APPENDIX B:
Statistical Instruments

OMB# 0938-XXX

ABT ID #

Survey of Medicare Patients Who Use Oxygen Equipment

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.

❑$_1$ 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.

Please return by _____.

Instructions

The questions in this survey ask about your experiences as a person who uses oxygen equipment.

To complete the survey, please answer the questions by checking the box to the left of your answer (as shown below). You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow beside your response with a note that tells you which question to answer next, like this:

- ❒ Yes
- ☑ No → Skip to A5
- ❒ I don't know

If there is no arrow next to your response, please proceed to the next question.

Some people might ask someone else (maybe a spouse, child, or friend) to help them complete this survey. If someone is helping you fill out the survey, remember that the questions always refer to you and your experience with oxygen treatment and equipment.

Confidentiality

All information that would let someone identify you or your family will be kept confidential. You may choose to answer this survey or not. If you choose not to, this will not affect the Medicare benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

If you have any questions about the survey, please call Abt Associates, the survey company, at 1-888-XXX-XXXX.
This is a toll-free call.

A. USE OF OXYGEN SYSTEMS

A1. When did you begin using oxygen equipment and tanks at home?

- ❑1 2010
- ❑2 2009
- ❑3 2008
- ❑4 Before 2008
- ❑5 I have <u>never</u> used oxygen equipment at home **(Skip to SECTION G on page 19)**

A2. <u>When you first began using oxygen equipment and tanks at home,</u> how long did you expect to use it?

- ❑1 Less than 1 month
- ❑2 1 to 6 months
- ❑3 More than 6 months
- ❑4 Forever
- ❑98 I don't know

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.)

- ❑1 Yes **(→Skip to A4)**
- ❑2 No, I no longer use Oxygen

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:

_____

YOUR CURRENT USE OF OXYGEN SYSTEM

A4. When did you first get the oxygen equipment you use now?

- ❑1 Less than 6 months ago
- ❑2 6-12 months ago
- ❑3 More than 12 months ago

A5. Did you get your current oxygen system while you were in a nursing home or hospital?

- ❑1 Yes
- ❑2 No

A6. Does someone regularly help you use your oxygen equipment (for example, a relative, friend, or home health aide)?

❑$_1$ Yes
❑$_2$ No

A respiratory therapist is a specially trained professional who helps you improve your breathing.

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

A8. If a respiratory therapist was the professional who explained your oxygen equipment, where was the information provided? (Please check all that apply.)

❑$_1$ Information was provided in my home
❑$_2$ Information was provided while I was in the hospital
❑$_3$ A respiratory therapist did not provide me with information
❑$_{98}$ I don't know

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?

❑$_1$ At least once each month
❑$_2$ A few times each year
❑$_3$ No one ever comes to my home to do a fingertip oxygen measurement
❑$_{98}$ I don't know

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?

- ❑$_1$ Within the last 6 months
- ❑$_2$ Between 6 months and 1 year ago
- ❑$_3$ Between 1 and 3 years ago
- ❑$_4$ More than 3 years ago
- ❑$_{98}$ I don't know

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:

_____

A12. Do you believe that you now have the oxygen equipment that is right for you?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

A13. Is using your current oxygen equipment difficult or uncomfortable?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to A14)**
- ❑$_{98}$ I don't know **(→Skip to A14)**

A13a. What is it about your current oxygen equipment that makes it difficult or uncomfortable to use? (Please check all that apply.)

- ❑$_1$ Equipment makes it difficult to move freely around my home
- ❑$_2$ Equipment makes it difficult to go outside of my home for a short walk
- ❑$_3$ Equipment makes it difficult to go to the doctor when I need to
- ❑$_4$ Equipment makes it difficult to go to church, visit friends, shop, or leave the house for more than a short time
- ❑$_5$ Equipment is too heavy or cumbersome (hard to lift, doesn't fit easily into the car)
- ❑$_6$ Equipment doesn't supply enough oxygen
- ❑$_7$ I'm afraid I will run out of oxygen
- ❑$_8$ Equipment breaks down a lot or is undependable
- ❑$_9$ Equipment is too complicated for me to use
- ❑$_{10}$ I am embarrassed to use the equipment outside my home
- ❑$_{99}$ Other, please specify:

_____

A14. Does using the oxygen equipment make you feel better?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

A15. 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)**

A15a. Please tell us why you are using less oxygen than your doctor or other medical person recommended. (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
- ❑$_{96}$ Other, please specify:

_____

B. STATIONARY OXYGEN

Stationary oxygen systems are heavy pieces of equipment that you cannot move easily.

