkbox"/>₆ My supplier became ineligible to provide my equipment under Medicare</p> <p><input type="checkbox"/>₇ My supplier did not tell me why they changed my equipment</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	Clarified question language; clarified one response category to focus on supplier becoming ineligible for Medicare (most relevant for the follow-up survey in 2012); added a response category of “ My supplier did not tell me why they changed my equipment” because patient may not know the reason.
<p>A11. Do you believe that you now have the CPAP machine that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A10. Do you believe that you now have the CPAP machine that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A12. Is using your CPAP machine difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A13)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A13)</p>	5	<p>A11. Is using your CPAP machine difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A12)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A12)</p>	5	No Change
<p>A12a. What is it about your CPAP machine that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Unable to move in my sleep</p> <p><input type="checkbox"/>₂ Unable to sleep well</p> <p><input type="checkbox"/>₃ CPAP machine is too noisy (for myself or my partner)</p> <p><input type="checkbox"/>₃ The mask is uncomfortable</p> <p><input type="checkbox"/>₆ Unable to travel away from home because it is difficult to take the machine along</p> <p><input type="checkbox"/>₇ It's difficult to take the machine with me when I travel</p> <p><input type="checkbox"/>₈ Do not like to be dependent on a machine</p> <p><input type="checkbox"/>₉ Do not understand the controls or controls hard to use</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	5	<p>A11a. What is it about your CPAP machine that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Equipment makes it difficult to move in my sleep</p> <p><input type="checkbox"/>₂ Equipment makes it difficult to sleep well</p> <p><input type="checkbox"/>₃ CPAP machine is too noisy (for me or my partner)</p> <p><input type="checkbox"/>₄ The mask is uncomfortable</p> <p><input type="checkbox"/>₅ It's difficult to take the machine with me when I travel away from home</p> <p><input type="checkbox"/>₆ Do not like to be dependent on a machine</p> <p><input type="checkbox"/>₇ Do not understand the controls or controls hard to use</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	5	Revised language of response categories for grammatical consistency

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A13. In general, how often do you use your CPAP machine?</p> <p><input type="checkbox"/>₁ Less than one day or night each week</p> <p><input type="checkbox"/>₂ 1-2 days or nights per week</p> <p><input type="checkbox"/>₃ 3-4 days or nights per week</p> <p><input type="checkbox"/>₄ 5-6 days or nights per week</p> <p><input type="checkbox"/>₅ Every day or night</p>	5	<p>A12. In general, how often do you use your CPAP machine?</p> <p><input type="checkbox"/>₁ Less than one day or night each week</p> <p><input type="checkbox"/>₂ 1-2 days or nights per week</p> <p><input type="checkbox"/>₃ 3-4 days or nights per week</p> <p><input type="checkbox"/>₄ 5-6 days or nights per week</p> <p><input type="checkbox"/>₅ Every day or night</p>	5	No Change
<p>A14. On the days that you do use your CPAP machine, for how long do you use it (out of 24 hours)?</p> <p>_____ hours per day</p>	5	<p>A13. On the days that you do use your CPAP machine, for how long do you use it (out of 24 hours)?</p> <p>_____ hours per day</p>	6	No Change
<p>A15. How reliable is the CPAP machine you use now? Would you say ...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	<p>A14. How reliable is the CPAP machine you use now? Would you say ...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	No Change
<p>A16. In the past year, did you have any problems that made you stop using your CPAP machine or switch to a different CPAP machine?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	5	<p>A15. In the past year, did you have any problems that made you stop using your CPAP machine or switch to a different CPAP machine?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	6	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
A16a. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times	5	A15a. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times	6	No Change
A16b. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ CPAP machine did not work <input type="checkbox"/> ₂ CPAP accessories did not work <input type="checkbox"/> ₇ Reservoir/humidifier did not work <input type="checkbox"/> ₈ Did not understand the controls <input type="checkbox"/> ₉₆ Other, please specify: _____	6	A15b. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ CPAP machine did not work <input type="checkbox"/> ₂ CPAP accessories did not work <input type="checkbox"/> ₇ Reservoir/humidifier did not work <input type="checkbox"/> ₈ Did not understand the controls <input type="checkbox"/> ₉₆ Other, please specify: _____	6	No Change
Section Title. B MEDICAL EXPENSES	6	Section Title. B MEDICAL EXPENSES	7	No Change
B1. In the past year, have you bought any accessories or parts for your current CPAP machine with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→Skip to SECTION C)	6	B1. In the past year, have you bought any accessories or parts for your current CPAP machine with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→Skip to SECTION C)	7	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>B2. In the past year, what parts or service did you buy with your own money for your CPAP machine? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mask</p> <p><input type="checkbox"/>₂ Tubing</p> <p><input type="checkbox"/>₃ Power supply or battery</p> <p><input type="checkbox"/>₄ Head or chin straps / Headgear</p> <p><input type="checkbox"/>₅ Repairs</p> <p><input type="checkbox"/>₆ Routine maintenance</p> <p><input type="checkbox"/>₇ Filters</p> <p><input type="checkbox"/>₈ Humidifier or reservoir</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	6	<p>B2. In the past year, what parts or service did you buy with your own money for your CPAP machine? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mask</p> <p><input type="checkbox"/>₂ Tubing</p> <p><input type="checkbox"/>₃ Power supply or battery</p> <p><input type="checkbox"/>₄ Head or chin straps / Headgear</p> <p><input type="checkbox"/>₅ Repairs</p> <p><input type="checkbox"/>₆ Routine maintenance</p> <p><input type="checkbox"/>₇ Filters</p> <p><input type="checkbox"/>₈ Humidifier or reservoir</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	7	No Change
<p>B3. Thinking about everything you paid for with your own money in the past year for your CPAP machine accessories, parts, maintenance or repairs not covered by insurance, how much did you spend? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>B3. Thinking about everything you paid for with your own money in the past year for your CPAP machine accessories, parts, maintenance or repairs not covered by insurance, how much did you spend? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
Section Title. C. YOUR SUPPLIER	7	Section Title. C. YOUR SUPPLIER	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C1. Considering the CPAP machine you use now, did you have any problems finding an equipment supplier to get your CPAP machine from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C2)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	7	<p>C1. Considering the CPAP machine you use now, did you have any problems finding an equipment supplier to get your CPAP machine from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C2)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	8	No Change
<p>C1a. What kinds of problems did you have finding a CPAP machine supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	7	<p>C1a. What kinds of problems did you have finding a CPAP machine supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	8	No Change
<p>C2. Considering the CPAP machine you use now, did you have a choice of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C2. Considering the CPAP machine you use now, did you have a choice of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C3. How did you get your CPAP machine?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₉ Some other way, please specify: _____</p>	7	<p>C6. How did you get your CPAP machine?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₉ Some other way, please specify: _____</p>	9	No Change
<p>C4. Considering the CPAP machine you use now, how much time and energy did it take to get the CPAP machine, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C9. Considering the CPAP machine you use now, how much time and energy did it take to get the CPAP machine, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change
<p>C5. After you ordered your CPAP machine, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Next day</p> <p><input type="checkbox"/>₂ Within a week</p> <p><input type="checkbox"/>₃ 1-2 weeks later</p> <p><input type="checkbox"/>₄ More than 2 weeks later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C5. After you ordered your CPAP machine, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Next day</p> <p><input type="checkbox"/>₂ Within a week</p> <p><input type="checkbox"/>₃ 1-2 weeks later</p> <p><input type="checkbox"/>₄ More than 2 weeks later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C6. When you got the CPAP machine you use now, what kind of training or help did the supplier give you or the person who takes care of you? Did he/she ... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you written instructions on how to use the CPAP machine</p> <p><input type="checkbox"/>₂ Show you how to use the CPAP machine</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to store and charge the CPAP machine</p> <p><input type="checkbox"/>₄ Show you how to clean and maintain the CPAP machine</p> <p><input type="checkbox"/>₅ Let you practice how to use and maintain your CPAP machine while they watched</p> <p><input type="checkbox"/>₆ Gave me the manufacturer's customer assistance toll-free telephone number</p> <p><input type="checkbox"/>₇ Sent someone to my home to explain how to use it</p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→Skip to C7)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C7)</p>	8	<p>C7. <u>When you got the CPAP machine you use now</u>, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? Did he/she ... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the CPAP machine</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the CPAP machine</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to <u>store and charge</u> the CPAP machine</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the CPAP machine</p> <p><input type="checkbox"/>₅ Let you <u>practice</u> how to use and maintain your CPAP machine while they watched</p> <p><input type="checkbox"/>₆ Gave me the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₇ Sent someone <u>to my home</u> to explain how to use it</p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→Skip to C8)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C8)</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C6a. As a result of that training, how comfortable do you feel using and maintaining your CPAP machine?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	<p>C7a. As a result of that training, how comfortable do you feel using and maintaining your CPAP machine?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	10	No Change
<p>C7. In the 3 months after you got the CPAP machine you use now, how often did your supplier send someone like a nurse or a respiratory therapist to your home to check the equipment or see how well you are doing with the equipment? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the CPAP machine</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the CPAP machine</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the CPAP machine</p>	8	<p>C8. In the 3 months after you got the CPAP machine you use now, how often did your supplier send someone like a nurse or a respiratory therapist to your home to check the equipment or see how well you are doing with the equipment? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the CPAP machine</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the CPAP machine</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the CPAP machine</p>	10	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C8. Considering the CPAP machine you use now, when you asked your supplier questions, did you get answers that you could understand?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>C3. Considering the CPAP machine you use now, when you asked your supplier questions, did you get answers that you could understand?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change
<p>C9. Before deciding on the CPAP machine you use now, did your supplier tell you as much as you wanted to know about the options for your CPAP machine?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>C4. Before deciding on the CPAP machine you use now, did your supplier tell you as much as you wanted to know about the options for your CPAP machine?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change
<p>This question did not appear in the 2009 Survey</p>		<p>C4a. Before you decided on the CPAP machine that you use now, did your supplier tell you about all the equipment designs available to you, <u>even those which the supplier did not have in stock?</u></p> <p><input type="checkbox"/>₁ Yes, all equipment designs were explained</p> <p><input type="checkbox"/>₂ No, the supplier only told me what he/she has in stock</p> <p><input type="checkbox"/>₃ No, I already knew the equipment designs available to me</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	Added this question out of concern that suppliers will not keep as many makes and models in their inventory after competitive bidding.

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
C10. When you got the CPAP machine you use now, did your supplier spend as much time with you as you wanted? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	9	This question does not appear in the 2010 ICR Draft Survey.		Deleted this question to shorten the survey, and because this issues is addressed in previous questions.
Section Title. D. RECENT EXPERIENCES	9	Section Title. D. RECENT EXPERIENCES	11	No Change
Description. Please answer the following questions about the supplier that you use most often for your CPAP machine and accessories.	9	Description. Please answer the following questions about the supplier that you use most often for your CPAP machine and accessories.	11	No Change
D1. During the past six months, how reliable was your supplier in making deliveries or repairs? <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Not reliable at all <input type="checkbox"/> ₄ Does not apply	9	D1. During the past six months, how reliable was your supplier in making deliveries or repairs? <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Not reliable at all <input type="checkbox"/> ₄ Does not apply	11	No Change
D2. In the past six months, have you contacted your supplier with a complaint or a problem? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5) <input type="checkbox"/> ₄ Don't know how to contact my supplier (→Skip to D5)	9	D2. In the past six months, have you contacted your supplier with a complaint or a problem? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5) <input type="checkbox"/> ₄ Don't know how to contact my supplier (→Skip to D5)	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ I am waiting for it to be settled <input type="checkbox"/> ₉₈ I don't know	9	D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ I am waiting for it to be settled <input type="checkbox"/> ₉₈ I don't know	11	No Change
D3. In the past six months, have you contacted your supplier to get emergency service or advice? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D4) <input type="checkbox"/> ₉₈ I don't know (→Skip to D4)	10	D3. In the past six months, have you contacted your supplier to get emergency service or advice? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D4) <input type="checkbox"/> ₉₈ I don't know (→Skip to D4)	11	No Change
D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ... <input type="checkbox"/> ₁ Within 1 day <input type="checkbox"/> ₂ Within 2 days <input type="checkbox"/> ₃ Within 1 week <input type="checkbox"/> ₄ Longer than 1 week <input type="checkbox"/> ₉₈ I don't know	10	D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ... <input type="checkbox"/> ₁ Within 1 day <input type="checkbox"/> ₂ Within 2 days <input type="checkbox"/> ₃ Within 1 week <input type="checkbox"/> ₄ Longer than 1 week <input type="checkbox"/> ₉₈ I don't know	11	No Change
D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	10	D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	11	No Change

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D4. In the past six months, have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5)	10	D4. In the past six months, have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5)	12	No Change
D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	10	D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	12	No Change
D5. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	10	D5. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	12	No Change
D6. Would you recommend this CPAP machine supplier to a friend who needed similar equipment and services? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	10	C10. Would you recommend this CPAP machine supplier to a friend who needed similar equipment and services? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	10	There was no change to the content of this question however it is now located in Section C due to its subject matter

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<p>D7. In the past six months, have you changed your CPAP machine supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E)</p>	11	<p>D6. In the past six months, have you changed your CPAP machine supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E)</p>	12	No Change
<p>D7a. Why did you change your CPAP machine supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide CPAP machine, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	11	<p>D6a. Why did you change your CPAP machine supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier became ineligible to provide the equipment under Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide CPAP machine, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	12	Added/modified several answer categories to better reflect supplier service and to address the circumstance of suppliers becoming ineligible for Medicare.
Section Title. E. ABOUT YOU	11	Section Title. E. ABOUT YOU	13	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Description. Section E is about you, the person whose name is on the mailing label of this survey.	11	Description. Section E is about you, <u>the person whose name is on the mailing label of this survey.</u>	13	No Change
E1. In general, how would you rate your overall health? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	11	E1. In general, how would you rate your overall health? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	13	No Change
E2. Compared to 1 year ago, how would you rate your health now? Would you say ... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	11	E2. Compared to 1 year ago, how would you rate your health now? Would you say ... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	13	No Change
E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	11	E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	13	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>E4. Which best describes your living situation now? (Please check all that apply.) I live....</p> <p><input type="checkbox"/>₁ With spouse/partner <input type="checkbox"/>₂ With parent/step-parent <input type="checkbox"/>₃ With child/children <input type="checkbox"/>₄ With other relative(s) <input type="checkbox"/>₅ With friend <input type="checkbox"/>₆ With other person(s) not related to me</p>	11	<p>E4. Which best describes your living situation now? (Please check all that apply.) I live....</p> <p><input type="checkbox"/>₁ With spouse/partner <input type="checkbox"/>₂ With parent/step-parent <input type="checkbox"/>₃ With child/children <input type="checkbox"/>₄ With other relative(s) <input type="checkbox"/>₅ With friend <input type="checkbox"/>₆ With other person(s) not related to me</p>	13	No Change
<p>E5. What is the highest grade or level of school that you have <u>completed</u>?</p> <p><input type="checkbox"/>₁ 8th grade or less <input type="checkbox"/>₂ Some high school but did not graduate <input type="checkbox"/>₃ High school graduate or GED <input type="checkbox"/>₄ Some college or technical school <input type="checkbox"/>₅ College graduate <input type="checkbox"/>₆ More than a 4-year college degree</p>	12	<p>E5. What is the highest grade or level of school that you have <u>completed</u>?</p> <p><input type="checkbox"/>₁ 8th grade or less <input type="checkbox"/>₂ Some high school but did not graduate <input type="checkbox"/>₃ High school graduate or GED <input type="checkbox"/>₄ Some college or technical school <input type="checkbox"/>₅ College graduate <input type="checkbox"/>₆ More than a 4-year college degree</p>	13	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>E6. What was your household's annual income during 2009, before taxes?</p> <p><input type="checkbox"/>₁ Less than \$5,000 (\$416 per month)</p> <p><input type="checkbox"/>₂ Between \$5,001 and \$10,000 (\$417–\$833 per month)</p> <p><input type="checkbox"/>₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month)</p> <p><input type="checkbox"/>₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month)</p> <p><input type="checkbox"/>₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month)</p> <p><input type="checkbox"/>₆ Over \$50,000 (over \$4,168 per month)</p>	12	<p>E6. What was your household's annual income during 2009, before taxes?</p> <p><input type="checkbox"/>₁ Less than \$5,000 (\$416 per month)</p> <p><input type="checkbox"/>₂ Between \$5,001 and \$10,000 (\$417–\$833 per month)</p> <p><input type="checkbox"/>₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month)</p> <p><input type="checkbox"/>₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month)</p> <p><input type="checkbox"/>₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month)</p> <p><input type="checkbox"/>₆ Over \$50,000 (over \$4,168 per month)</p>	13	No Change
<p>E7. Are you of Hispanic or Latino origin or descent?</p> <p><input type="checkbox"/>₁ Yes, Hispanic or Latino</p> <p><input type="checkbox"/>₂ No, not Hispanic or Latino</p>	12	<p>E7. Are you of Hispanic or Latino origin or descent?</p> <p><input type="checkbox"/>₁ Yes, Hispanic or Latino</p> <p><input type="checkbox"/>₂ No, not Hispanic or Latino</p>	14	No Change
<p>E8. How would you describe your race? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ American Indian or Alaskan Native</p> <p><input type="checkbox"/>₂ Asian</p> <p><input type="checkbox"/>₃ Black or African American</p> <p><input type="checkbox"/>₄ Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/>₅ White or Caucasian</p> <p><input type="checkbox"/>₉₆ Other, please tell us: _____</p>	12	<p>E8. How would you describe your race? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ American Indian or Alaskan Native</p> <p><input type="checkbox"/>₂ Asian</p> <p><input type="checkbox"/>₃ Black or African American</p> <p><input type="checkbox"/>₄ Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/>₅ White or Caucasian</p> <p><input type="checkbox"/>₉₆ Other, please tell us: _____</p>	14	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Section Title. F. OTHER INFORMATION	12	Section Title. F. OTHER INFORMATION	14	No Change
F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	12	F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	14	No Change
F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	12	F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	14	No Change

DMEPOS Survey of Walker Users: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Survey Title. Survey of Medicare Patients Who Use a Walker	1	Survey Title. Survey of Medicare Patients Who Use a Walker	[no #]	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>Qualifying Question. If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is:</p> <p><input type="checkbox"/>₁ There is nobody available who can complete this survey</p> <p><input type="checkbox"/>₉₉ Other reason, please specify: _____</p>	1	<p>Qualifying Question. The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your walker supplier. We also hope to better understand your experiences in obtaining and using this equipment.</p> <p><input type="checkbox"/>₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.</p>	[no #]	The last sentence did not make sense when combined with the boxes one was supposed to check off. A single check box is sufficient.
<p>Section Title. A. USE OF WALKERS</p>	2	<p>Section Title. A. USE OF WALKERS</p>	2	No Change
<p>A1. When did you begin using a walker?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a walker (Skip to SECTION E on page 10)</p>	2	<p>A1. When did you begin using a walker?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a walker (Skip to SECTION E on page 11)</p>	2	No Change
<p>A2. <u>When you first began using a walker,</u> how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	<p>A2. <u>When you first began using a walker,</u> how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A3. Do you use a walker now? This includes using a walker all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→ Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a walker</p>	2	<p>A3. Do you use a walker now? This includes using a walker all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→ Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a walker</p>	2	No Change
<p>A3a. Why did you stop using your walker? (Please check all that apply and then skip to SECTION E on page 10.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable using it</p> <p><input type="checkbox"/>₅ I did not feel safe using it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking</p> <p><input type="checkbox"/>₉ It was not the type of walker I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	<p>A3a. Why did you stop using your walker? (Please check all that apply and then skip to SECTION E on page 10.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable using it</p> <p><input type="checkbox"/>₅ I did not feel safe using it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking</p> <p><input type="checkbox"/>₉ It was not the type of walker I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	No Change
<p>Subsection Title. YOUR CURRENT USE OF WALKER</p>	2	<p>Subsection Title. YOUR CURRENT USE OF WALKER</p>	2	No Change
<p>A4. When did you first get the walker you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	<p>A4. When did you first get the walker you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A5. Did you get your current walker while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes (→Skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₂ No</p>	2	<p>A5. Did you get your current walker while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	2	The skip prompt was removed from this question in order to capture subsequent information related to the equipment.
<p>A6. Does someone regularly help you use your walker (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	3	<p>A6. Does someone regularly help you use your walker (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	3	No Change
<p>A7. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain to you why you needed to use a walker?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A7. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain the following to you (Please check all that apply):</p> <p><input type="checkbox"/>₁ Why you needed to use a walker</p> <p><input type="checkbox"/>₂ The different types of walkers and accessories that exist</p> <p><input type="checkbox"/>₃ None of these things were explained by a medical person</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained anything to me</p>	3	Questions A7 and A8 in the 2010 survey were combined into one to shorten the survey and focus on patient perceptions.
<p>A8. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain to you the different types of walkers and accessories that exist?</p> <p><input type="checkbox"/>₁ Yes, a medical person explained walkers</p> <p><input type="checkbox"/>₂ No, no medical person explained walkers</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained walkers</p>	3			

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A9. When was the <u>last time</u> you discussed your mobility needs or issues related to your walker with a doctor or another medical person like a nurse or physical/occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A8. When was the <u>last time</u> you discussed your mobility needs or issues related to your walker with a doctor or another medical person like a nurse or physical/occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change
<p>A10. Have you had more than one walker in the past year, or changed accessories (e.g. glides, basket) in the past year? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ No (→Skip to A11)</p> <p><input type="checkbox"/>₂ Yes, I changed my walker</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A11)</p>	3	<p>A9. Have you had more than one walker in the past year, or changed accessories (e.g. glides, basket) in the past year? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ No (→Skip to A10)</p> <p><input type="checkbox"/>₂ Yes, I changed my walker</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A10)</p>	3	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A10a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Walker needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new walker that was better for me</p> <p><input type="checkbox"/>₄ Found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ Doctor or health care provider prescribed a different walker or different accessories</p> <p><input type="checkbox"/>₆ Supplier changed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	4	<p>A9a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Walker needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new walker that was better for me</p> <p><input type="checkbox"/>₄ Found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ Doctor or health care provider prescribed a different walker or different accessories</p> <p><input type="checkbox"/>₆ My supplier became ineligible to provide my equipment under Medicare</p> <p><input type="checkbox"/>₇ My supplier did not tell me why they changed my equipment</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	Clarified question language; clarified one response category to focus on supplier becoming ineligible for Medicare (most relevant for the follow-up survey in 2012); added a response category of “ My supplier did not tell me why they changed my equipment” because patient may not know the reason.
<p>A11. Do you believe that you now have the walker that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A10. Do you believe that you now have the walker that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A12. Is using your walker difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A13)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A13)</p>	4	<p>A11. Is using your walker difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A12)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A12)</p>	4	No Change
<p>A12a. What is it about your walker that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Unable to support myself with my walker</p> <p><input type="checkbox"/>₂ Unable to walk with my walker</p> <p><input type="checkbox"/>₃ Hard to use the walker inside my home</p> <p><input type="checkbox"/>₄ Hard to use the walker outside of my home</p> <p><input type="checkbox"/>₅ Unable to put the walker in a car/taxi to go places</p> <p><input type="checkbox"/>₆ Unable to get up from a sitting position with my walker</p> <p><input type="checkbox"/>₇ Walker is too heavy and cumbersome</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	4	<p>A11a. What is it about your walker that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ It is difficult to support myself with my walker</p> <p><input type="checkbox"/>₂ It is difficult to walk with my walker</p> <p><input type="checkbox"/>₃ It is difficult to use the walker inside my home</p> <p><input type="checkbox"/>₄ It is difficult to use the walker outside of my home</p> <p><input type="checkbox"/>₅ It is difficult to put the walker in a car/taxi to go places</p> <p><input type="checkbox"/>₆ It is difficult to get up from a sitting position with my walker</p> <p><input type="checkbox"/>₇ Walker is too heavy and cumbersome</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	4	Revised language of response categories for grammatical consistency