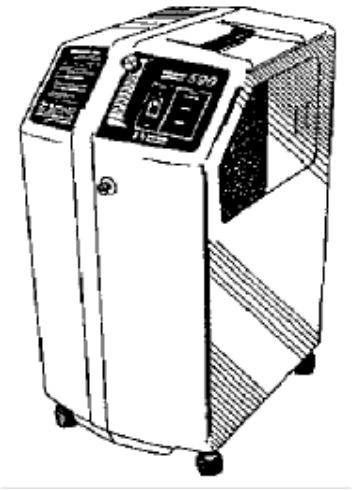
These include non-portable oxygen concentrators, liquid oxygen vessels, and large compressed gas oxygen cylinders.

B1. Do you use any type of stationary oxygen system <u>now</u>?

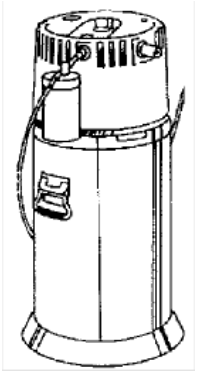
❑$_1$ Yes
❑$_2$ No **(→Skip to SECTION C)**

B2. What type of <u>stationary</u> oxygen system(s) do you usually use at home? (Please check all that apply.)

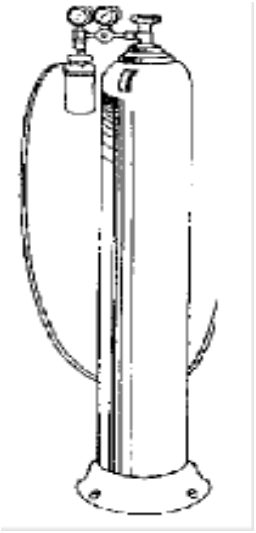
❑$_1$ Oxygen concentrator machine (unit that plugs into the wall and produces oxygen) *[pictured below at left]*
❑$_2$ Liquid oxygen vessel (large tank that is usually placed in the home and not moved) *[pictured below at center]*
❑$_3$ Large compressed oxygen cylinder (resembles a welding tank) *[pictured below at right]*
❑$_4$ Oxygen concentrator system that allows you to fill small cylinders *[not pictured]*
❑$_{98}$ I don't know



Oxygen Concentrator Machine



Liquid Oxygen Vessel



Large Compressed Gas Oxygen Cylinder

B3. What type of oxygen delivery device do you breathe from to get your oxygen? (Please check all that apply.)

- ❑$_1$ Nasal cannula (nose prongs/tubes)
- ❑$_2$ Transtracheal catheter (very thin tube that goes directly in your throat)
- ❑$_3$ Reservoir cannula: small oxygen storage chamber positioned below nose or on your chest
- ❑$_4$ Oxygen mask
- ❑$_5$ Connection to your tracheostomy tube
- ❑$_6$ Connection to my CPAP machine, bi-level device, or ventilator
- ❑$_{98}$ I don't know

B4. In general, how often do you use your <u>stationary</u> oxygen system?

- ❑$_1$ Less than one day a week
- ❑$_2$ 1-2 days per week
- ❑$_3$ 3-4 days per week
- ❑$_4$ 5-6 days per week
- ❑$_5$ Every day

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)?

_____ hours per day

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.

B6. <u>Have you had</u> any serious problems that made you stop using your stationary oxygen system?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION C)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION C)**

B6a. Can you describe the kind of problem(s) that you had? (Please check all that apply.)