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A13. In general, how often do you use your walker?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	4	<p>A12. In general, how often do you use your walker?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	4	No Change
<p>A14. On the days that you do use your walker, how many times per day do you use it?</p> <p>_____ times per day</p>	4	<p>A13. On the days that you do use your walker, how many times per day do you use it?</p> <p>_____ times per day</p>	4	No Change
<p>A15. How reliable is the walker you use now? Would you say ...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	<p>A14. How reliable is the walker you use now? Would you say ...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	No Change
<p>A16. In the past year, did you have any problems that made you stop using your walker or switch to a different walker instead?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	5	<p>A15. In the past year, did you have any problems that made you stop using your walker or switch to a different walker instead?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	4	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A17a. How many times did you have these kinds of problems in the past year?</p> <p><input type="checkbox"/>₁ One time</p> <p><input type="checkbox"/>₂ 2 or 3 times</p> <p><input type="checkbox"/>₃ 4 or more times</p> <p><input type="checkbox"/>₄ Don't recall the exact number of times</p>	5	<p>A15a. How many times did you have these kinds of problems in the past year?</p> <p><input type="checkbox"/>₁ One time</p> <p><input type="checkbox"/>₂ 2 or 3 times</p> <p><input type="checkbox"/>₃ 4 or more times</p> <p><input type="checkbox"/>₄ Don't recall the exact number of times</p>	5	No Change
<p>A17b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ The walker collapsed</p> <p><input type="checkbox"/>₂ The wheels wouldn't turn or would stick</p> <p><input type="checkbox"/>₃ The walker glides cracked or fell off</p> <p><input type="checkbox"/>₄ The walker wouldn't easily fit through a doorway</p> <p><input type="checkbox"/>₅ It was difficult to move the walker around furniture</p> <p><input type="checkbox"/>₆ It was difficult to move the walker in the bathroom</p> <p><input type="checkbox"/>₇ It was difficult to the walker lift up or down over roadside curbs</p> <p><input type="checkbox"/>₈ It was difficult to move the walker up or down stairs</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	<p>A15b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ The walker collapsed</p> <p><input type="checkbox"/>₂ The wheels wouldn't turn or would stick</p> <p><input type="checkbox"/>₃ The walker glides cracked or fell off</p> <p><input type="checkbox"/>₄ The walker wouldn't easily fit through a doorway</p> <p><input type="checkbox"/>₅ It was difficult to move the walker around furniture</p> <p><input type="checkbox"/>₆ It was difficult to move the walker in the bathroom</p> <p><input type="checkbox"/>₇ It was difficult to the walker lift up or down over roadside curbs</p> <p><input type="checkbox"/>₈ It was difficult to move the walker up or down stairs</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	No Change
Section Title. B. MEDICAL EXPENSES	6	Section Title. B. MEDICAL EXPENSES	5	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>B1. In the past year, have you bought any accessories or parts for your current walker with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION C)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION C)</p>	6	<p>B1. In the past year, have you bought any accessories or parts for your current walker with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION C)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION C)</p>	5	No Change
<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your walker? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Glide covers or skis</p> <p><input type="checkbox"/>₂ Hook (for example, to hang a bag)</p> <p><input type="checkbox"/>₃ Bag or tote</p> <p><input type="checkbox"/>₄ Basket</p> <p><input type="checkbox"/>₅ Tray</p> <p><input type="checkbox"/>₆ Repairs</p> <p><input type="checkbox"/>₇ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other (please specify): _____</p>	6	<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your walker? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Glide covers or skis</p> <p><input type="checkbox"/>₂ Hook (for example, to hang a bag)</p> <p><input type="checkbox"/>₃ Bag or tote</p> <p><input type="checkbox"/>₄ Basket</p> <p><input type="checkbox"/>₅ Tray</p> <p><input type="checkbox"/>₆ Repairs</p> <p><input type="checkbox"/>₇ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other (please specify): _____</p>	5	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your walker accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current walker? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100 <input type="checkbox"/>₂ \$100-\$500 <input type="checkbox"/>₃ \$500 or more <input type="checkbox"/>₉₈ I don't know</p>	6	<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your walker accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current walker? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100 <input type="checkbox"/>₂ \$100-\$500 <input type="checkbox"/>₃ \$500 or more <input type="checkbox"/>₉₈ I don't know</p>	6	No Change
Section Title. C. YOUR SUPPLIER	6	Section Title. C. YOUR SUPPLIER	6	No Change
<p>C1. Considering the walker you use now, did you have any problems finding an equipment supplier to get your walker from?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No (→Skip to C2) <input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	6	<p>C1. Considering the walker you use now, did you have any problems finding an equipment supplier to get your walker from?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No (→Skip to C2) <input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	6	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C1a. What kinds of problems did you have finding a walker supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I didn't know how to find a supplier</p> <p><input type="checkbox"/>₂ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₃ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₄ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₅ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	6	<p>C1a. What kinds of problems did you have finding a walker supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I didn't know how to find a supplier</p> <p><input type="checkbox"/>₂ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₃ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₄ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₅ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	6	No Change
<p>C2. Considering the walker you use now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C2. Considering the walker you use now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	No Change
<p>C3. Considering the walker you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C9. Considering the walker you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C4. Overall, how would you rate the supplier that you use most?</p> <p><input type="checkbox"/>₁ Poor</p> <p><input type="checkbox"/>₂ Fair</p> <p><input type="checkbox"/>₃ Good</p> <p><input type="checkbox"/>₄ Very good</p> <p><input type="checkbox"/>₅ Excellent</p>	7	<p>C10. Overall, how would you rate the supplier that you use most?</p> <p><input type="checkbox"/>₁ Poor</p> <p><input type="checkbox"/>₂ Fair</p> <p><input type="checkbox"/>₃ Good</p> <p><input type="checkbox"/>₄ Very good</p> <p><input type="checkbox"/>₅ Excellent</p>	8	No Change
<p>C5. Would you recommend this supplier to a friend who needed similar equipment and services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	7	<p>C11. Would you recommend this supplier to a friend who needed similar equipment and services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	8	No Change
<p>C6. How did you get your walker?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed/shipped to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₅ I picked it up at a clinic or rehabilitation center</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify: _____</p>	7	<p>C6. How did you get your walker?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed/shipped to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₅ I picked it up at a clinic or rehabilitation center</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify: _____</p>	7	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C7. Considering the walker you use now, how much time and energy did it take to get the walker, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C8. Considering the walker you use now, how much time and energy did it take to get the walker, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change
<p>C8. After you ordered your walker, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Next day</p> <p><input type="checkbox"/>₂ Within a week</p> <p><input type="checkbox"/>₃ 1-2 weeks later</p> <p><input type="checkbox"/>₄ More than 2 weeks later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C5. After you ordered your walker, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Next day</p> <p><input type="checkbox"/>₂ Within a week</p> <p><input type="checkbox"/>₃ 1-2 weeks later</p> <p><input type="checkbox"/>₄ More than 2 weeks later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C9. <u>When you got the walker you use now, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? Did he/she ... (Please check all that apply.)</u></p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the walker</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the walker safely</p> <p><input type="checkbox"/>₃ Show you how to <u>take care of</u> the walker</p> <p><input type="checkbox"/>₄ Let you <u>practice</u> how to use your walker while they watched</p> <p><input type="checkbox"/>₅ Give you the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₆ I did not get any training or help from my supplier (→Skip to C10)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C10)</p>	8	<p>C7. <u>When you got the walker you use now, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? Did he/she ... (Please check all that apply.)</u></p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the walker</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the walker safely</p> <p><input type="checkbox"/>₃ Show you how to <u>take care of</u> the walker</p> <p><input type="checkbox"/>₄ Let you <u>practice</u> how to use your walker while they watched</p> <p><input type="checkbox"/>₅ Give you the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₆ I did not get any training or help from my supplier (→Skip to C8)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C8)</p>	7	No Change
<p>C9a. <u>As a result of that training, how comfortable do you feel using and maintaining your walker?</u></p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	<p>C7a. <u>As a result of that training, how comfortable do you feel using and maintaining your walker?</u></p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C10. Considering the walker you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C3. Considering the walker you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>C11. <u>Before deciding on the walker you use now</u>, did your supplier <u>tell you as much as you wanted to know</u> about the options for your walker?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C4. <u>Before deciding on the walker you use now</u>, did your supplier <u>tell you as much as you wanted to know</u> about the options for your walker?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>This question does not appear in the 2009 Survey.</p>		<p>C4a. Before you decided on the walker that you use now, did your supplier tell you about all the equipment designs available to you, <u>even those which the supplier did not have in stock</u>?</p> <p><input type="checkbox"/>₁ Yes, all equipment designs were explained</p> <p><input type="checkbox"/>₂ No, the supplier only told me what he/she has in stock</p> <p><input type="checkbox"/>₃ No, I already knew the equipment designs available to me</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	Added this question out of concern that suppliers will not keep as many makes and models in their inventory after competitive bidding.

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C12. <u>When you got the walker you use now, did your supplier spend as much time with you as you wanted?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	9	<p>This question does not appear in the 2010 ICR Draft Survey.</p>		Deleted this question to shorten the survey, and because this issues is addressed in previous questions.
Section Title. D. RECENT EXPERIENCES	9	Section Title. D. RECENT EXPERIENCES	9	No Change
Description. Please answer the following questions about the supplier that you use most often if you use more than one supplier for your walker and accessories.	9	Description. Please answer the following questions about the supplier that you use most often if you use more than one supplier for your walker and accessories.	9	No Change
<p>D1. <u>During the past six months, how reliable was your supplier in making deliveries or repairs?</u></p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	9	<p>D1. <u>During the past six months, how reliable was your supplier in making deliveries or repairs?</u></p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	9	No Change
<p>D2. <u>In the past six months, have you contacted your supplier with a complaint or a problem?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→kip to D5)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D5)</p>	9	<p>D2. <u>In the past six months, have you contacted your supplier with a complaint or a problem?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D5)</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ I am waiting for it to be settled <input type="checkbox"/> ₉₈ I don't know	9	D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ I am waiting for it to be settled <input type="checkbox"/> ₉₈ I don't know	9	No Change
D3. <u>In the past six months</u> , have you contacted your supplier to get emergency service or advice about your walker? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D4) <input type="checkbox"/> ₉₈ I don't know (→Skip to D4)	9	D3. <u>In the past six months</u> , have you contacted your supplier to get emergency service or advice about your walker? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D4) <input type="checkbox"/> ₉₈ I don't know (→Skip to D4)	9	No Change
D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ... <input type="checkbox"/> ₁ Within 1 day <input type="checkbox"/> ₂ Within 2 days <input type="checkbox"/> ₃ Within 1 week <input type="checkbox"/> ₄ Longer than 1 week <input type="checkbox"/> ₉₈ I don't know	9	D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ... <input type="checkbox"/> ₁ Within 1 day <input type="checkbox"/> ₂ Within 2 days <input type="checkbox"/> ₃ Within 1 week <input type="checkbox"/> ₄ Longer than 1 week <input type="checkbox"/> ₉₈ I don't know	9	No Change
D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	9	D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D4. <u>In the past six months</u>, have you needed to contact your supplier after regular business hours?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p>	10	<p>D4. <u>In the past six months</u>, have you needed to contact your supplier after regular business hours?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p>	9	No Change
<p>D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	<p>D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change
<p>D5. <u>In the past six months</u>, have you changed your walker supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E on page 10)</p>	10	<p>D5. <u>In the past six months</u>, have you changed your walker supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E on page 11)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E on page 11)</p>	10	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D5a. Why did you change your walker supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide walker, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	10	<p>D5a. Why did you change your walker supplier? (Please check all that apply.).</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide walker, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₁₀ Supplier became ineligible to provide the equipment under Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	10	Added/modified several answer categories to better reflect supplier service and to address the circumstance of suppliers becoming ineligible for Medicare.
<p>Section Title. E. ABOUT YOU</p>	10	<p>Section Title. E. ABOUT YOU</p>	11	No Change
<p>Description. Section E is about you, the person whose name is on the mailing label of this survey.</p>	10	<p>Description. Section E is about you, the person whose name is on the mailing label of this survey.</p>	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	10	E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	11	No Change
E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say ... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	11	E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say ... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	11	No Change
E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	11	E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	11	No Change
E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	11	E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	11	E5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	11	No Change
E6. What was your household's annual income during 2006 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	11	E6. What was your household's annual income during 2006 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	11	No Change
E7. Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> ₁ Yes, Hispanic or Latino <input type="checkbox"/> ₂ No, not Hispanic or Latino	11	E7. Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> ₁ Yes, Hispanic or Latino <input type="checkbox"/> ₂ No, not Hispanic or Latino	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please specify: _____	11	E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please specify: _____	12	No Change
Section Title. F. OTHER INFORMATION	12	Section Title. F. OTHER INFORMATION	12	No Change
F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→ Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	12	F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→ Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	12	No Change
F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above		F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	12	No Change

DMEPOS Survey of Hospital Bed Users: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Title. Survey of Medicare Patients Who Use a Hospital Bed	1	Title. Survey of Medicare Patients Who Use a Hospital Bed	[no #]	No Change
Qualifying Question. If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is: <input type="checkbox"/> ₁ There is nobody available who can complete this survey <input type="checkbox"/> ₉₆ Other reason, please specify: _____	1	Qualifying Question. The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your hospital bed supplier. We also hope to better understand your experiences in obtaining and using this equipment. <input type="checkbox"/> ₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.	[no #]	The last sentence did not make sense when combined with the boxes one was supposed to check off. A single check box is sufficient.
Section Title. A.USE OF HOSPITAL BEDS	2	Section Title. A.USE OF HOSPITAL BEDS	2	No Change
A1. When did you begin using a hospital bed? <input type="checkbox"/> ₁ 2010 <input type="checkbox"/> ₂ 2009 <input type="checkbox"/> ₃ 2008 <input type="checkbox"/> ₄ Before 2008 <input type="checkbox"/> ₅ I have <u>never</u> used a hospital bed (Skip to SECTION E on page 10)	2	A1. When did you begin using a hospital bed? <input type="checkbox"/> ₁ 2010 <input type="checkbox"/> ₂ 2009 <input type="checkbox"/> ₃ 2008 <input type="checkbox"/> ₄ Before 2008 <input type="checkbox"/> ₅ I have <u>never</u> used a hospital bed (Skip to SECTION E on page 10)	2	No Change

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<p>A2. <u>When you first began using a hospital bed, how long did you expect to use it?</u></p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 2 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	<p>A2. <u>When you first began using a hospital bed, how long did you expect to use it?</u></p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 2 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	No Change
<p>A3. Do you use a hospital bed now? This includes using a hospital bed all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→ Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a hospital bed</p>	2	<p>A3. Do you use a hospital bed now? This includes using a hospital bed all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→ Skip to A4)</p> <p><input type="checkbox"/>₂ No, I no longer use a hospital bed</p>	2	No Change
<p>A3a. Why did you stop using your hospital bed? (Please check all that apply and then skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse</p> <p><input type="checkbox"/>₃ I was not comfortable in it</p> <p><input type="checkbox"/>₅ I did not feel safe in it</p> <p><input type="checkbox"/>₆ I just did not like it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	<p>A3a. Why did you stop using your hospital bed? (Please check all that apply and then skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse</p> <p><input type="checkbox"/>₃ I was not comfortable in it</p> <p><input type="checkbox"/>₅ I did not feel safe in it</p> <p><input type="checkbox"/>₆ I just did not like it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	No Change
<p>Subsection Title. YOUR CURRENT USE OF HOSPITAL BED</p>	2	<p>Subsection Title. YOUR CURRENT USE OF HOSPITAL BED</p>	2	No Change

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<p>A4. When did you first get the hospital bed you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	<p>A4. When did you first get the hospital bed you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	No Change
<p>A5. Does someone regularly help you use your hospital bed (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	2	<p>A5. Does someone regularly help you use your hospital bed (for example, a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	2	No Change
<p>A6. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain to you why you needed to have a hospital bed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A6. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain the following to you (Please check all that apply):</p> <p><input type="checkbox"/>₁ Why you needed to have a hospital bed</p> <p><input type="checkbox"/>₂ The different types of hospital beds and controls</p> <p><input type="checkbox"/>₃ None of these things were explained by a medical person</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained anything to me</p>	3	Questions A6 and A7 in the 2010 survey were combined into one to shorten the survey and focus on patient perceptions.
<p>A7. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain to you the different types of hospital beds and controls options?</p> <p><input type="checkbox"/>₁ Yes, a medical person explained hospital beds</p> <p><input type="checkbox"/>₂ No, no medical person explained hospital beds</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained hospital beds</p>	3			

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<p>A8. When was the <u>last time</u> you discussed your needs or issues related to your medical bed with a doctor or another medical person like a nurse or physical / occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A7. When was the <u>last time</u> you discussed your needs or issues related to your medical bed with a doctor or another medical person like a nurse or physical / occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change
<p>A9. Have you had more than one hospital bed in the past year?</p> <p><input type="checkbox"/>₁ No (→ Skip to SECTION B)</p> <p><input type="checkbox"/>₂ Yes, I changed my hospital bed</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION B)</p>	3	<p>A8. Have you had more than one hospital bed in the past year?</p> <p><input type="checkbox"/>₁ No (→ Skip to SECTION B)</p> <p><input type="checkbox"/>₂ Yes, I changed my hospital bed</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION B)</p>	3	No Change

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<p>A9a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hospital bed needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new hospital bed that was better for me</p> <p><input type="checkbox"/>₄ Found new features / controls that were better for me</p> <p><input type="checkbox"/>₅ Doctor/ health care provider prescribed a different type of hospital bed</p> <p><input type="checkbox"/>₆ Supplier changed</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p>	3	<p>A8a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hospital bed needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new hospital bed that was better for me</p> <p><input type="checkbox"/>₄ Found new features / controls that were better for me</p> <p><input type="checkbox"/>₅ Doctor/ health care provider prescribed a different type of hospital bed</p> <p><input type="checkbox"/>₆ My supplier became ineligible to provide my equipment under Medicare</p> <p><input type="checkbox"/>₇ My supplier did not tell me why they changed my equipment</p> <p><input type="checkbox"/>₉₆ Other, please specify:</p>	3	Clarified question language; clarified one response category to focus on supplier becoming ineligible for Medicare (most relevant for the follow-up survey in 2012); added a response category of “ My supplier did not tell me why they changed my equipment” because patient may not know the reason.
<p>A10. Do you believe that you now have the hospital bed that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A9. Do you believe that you now have the hospital bed that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change
<p>A11. Is using your hospital bed difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A12)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A12)</p>	4	<p>A10. Is using your hospital bed difficult or uncomfortable?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to A11)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A11)</p>	4	No Change

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<p>A11a. What is it about your hospital bed that makes it difficult or uncomfortable for you to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Unable to sit up</p> <p><input type="checkbox"/>₂ Unable to reach controls</p> <p><input type="checkbox"/>₃ Unable to shift weight for pressure relief</p> <p><input type="checkbox"/>₄ Unable to transfer in and out of the hospital bed easily</p> <p><input type="checkbox"/>₅ Cannot lie comfortably in it</p> <p><input type="checkbox"/>₆ The tray or other attachments are hard to adjust or use</p> <p><input type="checkbox"/>₈ It takes up a lot of space</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	4	<p>A10a. What is it about your hospital bed that makes it difficult or uncomfortable for you to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ It is difficult for me to sit up</p> <p><input type="checkbox"/>₂ It is difficult for me to reach controls</p> <p><input type="checkbox"/>₃ It is difficult for me to shift my weight for pressure relief</p> <p><input type="checkbox"/>₄ It is difficult for me to transfer in and out of the hospital bed easily</p> <p><input type="checkbox"/>₅ I cannot lie comfortably in it</p> <p><input type="checkbox"/>₆ The tray or other attachments are hard to adjust or use</p> <p><input type="checkbox"/>₈ It takes up a lot of space</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	4	Revised language of response categories for grammatical consistency
<p>A12. In general, how often do you use your hospital bed?</p> <p><input type="checkbox"/>₁ Less than one day or night per week</p> <p><input type="checkbox"/>₂ 1-2 days or nights per week</p> <p><input type="checkbox"/>₃ 3-4 days or nights per week</p> <p><input type="checkbox"/>₄ 5-6 days or nights per week</p> <p><input type="checkbox"/>₅ Every or night day</p>	4	<p>A11. In general, how often do you use your hospital bed?</p> <p><input type="checkbox"/>₁ Less than one day or night per week</p> <p><input type="checkbox"/>₂ 1-2 days or nights per week</p> <p><input type="checkbox"/>₃ 3-4 days or nights per week</p> <p><input type="checkbox"/>₄ 5-6 days or nights per week</p> <p><input type="checkbox"/>₅ Every or night day</p>	4	No Change
<p>A13. On the days that you are in your hospital bed, for how long do you use it (out of 24 hours)? _____ hours per day</p>	4	<p>A12. On the days that you are in your hospital bed, for how long do you use it (out of 24 hours)? _____ hours per day</p>	4	No Change

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A14. How reliable is the hospital bed you use now? Would you say ... <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Somewhat unreliable <input type="checkbox"/> ₄ Very unreliable <input type="checkbox"/> ₉₈ I don't know	4	A13. How reliable is the hospital bed you use now? Would you say ... <input type="checkbox"/> ₁ Very reliable <input type="checkbox"/> ₂ Somewhat reliable <input type="checkbox"/> ₃ Somewhat unreliable <input type="checkbox"/> ₄ Very unreliable <input type="checkbox"/> ₉₈ I don't know	4	No Change
A15. In the past year, did you have any problems that made you stop using a hospital bed or switch to a different hospital bed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION B) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION B)	4	A14. In the past year, did you have any problems that made you stop using a hospital bed or switch to a different hospital bed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to SECTION B) <input type="checkbox"/> ₉₈ I don't know (→ Skip to SECTION B)		No Change
A15a. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times	4	A14a. How many times did you have these kinds of problems in the past year? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times <input type="checkbox"/> ₄ Don't recall the exact number of times	4	No Change

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<p>A15b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hospital bed did not work</p> <p><input type="checkbox"/>₂ Hospital bed adjustments did not work</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	<p>A14b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hospital bed did not work</p> <p><input type="checkbox"/>₂ Hospital bed adjustments did not work</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	No Change
Section Title. B. MEDICAL EXPENSES	5	Section Title. B. MEDICAL EXPENSES	5	No Change
<p>B1. In the past year, have you bought any accessories or parts for your current hospital bed with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include the copay amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION C)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION C)</p>	5	<p>B1. In the past year, have you bought any accessories or parts for your current hospital bed with your own money, or paid for maintenance or repairs with your own money, because your insurance did not cover it? (This does not include the copay amounts that are due from you.)</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION C)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION C)</p>	5	No Change

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<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your hospital bed? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mattress</p> <p><input type="checkbox"/>₂ Bed board</p> <p><input type="checkbox"/>₃ Bed cradle</p> <p><input type="checkbox"/>₄ Bed side rails</p> <p><input type="checkbox"/>₅ Safety enclosure frame</p> <p><input type="checkbox"/>₆ Trapeze bars</p> <p><input type="checkbox"/>₇ Repairs</p> <p><input type="checkbox"/>₈ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your hospital bed? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Mattress</p> <p><input type="checkbox"/>₂ Bed board</p> <p><input type="checkbox"/>₃ Bed cradle</p> <p><input type="checkbox"/>₄ Bed side rails</p> <p><input type="checkbox"/>₅ Safety enclosure frame</p> <p><input type="checkbox"/>₆ Trapeze bars</p> <p><input type="checkbox"/>₇ Repairs</p> <p><input type="checkbox"/>₈ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	No Change
<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your hospital bed accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current hospital bed? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your hospital bed accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current hospital bed? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	No Change
Section Title. C. YOUR SUPPLIER	6	Section Title. C. YOUR SUPPLIER	6	No Change

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<p>C1. Considering the hospital bed you use now, did you have any problems finding an equipment supplier to get your hospital bed from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C7)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C7)</p>	6	<p>C1. Considering the hospital bed you use now, did you have any problems finding an equipment supplier to get your hospital bed from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C7)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C7)</p>	6	No Change
<p>C1a. What kinds of problems did you have finding a hospital bed supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please describe:</p> <hr/>	6	<p>C1a. What kinds of problems did you have finding a hospital bed supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please describe:</p> <hr/>	6	No Change
<p>C2. Considering the hospital bed you use now, did you have a choice of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	<p>C2. Considering the hospital bed you use now, did you have a choice of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	No Change

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<p>C3. How did you get your hospital bed?</p> <p><input type="checkbox"/>₁ Delivered or shipped to my home by my supplier</p> <p><input type="checkbox"/>₂ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify: _____</p>	6	<p>C6. How did you get your hospital bed?</p> <p><input type="checkbox"/>₁ Delivered or shipped to my home by my supplier</p> <p><input type="checkbox"/>₂ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify: _____</p>	7	No Change
<p>C4. Considering the hospital bed you use now, how much time and energy did it take to get the hospital bed, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C8. Considering the hospital bed you use now, how much time and energy did it take to get the hospital bed, accessories, parts, maintenance and repairs from your supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change
<p>C5. After you ordered your hospital bed, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Same day</p> <p><input type="checkbox"/>₂ Next day</p> <p><input type="checkbox"/>₃ Within a week</p> <p><input type="checkbox"/>₄ More than 1 week later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>C5. After you ordered your hospital bed, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ Same day</p> <p><input type="checkbox"/>₂ Next day</p> <p><input type="checkbox"/>₃ Within a week</p> <p><input type="checkbox"/>₄ More than 1 week later</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change

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<p>C6. When you got your the hospital bed you use now, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? Did he/she... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the hospital bed</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the hospital bed</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to <u>place</u> the hospital bed</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the hospital bed</p> <p><input type="checkbox"/>₅ Show you how to use the hospital bed <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your hospital bed while they watched</p> <p><input type="checkbox"/>₇ Give you the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→Skip to C7)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C7)</p>	7	<p>C7. When you got your the hospital bed you use now, what kind of <u>training or help</u> did the supplier give you or the person who takes care of you? Did he/she... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the hospital bed</p> <p><input type="checkbox"/>₂ Show you how to <u>use</u> the hospital bed</p> <p><input type="checkbox"/>₃ Choose a safe and convenient place to <u>place</u> the hospital bed</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the hospital bed</p> <p><input type="checkbox"/>₅ Show you how to use the hospital bed <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your hospital bed while they watched</p> <p><input type="checkbox"/>₇ Give you the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→Skip to C8)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C8)</p>	8	No Change

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<p>C6a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your hospital bed?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	<p>C7a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your hospital bed?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	No Change
<p>C7. Considering the hospital bed you use now, when you asked your supplier questions, did you get <u>answers that you could understand?</u></p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C3. Considering the hospital bed you use now, when you asked your supplier questions, did you get <u>answers that you could understand?</u></p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>C8. Before deciding on the hospital bed you use now, did your supplier <u>tell you as much as you wanted to know</u> about the options for your hospital bed?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C4. Before deciding on the hospital bed you use now, did your supplier <u>tell you as much as you wanted to know</u> about the options for your hospital bed?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
This question did not appear in the 2009 Survey.		<p>C4a. Before you decided on the hospital bed that you use now, did your supplier tell you about all the equipment designs available to you, <u>even those which the supplier did not have in stock?</u></p> <p><input type="checkbox"/>₁ Yes, all equipment designs were explained</p> <p><input type="checkbox"/>₂ No, the supplier only told me what he/she has in stock</p> <p><input type="checkbox"/>₃ No, I already knew the equipment designs available to me</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	Added this question out of concern that suppliers will not keep as many makes and models in their inventory after competitive bidding.
<p>C9. When you got the hospital bed you use now, did your supplier <u>spend as much time with you</u> as you wanted?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	8	This question does not appear in the 2010 ICR Draft survey.		Deleted this question to shorten the survey, and because this issues is addressed in previous questions.
Section Title. D. RECENT EXPERIENCES	8	Section Title. D. RECENT EXPERIENCES	9	No Change
Description. Please answer the following questions about the supplier that you use most often if you use more than one supplier for your walker and accessories.	8	Description. Please answer the following questions about the supplier that you use most often if you use more than one supplier for your walker and accessories.	9	No Change
<p>D1. <u>During the past six months</u>, how reliable was your supplier in making deliveries or repairs?</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	8	<p>D1. <u>During the past six months</u>, how reliable was your supplier in making deliveries or repairs?</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D2. In the past six months, have you contacted your supplier with a complaint or a problem?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D5)</p>	8	<p>D2. In the past six months, have you contacted your supplier with a complaint or a problem?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D5)</p>	9	No Change
<p>D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	No Change
<p>D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to D5)</p>	9	<p>D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to D5)</p>	9	No Change
<p>D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	9	D3b. Were you able to get the emergency service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	9	No Change
D4. <u>In the past six months</u> , have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→ Skip to D5)	9	D4. <u>In the past six months</u> , have you needed to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→ Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→ Skip to D5)	10	No Change
D4a. When you contacted your supplier Question the requirement for this after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	9	D4a. When you contacted your supplier Question the requirement for this after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	10	No Change
D5. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	9	C9. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	8	There was no change to the content of this question however it is now located in Section C due to its subject matter

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D6. Would you recommend this hospital bed supplier to a friend who needed similar equipment and services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	9	<p>C10. Would you recommend this hospital bed supplier to a friend who needed similar equipment and services?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	8	There was no change to the content of this question however it is now located in Section C due to its subject matter
<p>D7. <u>In the past six months</u>, have you changed your hospital bed supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION E on page 10)</p>	10	<p>D5. <u>In the past six months</u>, have you changed your hospital bed supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→ Skip to SECTION E on page 10)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to SECTION E on page 10)</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D7a. Why did you change your hospital bed supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide hospital bed, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	10	<p>D5a. Why did you change your hospital bed supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide hospital bed, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₁₀ Supplier became ineligible to provide the equipment under Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	10	Added/modified several answer categories to better reflect supplier service and to address the circumstance of suppliers becoming ineligible for Medicare.
Section Title. E. ABOUT YOU	10	Section Title. E. ABOUT YOU	11	No Change
Description. Section E is about you, the person whose name is on the mailing label of this survey.	10	Description. Section E is about you, the person whose name is on the mailing label of this survey.	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	10	E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	11	No Change
E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	10	E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	11	No Change
E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	10	E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	11	No Change
E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live ... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	11	E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live ... <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	11	E5. What is the highest grade or level of school that you have <u>completed</u> ? <input type="checkbox"/> ₁ 8 th grade or less <input type="checkbox"/> ₂ Some high school but did not graduate <input type="checkbox"/> ₃ High school graduate or GED <input type="checkbox"/> ₄ Some college or technical school <input type="checkbox"/> ₅ College graduate <input type="checkbox"/> ₆ More than a 4-year college degree	11	No Change
E6. What was your household's annual income during 2006 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	11	E6. What was your household's annual income during 2006 <u>before</u> taxes? <input type="checkbox"/> ₁ Less than \$5,000 (\$416 per month) <input type="checkbox"/> ₂ Between \$5,001 and \$10,000 (\$417–\$833 per month) <input type="checkbox"/> ₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month) <input type="checkbox"/> ₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month) <input type="checkbox"/> ₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month) <input type="checkbox"/> ₆ Over \$50,000 (over \$4,168 per month)	11	No Change
E7. Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> ₁ Yes, Hispanic or Latino <input type="checkbox"/> ₂ No, not Hispanic or Latino	11	E7. Are you of Hispanic or Latino origin or descent? <input type="checkbox"/> ₁ Yes, Hispanic or Latino <input type="checkbox"/> ₂ No, not Hispanic or Latino	12	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please tell us: _____	11	E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please tell us: _____	12	No Change
Section Title. F. OTHER INFORMATION	12	Section Title. F. OTHER INFORMATION	12	No Change
F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	12	F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	12	No Change
F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ \Both of the above	12	F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	12	No Change

DMEPOS Survey of Power Wheelchair Users: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
Title. Survey of Medicare Patients Who Use A Power Wheelchair	1	Title. Survey of Medicare Patients Who Use A Power Wheelchair	1	No Change
<p>Qualifying Question. If the person this survey was mailed to cannot complete the survey and there is no one else who can do so for him or her, please check the appropriate box below and return the blank survey in the enclosed postage-paid envelope. The person this survey was mailed to is:</p> <p><input type="checkbox"/>₁ There is nobody available who can complete this survey</p> <p><input type="checkbox"/>₉₉ Other reason, please specify: _____</p>	1	<p>Qualifying Question. The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your oxygen (or other durable medical equipment) supplier. We also hope to better understand your experiences in obtaining and using this equipment.</p> <p><input type="checkbox"/>₁ If the person this survey was mailed to cannot complete the survey, and there is no one else who can do so for him or her, please check here and return the blank survey in the enclosed postage-paid envelope.</p>	1	The last sentence did not make sense when combined with the boxes one was supposed to check off. A single check box is sufficient.
Section Title. A. USE OF POWER WHEELCHAIRS	3	Section Title. A. USE OF POWER WHEELCHAIRS	2	No Change
<p>A1. When did you begin using a power wheelchair?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a power wheelchair (Skip to SECTION E on page 11)</p>	3	<p>A1. When did you begin using a power wheelchair?</p> <p><input type="checkbox"/>₁ 2010</p> <p><input type="checkbox"/>₂ 2009</p> <p><input type="checkbox"/>₃ 2008</p> <p><input type="checkbox"/>₄ Before 2008</p> <p><input type="checkbox"/>₅ I have <u>never</u> used a power wheelchair (Skip to SECTION E on page 11)</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A2. <u>When you first began using a power wheelchair</u>, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	<p>A2. <u>When you first began using a power wheelchair</u>, how long did you expect to use it?</p> <p><input type="checkbox"/>₁ Less than 1 month</p> <p><input type="checkbox"/>₂ 1 to 6 months</p> <p><input type="checkbox"/>₃ More than 6 months</p> <p><input type="checkbox"/>₄ Forever</p> <p><input type="checkbox"/>₉₈ I don't know</p>	2	No Change
<p>A3. Do you use a power wheelchair now? This includes using a power wheelchair all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I have never used a power wheelchair</p>	3	<p>A3. Do you use a power wheelchair now? This includes using a power wheelchair all of the time or just occasionally.</p> <p><input type="checkbox"/>₁ Yes (→Skip to A4)</p> <p><input type="checkbox"/>₂ No, I have never used a power wheelchair</p>	2	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>A3a. If you are no longer using your power wheelchair, why did you stop? (Please check all that apply and then skip to SECTION E on page 11.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable sitting in it</p> <p><input type="checkbox"/>₅ I did not feel safe driving it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking down</p> <p><input type="checkbox"/>₉ I had no place to charge it and/or store it</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	<p>A3a. If you are no longer using your power wheelchair, why did you stop? (Please check all that apply and then skip to SECTION E on page 11.)</p> <p><input type="checkbox"/>₁ My condition got better so I did not need it anymore</p> <p><input type="checkbox"/>₂ My condition got worse so I couldn't use it anymore</p> <p><input type="checkbox"/>₃ I was embarrassed to use it</p> <p><input type="checkbox"/>₄ I was not comfortable sitting in it</p> <p><input type="checkbox"/>₅ I did not feel safe driving it</p> <p><input type="checkbox"/>₆ I just did not like using it</p> <p><input type="checkbox"/>₇ It was too difficult to use</p> <p><input type="checkbox"/>₈ It kept breaking down</p> <p><input type="checkbox"/>₉ I had no place to charge it and/or store it</p> <p><input type="checkbox"/>₁₀ It did not have the features I needed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	2	No Change
<p>Subsection Title. USE OF YOUR CURRENT POWER WHEELCHAIR</p>	3	<p>Subsection Title. USE OF YOUR CURRENT POWER WHEELCHAIR</p>	2	No Change
<p>A4. When did you first get the power wheelchair you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	3	<p>A4. When did you first get the power wheelchair you use now?</p> <p><input type="checkbox"/>₁ Less than 6 months ago</p> <p><input type="checkbox"/>₂ 6-12 months ago</p> <p><input type="checkbox"/>₃ More than 12 months ago</p>	2	No Change

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<p>A5. Did you get your current power wheelchair while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes (→Skip to SECTION E on page 11)</p> <p><input type="checkbox"/>₂ No</p>	3	<p>A5. Did you get your current power wheelchair while you were in a nursing home or hospital?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	2	The skip prompt was removed from this question in order to capture subsequent information related to the equipment.
<p>A6. Does someone regularly help you use your power wheelchair (e.g. a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	4	<p>A6. Does someone regularly help you use your power wheelchair (e.g. a relative, friend or home health aide)?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	3	No Change
<p>A7. Did a doctor or another medical person like a nurse or physical/ occupational therapist <u>ever</u> explain to you why you needed to use a power wheelchair?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A7. Did a doctor or another medical person like a nurse or physical/occupational therapist <u>ever</u> explain the following to you (Please check all that apply): why you needed to use a power wheelchair?</p> <p><input type="checkbox"/>₁ Why you needed to use a power wheelchair</p>	3	Questions A7 and A8 in the 2010 survey were combined into one to shorten the survey and focus on patient perceptions.

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<p>A8. Did a doctor or another medical person like a nurse or physical/ occupational therapist <u>ever</u> explain to you the different types of power wheelchairs, controls options and accessories that exist?</p> <p><input type="checkbox"/>₁ Yes, a medical person explained power wheelchairs</p> <p><input type="checkbox"/>₂ No medical person explained power wheelchairs</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained power wheelchairs</p>	4	<p><input type="checkbox"/>₂ The different types of power wheelchairs, control options, and accessories that exist</p> <p><input type="checkbox"/>₃ None of these things were explained by a medical person</p> <p><input type="checkbox"/>₉₈ I don't know or don't recall if a medical person explained anything to me</p>		
<p>A9. When was the <u>last time</u> you discussed your needs or issues related to your power wheelchair with a doctor or another medical person like a nurse or physical/ occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	<p>A8. When was the <u>last time</u> you discussed your needs or issues related to your power wheelchair with a doctor or another medical person like a nurse or physical/ occupational therapist?</p> <p><input type="checkbox"/>₁ Within the last 6 months</p> <p><input type="checkbox"/>₂ Between 6 months and 1 year ago</p> <p><input type="checkbox"/>₃ Between 1 and 3 years ago</p> <p><input type="checkbox"/>₄ More than 3 years ago</p> <p><input type="checkbox"/>₉₈ I don't know</p>	3	No Change

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<p>A10. Have you had more than one power wheelchair in the past year or changed accessories (for example, controls, cushion) in the past year?</p> <p><input type="checkbox"/>₁ No (→Skip to A11)</p> <p><input type="checkbox"/>₂ Yes, I changed my power wheelchair</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A11)</p>	4	<p>A9. Have you had more than one power wheelchair in the past year or changed accessories (for example, controls, cushion) in the past year?</p> <p><input type="checkbox"/>₁ No (→Skip to A10)</p> <p><input type="checkbox"/>₂ Yes, I changed my power wheelchair</p> <p><input type="checkbox"/>₃ Yes, I changed or added accessories</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to A10)</p>		No Change

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<p>A10a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Wheelchair needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new wheelchair that was better for me</p> <p><input type="checkbox"/>₄ Found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ Doctor or health care provider prescribed a different type of wheelchair or different accessories</p> <p><input type="checkbox"/>₆ Supplier changed</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	5	<p>A9a. Why did you make this (these) change(s)? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Wheelchair needed to be replaced because the original one did not work</p> <p><input type="checkbox"/>₂ My medical condition changed, so I needed something different</p> <p><input type="checkbox"/>₃ Found a new wheelchair that was better for me</p> <p><input type="checkbox"/>₄ Found new features/accessories that were better for me</p> <p><input type="checkbox"/>₅ Doctor or health care provider prescribed a different type of wheelchair or different accessories</p> <p><input type="checkbox"/>₆ My supplier did not tell me why they changed my equipment</p> <p><input type="checkbox"/>₆ My supplier became ineligible to provide my equipment under Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	3	<p>Clarified question language; clarified one response category to focus on supplier becoming ineligible for Medicare (most relevant for the follow-up survey in 2012); added a response category of “ My supplier did not tell me why they changed my equipment” because patient may not know the reason.</p>
<p>A11. Do you believe that you now have the power wheelchair that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	<p>A10. Do you believe that you now have the power wheelchair that is right for you?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	4	No Change

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A12. Is using your power wheelchair difficult or uncomfortable? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to A13) <input type="checkbox"/> ₉₈ I don't know (→Skip to A13)	5	A11. Is using your power wheelchair difficult or uncomfortable? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to A12) <input type="checkbox"/> ₉₈ I don't know (→Skip to A12)	4	No Change

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<p>A12a. What is it about your power wheelchair that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Battery range not sufficient for daily activities</p> <p><input type="checkbox"/>₂ Not enough power to get over barriers such as ramps, thresholds and curbs</p> <p><input type="checkbox"/>₃ Not enough speed to safely cross the street during a traffic light change</p> <p><input type="checkbox"/>₄ Unable to shift weight for pressure relief</p> <p><input type="checkbox"/>₅ Unable to use the chair easily inside my home</p> <p><input type="checkbox"/>₆ Unable to use the chair easily outside of my home</p> <p><input type="checkbox"/>₇ Unable to transport the chair to where I want to go</p> <p><input type="checkbox"/>₈ Cannot sit comfortably in it for a long time</p> <p><input type="checkbox"/>₉ Cannot transfer in and out of the wheelchair easily</p> <p><input type="checkbox"/>₁₀ It is too heavy and cumbersome to use</p> <p><input type="checkbox"/>₁₁ I have trouble charging it</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	5	<p>A11a. What is it about your power wheelchair that makes it difficult or uncomfortable to use? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Battery range not sufficient for daily activities</p> <p><input type="checkbox"/>₂ Not enough power to get over barriers such as ramps, thresholds and curbs</p> <p><input type="checkbox"/>₃ Not enough speed to safely cross the street during a traffic light change</p> <p><input type="checkbox"/>₄ It is difficult to shift my weight for pressure relief</p> <p><input type="checkbox"/>₅ It is difficult to use the chair easily inside my home</p> <p><input type="checkbox"/>₆ It is difficult to use the chair easily outside of my home</p> <p><input type="checkbox"/>₇ It is difficult to transport the chair to where I want to go</p> <p><input type="checkbox"/>₈ It is difficult sit comfortably in it for a long time</p> <p><input type="checkbox"/>₉ It is difficult transfer in and out of the wheelchair easily</p> <p><input type="checkbox"/>₁₀ It is too heavy and cumbersome to use</p> <p><input type="checkbox"/>₁₁ I have trouble charging it</p> <p><input type="checkbox"/>₉₆ Other, please tell us what else: _____</p>	4	Revised language of response categories for grammatical consistency

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<p>A13. In general, how often do you use your power wheelchair?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	6	<p>A12. In general, how often do you use your power wheelchair?</p> <p><input type="checkbox"/>₁ Less than one day a week</p> <p><input type="checkbox"/>₂ 1-2 days per week</p> <p><input type="checkbox"/>₃ 3-4 days per week</p> <p><input type="checkbox"/>₄ 5-6 days per week</p> <p><input type="checkbox"/>₅ Every day</p>	5	No Change
<p>A14. On the days that you do use your power wheelchair, for how long do you use it? (out of 24 hours in a day)?</p> <p>_____ hours per day</p>	6	<p>A13. On the days that you do use your power wheelchair, for how long do you use it? (out of 24 hours in a day)?</p> <p>_____ hours per day</p>	5	No Change
<p>A15. How reliable is the power wheelchair you use now? Would you say...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	<p>A14. How reliable is the power wheelchair you use now? Would you say...</p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Somewhat unreliable</p> <p><input type="checkbox"/>₄ Very unreliable</p> <p><input type="checkbox"/>₉₈ I don't know</p>	5	No Change
<p>A16. <u>In the past year</u>, did you have any problems that made you stop using your power wheelchair or switch to a different power wheelchair?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	6	<p>A15. <u>In the past year</u>, did you have any problems that made you stop using your power wheelchair or switch to a different power wheelchair?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION B)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION B)</p>	5	No Change

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A16a. How many times did you have these kinds of problems <u>in the past year</u> ? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times	6	A16a. How many times did you have these kinds of problems <u>in the past year</u> ? <input type="checkbox"/> ₁ One time <input type="checkbox"/> ₂ 2 or 3 times <input type="checkbox"/> ₃ 4 or more times	5	No Change
A16b. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ Batteries did not work <input type="checkbox"/> ₂ Motor did not work <input type="checkbox"/> ₃ Controls or joystick did not work <input type="checkbox"/> ₉₆ Other, please specify: <hr/>	6	A16b. Can you describe the kind of problem(s) that you had? (Please check all that apply.) <input type="checkbox"/> ₁ Batteries did not work <input type="checkbox"/> ₂ Motor did not work <input type="checkbox"/> ₃ Controls or joystick did not work <input type="checkbox"/> ₉₆ Other, please specify: <hr/>	5	No Change
Section Title. MEDICAL EXPENSES	7	Section Title. MEDICAL EXPENSES	6	No Change
B1. In the past year, have you bought any accessories or parts for your current power wheelchair <u>with your own money</u> , or paid for maintenance or repairs with your own money because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→Skip to SECTION C)	7	B1. In the past year, have you bought any accessories or parts for your current power wheelchair <u>with your own money</u> , or paid for maintenance or repairs with your own money because your insurance did not cover it? (This does not include any copay or deductible amounts that are due from you.) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to SECTION C) <input type="checkbox"/> ₉₈ I don't know (→Skip to SECTION C)	6	No Change

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<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your current power wheelchair? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Seat or back cushions</p> <p><input type="checkbox"/>₂ Tires</p> <p><input type="checkbox"/>₃ Batteries</p> <p><input type="checkbox"/>₄ Motors</p> <p><input type="checkbox"/>₅ Crutch holder</p> <p><input type="checkbox"/>₆ Lap tray</p> <p><input type="checkbox"/>₇ Repairs</p> <p><input type="checkbox"/>₈ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	7	<p>B2. In the past year, what parts or service did you buy <u>with your own money</u> for your current power wheelchair? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Seat or back cushions</p> <p><input type="checkbox"/>₂ Tires</p> <p><input type="checkbox"/>₃ Batteries</p> <p><input type="checkbox"/>₄ Motors</p> <p><input type="checkbox"/>₅ Crutch holder</p> <p><input type="checkbox"/>₆ Lap tray</p> <p><input type="checkbox"/>₇ Repairs</p> <p><input type="checkbox"/>₈ Routine maintenance</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	6	No Change
<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your wheelchair accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current power wheelchair? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or more</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	<p>B3. Thinking about everything you paid for <u>with your own money</u> in the past year for your wheelchair accessories, parts, maintenance or repairs not covered by insurance, how much did you spend on your current power wheelchair? (This does not include any copay or deductible amounts.)</p> <p><input type="checkbox"/>₁ Less than \$100</p> <p><input type="checkbox"/>₂ \$100-\$500</p> <p><input type="checkbox"/>₃ \$500 or \$1,000</p> <p><input type="checkbox"/>₄ \$1,000- \$2,000</p> <p><input type="checkbox"/>₉₈ I don't know</p>	6	Added another category for patients with higher out-of-pocket costs.
<p>Section Title. C. YOUR SUPPLIER</p>	8	<p>Section Title. C. YOUR SUPPLIER</p>	7	No Change

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<p>C1. Considering the power wheelchair you use now, did you have any problems finding an equipment supplier to get your wheelchair from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C2)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	8	<p>C1. Considering the power wheelchair you use now, did you have any problems finding an equipment supplier to get your wheelchair from?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to C2)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to C2)</p>	7	No Change
<p>C1a. What kinds of problems did you have finding a power wheelchair supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	8	<p>C1a. What kinds of problems did you have finding a power wheelchair supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Hard to find a supplier who covered my area</p> <p><input type="checkbox"/>₂ Supplier did not carry what I needed</p> <p><input type="checkbox"/>₃ Supplier could not deliver equipment when I needed it</p> <p><input type="checkbox"/>₄ Supplier did not accept Medicare</p> <p><input type="checkbox"/>₉₆ Other, please specify: _____</p>	7	No Change
<p>C2. Considering the power wheelchair you use now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C2. Considering the power wheelchair you use now, did you have a <u>choice</u> of suppliers?</p> <p><input type="checkbox"/>₁ Yes, many</p> <p><input type="checkbox"/>₂ Yes, a few</p> <p><input type="checkbox"/>₃ No, only one supplier available</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change

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<p>C3. Considering the power wheelchair you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C3. Considering the power wheelchair you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>C4. How did you get the power wheelchair you use now?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed/shipped to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₄ I picked it up at a seating clinic or rehabilitation center</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify: _____</p>	8	<p>C6. How did you get the power wheelchair you use now?</p> <p><input type="checkbox"/>₁ Delivered to my home by my supplier</p> <p><input type="checkbox"/>₂ Mailed/shipped to my home by my supplier</p> <p><input type="checkbox"/>₃ I (or someone on my behalf) picked it up from my supplier</p> <p><input type="checkbox"/>₄ I picked it up at a seating clinic or rehabilitation center</p> <p><input type="checkbox"/>₉₈ I don't know</p> <p><input type="checkbox"/>₉₆ Some other way, please specify:</p>	8	No Change

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<p>C5. Considering the power wheelchair you use now, how much time and energy did it take to get the power wheelchair, accessories, parts, maintenance and repairs from the supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	<p>C9. Considering the power wheelchair you use now, how much time and energy did it take to get the power wheelchair, accessories, parts, maintenance and repairs from the supplier?</p> <p><input type="checkbox"/>₁ No time and energy</p> <p><input type="checkbox"/>₂ A little time and energy</p> <p><input type="checkbox"/>₃ Some time and energy</p> <p><input type="checkbox"/>₄ A lot of time and energy</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	No Change
<p>C6. After you ordered your power wheelchair, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ less than 2 weeks</p> <p><input type="checkbox"/>₂ 2 weeks to 1 month</p> <p><input type="checkbox"/>₃ 1 to 2 months</p> <p><input type="checkbox"/>₄ 2 to 3 months</p> <p><input type="checkbox"/>₅ More than 3 months</p> <p><input type="checkbox"/>₉₈ I don't know</p>	9	<p>C5. After you ordered your power wheelchair, how long did it take to arrive?</p> <p><input type="checkbox"/>₁ less than 2 weeks</p> <p><input type="checkbox"/>₂ 2 weeks to 1 month</p> <p><input type="checkbox"/>₃ 1 to 2 months</p> <p><input type="checkbox"/>₄ 2 to 3 months</p> <p><input type="checkbox"/>₅ More than 3 months</p> <p><input type="checkbox"/>₉₈ I don't know</p>	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C7. <u>When you got the power wheelchair you use now</u>, what kind of <u>training or help</u> did the supplier give you or the person who cares for you? Did he/she ... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the power wheelchair</p> <p><input type="checkbox"/>₂ Show you how to <u>drive</u> the power wheelchair</p> <p><input type="checkbox"/>₃ Show you how to <u>charge</u> your chair battery</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the power wheelchair</p> <p><input type="checkbox"/>₅ Show you how to use the power wheelchair <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your power wheelchair while they watched</p> <p><input type="checkbox"/>₇ Gave me the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→ Skip to C8)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to C8)</p>	9	<p>C7. <u>When you got the power wheelchair you use now</u>, what kind of <u>training or help</u> did the supplier give you or the person who cares for you? Did he/she ... (Please check all that apply.)</p> <p><input type="checkbox"/>₁ Give you <u>written instructions</u> on how to use the power wheelchair</p> <p><input type="checkbox"/>₂ Show you how to <u>drive</u> the power wheelchair</p> <p><input type="checkbox"/>₃ Show you how to <u>charge</u> your chair battery</p> <p><input type="checkbox"/>₄ Show you how to <u>clean and maintain</u> the power wheelchair</p> <p><input type="checkbox"/>₅ Show you how to use the power wheelchair <u>safely</u></p> <p><input type="checkbox"/>₆ Let you <u>practice</u> how to use and maintain your power wheelchair while they watched</p> <p><input type="checkbox"/>₇ Gave me the manufacturer's <u>customer assistance toll-free telephone number</u></p> <p><input type="checkbox"/>₈ I did not get any training or help from my supplier (→ Skip to C8)</p> <p><input type="checkbox"/>₉₈ I don't know (→ Skip to C8)</p>	8	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C7a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your power wheelchair?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	9	<p>C7a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your power wheelchair?</p> <p><input type="checkbox"/>₁ Very comfortable</p> <p><input type="checkbox"/>₂ Comfortable</p> <p><input type="checkbox"/>₃ Uncomfortable</p> <p><input type="checkbox"/>₄ Very uncomfortable</p> <p><input type="checkbox"/>₅ My comfort level has nothing to do with the training that my supplier gave me</p>	8	No Change
<p>C8. In the 3 months after you got the power wheelchair you use now, how often did your supplier send someone to your home to check the equipment or see how well you are doing with the equipment? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the power wheelchair</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the power wheelchair</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the power wheelchair</p>	9	<p>C8. In the 3 months after you got the power wheelchair you use now, how often did your supplier send someone to your home to check the equipment or see how well you are doing with the equipment? (Do not include times when you called them.)</p> <p><input type="checkbox"/>₁ Once in the 3 months after you got the power wheelchair</p> <p><input type="checkbox"/>₂ More than once in the 3 months after you got the power wheelchair</p> <p><input type="checkbox"/>₃ Not at all in the 3 months after you got the power wheelchair</p>	9	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C9. Considering the power wheelchair you use now, when you asked your supplier questions, did you get <u>answers that you could understand?</u></p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	<p>C3. Considering the power wheelchair you use now, when you asked your supplier questions, did you get <u>answers that you could understand?</u></p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₄ I did not ask any questions</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>C10. <u>Before deciding on the power wheelchair you use now, did your supplier tell you as much as you wanted to know</u> about the options for your power wheelchair?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	<p>C4. <u>Before deciding on the power wheelchair you use now, did your supplier tell you as much as you wanted to know</u> about the options for your power wheelchair?</p> <p><input type="checkbox"/>₁ Yes, completely</p> <p><input type="checkbox"/>₂ Yes, somewhat</p> <p><input type="checkbox"/>₃ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	No Change
<p>This question does not appear in the 2009 Survey.</p>		<p>C4a. Before you decided on the power wheelchair that you use now, did your supplier tell you about all the equipment designs available to you, <u>even those which the supplier did not have in stock?</u></p> <p><input type="checkbox"/>₁ Yes, all equipment designs were explained</p> <p><input type="checkbox"/>₂ No, the supplier only told me what he/she has in stock</p> <p><input type="checkbox"/>₃ No, I already knew the equipment designs available to me</p> <p><input type="checkbox"/>₉₈ I don't know</p>	7	Added this question out of concern that suppliers will not keep as many makes and models in their inventory after competitive bidding.

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>C11. <u>When you got the power wheelchair you use now, did your supplier spend as much time with you as you wanted?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p>	10	<p>This question does not appear in the 2010 ICR Draft Survey</p>		Deleted this question to shorten the survey, and because this issue is addressed in previous questions.
<p>Section Title. D. RECENT EXPERIENCES</p>	10	<p>Section Title. D. RECENT EXPERIENCES</p>	10	No Change
<p>Description. If you use more than one supplier for your wheelchair and accessories, please answer the following questions about the supplier that you use most often.</p>	10	<p>Description. If you use more than one supplier for your wheelchair and accessories, please answer the following questions about the supplier that you use most often.</p>	10	No Change
<p>D1. <u>During the past six months, how reliable was your supplier in making repairs, if needed?</u></p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	10	<p>D1. <u>During the past six months, how reliable was your supplier in making repairs, if needed?</u></p> <p><input type="checkbox"/>₁ Very reliable</p> <p><input type="checkbox"/>₂ Somewhat reliable</p> <p><input type="checkbox"/>₃ Not reliable at all</p> <p><input type="checkbox"/>₉₉ Does not apply</p>	10	No Change
<p>D2. <u>In past six months, have you contacted your supplier with a complaint or a problem?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D3)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D3)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D3)</p>	10	<p>D2. <u>In past six months, have you contacted your supplier with a complaint or a problem?</u></p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D3)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D3)</p> <p><input type="checkbox"/>₄ Don't know how to contact my supplier (→Skip to D3)</p>	10	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	<p>D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ I am waiting for it to be settled</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change
<p>D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p>	11	<p>D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to D5)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to D5)</p>	10	No Change
<p>D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	11	<p>D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say ...</p> <p><input type="checkbox"/>₁ Within 1 day</p> <p><input type="checkbox"/>₂ Within 2 days</p> <p><input type="checkbox"/>₃ Within 1 week</p> <p><input type="checkbox"/>₄ Longer than 1 week</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change
<p>D3b. Were you able to get the emergency service or advice you needed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	11	<p>D3b. Were you able to get the emergency service or advice you needed?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₉₈ I don't know</p>	10	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
D4. <u>In the past six months</u> , did you need to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5)	11	D4. <u>In the past six months</u> , did you need to contact your supplier after regular business hours? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (→Skip to D5) <input type="checkbox"/> ₉₈ I don't know (→Skip to D5)	11	No Change
D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	11	D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₉₈ I don't know	11	No Change
D5. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	11	C11. Overall, how would you rate the supplier that you use most? <input type="checkbox"/> ₁ Poor <input type="checkbox"/> ₂ Fair <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Very good <input type="checkbox"/> ₅ Excellent	9	There was no change to the content of this question however it is now located in Section C due to its subject matter
D6. Would you recommend this power wheelchair supplier to a friend who needed similar equipment and services? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	11	C12. Would you recommend this power wheelchair supplier to a friend who needed similar equipment and services? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	9	There was no change to the content of this question however it is now located in Section C due to its subject matter

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D7. <u>In the past six months</u>, have you changed your power wheelchair supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E on page 11)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E on page 11)</p>	11	<p>D5. <u>In the past six months</u>, have you changed your power wheelchair supplier?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No (→Skip to SECTION E on page 11)</p> <p><input type="checkbox"/>₉₈ I don't know (→Skip to SECTION E on page 11)</p>	11	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>D5a. Why did you change your power wheelchair supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide power wheelchair, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₉₆ Other, please describe: _____</p>	12	<p>D5a. Why did you change your power wheelchair supplier? (Please check all that apply.)</p> <p><input type="checkbox"/>₁ I moved</p> <p><input type="checkbox"/>₂ Supplier no longer accepted Medicare</p> <p><input type="checkbox"/>₃ Supplier went out of business</p> <p><input type="checkbox"/>₄ I was not happy with the quality of service</p> <p><input type="checkbox"/>₅ I was not happy with equipment</p> <p><input type="checkbox"/>₆ I was not happy with the choices of equipment or service I could get</p> <p><input type="checkbox"/>₇ I was not happy with the assistance I got in handling the insurance</p> <p><input type="checkbox"/>₈ Supplier did not provide power wheelchair, accessories or repair service I needed</p> <p><input type="checkbox"/>₉ I changed to an HMO and had to use a different supplier</p> <p><input type="checkbox"/>₁₀ Supplier became ineligible to provide the equipment under Medicare</p> <p><input type="checkbox"/>₉₆ Other, please describe: _____</p>	11	Added/modified several answer categories to better reflect supplier service and to address the circumstance of suppliers becoming ineligible for Medicare.
Section Title. E. ABOUT YOU	12	Section Title. E. ABOUT YOU	12	No Change
Description. Section E is about you, the person whose name is on the mailing label of this survey.	12	Description. Section E is about you, the person whose name is on the mailing label of this survey.	12	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	12	E1. In general, how would you rate <u>your overall health</u> ? <input type="checkbox"/> ₁ Excellent <input type="checkbox"/> ₂ Very good <input type="checkbox"/> ₃ Good <input type="checkbox"/> ₄ Fair <input type="checkbox"/> ₅ Poor	12	No Change
E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	12	E2. <u>Compared to 1 year ago</u> , how would you rate your health now? Would you say... <input type="checkbox"/> ₁ Much better now <input type="checkbox"/> ₂ Somewhat better now <input type="checkbox"/> ₃ About the same <input type="checkbox"/> ₄ Somewhat worse now <input type="checkbox"/> ₅ Much worse now	12	No Change
E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	12	E3. Do you currently live alone? <input type="checkbox"/> ₁ Yes (→Skip to E5) <input type="checkbox"/> ₂ No	12	No Change
E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	12	E4. Which best describes your living situation <u>now</u> ? (Please check all that apply.) I live <input type="checkbox"/> ₁ With spouse/partner <input type="checkbox"/> ₂ With parent/step-parent <input type="checkbox"/> ₃ With child/children <input type="checkbox"/> ₄ With other relative(s) <input type="checkbox"/> ₅ With friend <input type="checkbox"/> ₆ With other person(s) not related to me	12	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
<p>E5. What is the highest grade or level of school that you have <u>completed</u>?</p> <p><input type="checkbox"/>₁ 8th grade or less</p> <p><input type="checkbox"/>₂ Some high school but did not graduate</p> <p><input type="checkbox"/>₃ High school graduate or GED</p> <p><input type="checkbox"/>₄ Some college or technical school</p> <p><input type="checkbox"/>₅ College graduate</p> <p><input type="checkbox"/>₆ More than a 4-year college degree</p>	13	<p>E5. What is the highest grade or level of school that you have <u>completed</u>?</p> <p><input type="checkbox"/>₁ 8th grade or less</p> <p><input type="checkbox"/>₂ Some high school but did not graduate</p> <p><input type="checkbox"/>₃ High school graduate or GED</p> <p><input type="checkbox"/>₄ Some college or technical school</p> <p><input type="checkbox"/>₅ College graduate</p> <p><input type="checkbox"/>₆ More than a 4-year college degree</p>	12	No Change
<p>E6. What was your household's annual income during 2006 <u>before</u> taxes?</p> <p><input type="checkbox"/>₁ Less than \$5,000 (\$416 per month)</p> <p><input type="checkbox"/>₂ Between \$5,001 and \$10,000 (\$417–\$833 per month)</p> <p><input type="checkbox"/>₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month)</p> <p><input type="checkbox"/>₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month)</p> <p><input type="checkbox"/>₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month)</p> <p><input type="checkbox"/>₆ Over \$50,000 (over \$4,168 per month)</p>	13	<p>E6. What was your household's annual income during 2006 <u>before</u> taxes?</p> <p><input type="checkbox"/>₁ Less than \$5,000 (\$416 per month)</p> <p><input type="checkbox"/>₂ Between \$5,001 and \$10,000 (\$417–\$833 per month)</p> <p><input type="checkbox"/>₃ Between \$10,001 and \$20,000 (\$834–\$1,666 per month)</p> <p><input type="checkbox"/>₄ Between \$20,001 and \$30,000 (\$1,667–2,500 per month)</p> <p><input type="checkbox"/>₅ Between \$30,001 and \$50,000 (\$2,501–\$4,167 per month)</p> <p><input type="checkbox"/>₆ Over \$50,000 (over \$4,168 per month)</p>	13	No Change
<p>E7. Are you of Hispanic or Latino origin or descent?</p> <p><input type="checkbox"/>₁ Yes, Hispanic or Latino</p> <p><input type="checkbox"/>₂ No, not Hispanic or Latino</p>	13	<p>E7. Are you of Hispanic or Latino origin or descent?</p> <p><input type="checkbox"/>₁ Yes, Hispanic or Latino</p> <p><input type="checkbox"/>₂ No, not Hispanic or Latino</p>	13	No Change

2009 ICR Draft Survey	Page	2010 ICR Draft Survey	Page	Reason for Change
E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please tell us: _____	13	E8. How would you describe your race? (Please check all that apply.) <input type="checkbox"/> ₁ American Indian or Alaskan Native <input type="checkbox"/> ₂ Asian <input type="checkbox"/> ₃ Black or African American <input type="checkbox"/> ₄ Native Hawaiian or other Pacific Islander <input type="checkbox"/> ₅ White or Caucasian <input type="checkbox"/> ₉₆ Other, please tell us: _____	13	No Change
Section Title. F. OTHER INFORMATION	13	Section Title. F. OTHER INFORMATION	13	No Change
F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	13	F1. Please check the correct statement: <input type="checkbox"/> ₁ I am the person to whom this survey was addressed (→Skip to END) <input type="checkbox"/> ₂ I filled this survey out or helped fill it out for someone else	13	No Change
F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	13	F2. How did you help the person with this survey? <input type="checkbox"/> ₁ I wrote the answers that the person told me <input type="checkbox"/> ₂ I answered the questions myself based on my knowledge of the person's condition <input type="checkbox"/> ₃ Both of the above	13	No Change

Non-Statistical Instruments: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft	Page	2010 ICR Draft	Page	Reason for Change
This wave did not appear in the 2010 Survey		Key Informant Discussion Guide: Beneficiary Groups/Advocates (WAVE 2: Transition to DMEPOS Competitive Bidding)	1	This Wave was added in order to obtain more information regarding transition issues. It is a modification of Wave 2 in the 2010 Survey.
Wave 2		Wave 3		Due to the new Wave 2: Transition, subsequent Waves of all the nonstatistical instruments have been renumbered
Wave 3		Wave 4		Due to the new Wave 2: Transition, subsequent Waves of all the nonstatistical instruments have been renumbered
Wave 2 7. Have you noticed any impact of the program on beneficiaries? a. Access to DMEPOS? b. Quality of DMEPOS? c. Diversity of products? Choice? d. Ancillary services – education, maintenance, et	2	Wave 3 7. Have you noticed any impact of the program on Medicare beneficiaries? ❖ Access to DMEPOS? ❖ Quality of DMEPOS? ❖ Diversity of products? Choice? ❖ Quantity and quality of support services – education, maintenance, etc.? ❖ Health consequences for patients? ❖ Lower out of pocket costs for beneficiaries?	2	Prompts were added and refined in order to obtain more information regarding transition issues. <i>Note that Wave 2 in the 2010 Survey is Wave 3 in the 2010 Revision Survey.</i>
Wave 1 7b. How do you think it might affect (positively and negatively) your clients?	2	Wave 1 7.b How do you think it might affect (positively and negatively) beneficiaries?	2	Language was modified to be more neutral.

2009 ICR Draft	Page	2010 ICR Draft	Page	Reason for Change
<p><i>This question does not appear in the 2010 Survey.</i></p>		<p>Wave 2: Transition</p> <p>8. With respect to the adequacy and timing of information received by beneficiaries:</p> <ul style="list-style-type: none"> ❖ Were beneficiaries adequately informed about the transition? ❖ In what manner were they informed and by whom? ❖ Was this information received enough in advance? ❖ In your opinion, were beneficiaries aware of what they needed to do? ❖ What other information might they have found helpful? 	2	Question was added in order to obtain more information regarding transition issues

2009 ICR Draft	Page	2010 ICR Draft	Page	Reason for Change
<p><i>This question does not appear in the 2010 Survey.</i></p>		<p>Wave 2: Transition</p> <p>9. What issues have been arising during the transition for beneficiaries using DMEPOS products?</p> <ul style="list-style-type: none"> ❖ Confusion about grandfathering rules for certain DME products? ❖ Delayed delivery of mail-order supplies (enteral nutrition products, diabetic suppliers)? ❖ Difficulty finding suppliers to serve beneficiaries in some areas? ❖ Delays in getting DMEPOS products or services? ❖ Any other transition issues? 	2	<p>Question was added in order to obtain more information regarding transition issues</p>

2009 ICR Draft	Page	2010 ICR Draft	Page	Reason for Change
<p>Focus Group Guides for Referral Agents and Suppliers, Wave 3</p> <p>2. What changes have you noticed since the program began a year ago?</p> <p>a. Changes in the referral process</p> <p>b. Suppliers</p> <p>i. Quantity of suppliers?</p> <p>ii. Quality of suppliers?</p> <p>iii. How and to whom they market?</p> <p>iv. Product changes?</p>	2	<p>Focus Group Guides for Referral Agents and Suppliers, Wave 4</p> <p>2. Looking back, what do you think about the information that was provided to you regarding this program?</p> <p>In terms of general information about the program</p> <ul style="list-style-type: none"> ❖ What information did you receive? In what form? From whom? ❖ Was it provided in a timely manner? ❖ Information regarding which supplies was covered? ❖ Did you find it to be helpful? Why or why not? ❖ CMS' availability or contractors? ❖ Did you receive information about this program from anyone else? ❖ What other information would you have wanted? 	2	<p>Prompts were added and refined in order to obtain more information regarding transition issues. <i>Note that Wave 32 in the 2010 Survey is Wave 4 in the 2010 Revision Survey.</i></p>

Fact Sheet: Changes from December 2009 ICR Draft to March 2010 ICR Draft

2009 ICR Draft	Page	2010 ICR Draft	Page	Reason for Change
<p>The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your oxygen (or other durable medical equipment) supplier. We also hope to better understand your experiences in obtaining and using this equipment.</p>	<p>[no #]</p>	<p>The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your oxygen (or other durable medical equipment) supplier. We also hope to better understand your experiences in obtaining and using this equipment. Results of the survey will be compared with results from patients in different metropolitan areas and results from patients who received their equipment in a different year. These comparisons will help reveal how new ways of administering the Medicare program affect beneficiaries.</p>	<p>[no #]</p>	<p>Expanded the explanation of the study's purpose in order to be more precise about its design and intent.</p>