- ❑$_1$ Power outage in my home
- ❑$_2$ Equipment failed or did not work
- ❑$_3$ Unit ran out of liquid oxygen or compressed oxygen
- ❑$_{96}$ Other, please specify:

_____

- ❑$_{98}$ I don't know

B6b. How many times did you have these kinds of problems in the past year?

- ❑$_1$ One time
- ❑$_2$ 2 or 3 times
- ❑$_3$ 4 or more times
- ❑$_4$ Don't recall the exact number of times

C. PORTABLE OXYGEN

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.

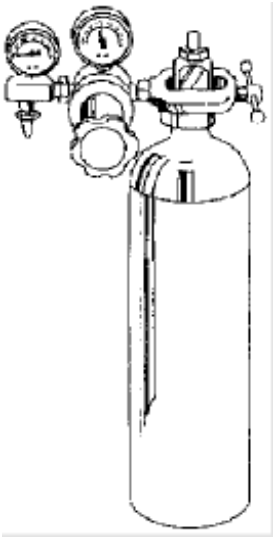
Your portable oxygen system may be a small gaseous oxygen tank, a small liquid oxygen cylinder, or a small portable oxygen concentrator.

C1. Do you use any type of <u>portable</u> oxygen system <u>now</u>?

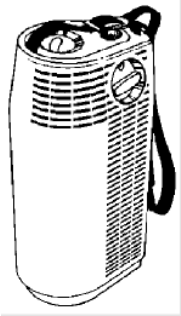
- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to SECTION D)**
- ❑$_{98}$ I don't know

C2. What type of <u>portable</u> oxygen system(s) do you use? (Please check all that apply.)

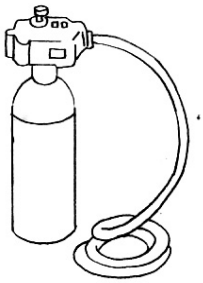
- ❑$_1$ Mid-sized compressed oxygen tank (E-cylinder, resembles a diving tank and can roll on a cart) *[pictured below at left]*
- ❑$_2$ Very small and light compressed oxygen tank that concentrates room oxygen (can carry on your shoulder) *[pictured below at right]*
- ❑$_3$ Mid-sized or standard portable 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: _____



Mid-Sized Compressed Oxygen Tank



Standard Portable Liquid Unit



Small Compressed Oxygen Tank

C3. In general, how often do you use your portable oxygen system?

- ❑$_1$ Less than one day a week
- ❑$_2$ 1-2 days per week
- ❑$_3$ 3-4 days per week
- ❑$_4$ 5-6 days per week
- ❑$_5$ Every day

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

C5. Is your portable oxygen system meeting your needs?

- ❑$_1$ Yes **(→Skip to C6)**
- ❑$_2$ No
- ❑$_{98}$ I don't know (→**Skip to C6**)

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:

_____

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.

- ❑$_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

An intermittent flow device 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.

C7. Do you use any type of intermittent flow device with your portable system now?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION D)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION D)**

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

D. MEDICAL EXPENSES

D1. In the past year, have you bought any oxygen equipment or supplies 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.)

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION E)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION E)**

D2. In the past year, what oxygen equipment or supplies did you buy with your own money? (Please check all that apply.)

- ❑$_1$ Extra portable oxygen system
- ❑$_2$ Extra stationary oxygen system
- ❑$_3$ Oxygen conserving/intermittent flow device
- ❑$_4$ Special nasal cannula
- ❑$_5$ Transtracheal supplies
- ❑$_{98}$ I don't know
- ❑$_{96}$ Other, please specify:

_____

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.)

- ❑$_1$ Less than $100
- ❑$_2$ $100-$500
- ❑$_3$ $500 to $1,000
- ❑$_4$ $1,000 to $2,000
- ❑$_{98}$ I don't know

E. YOUR SUPPLIER

E1. Considering the oxygen equipment you have now, did you have any problems finding an equipment supplier to get it from?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to E2)**
- ❑$_{98}$ I don't know **(→ Skip to E2)**

E1a. What kinds of problems did you have finding an oxygen supplier? (Please check all that apply.)

- ❑$_1$ Hard to find a supplier who covered my area
- ❑$_2$ Supplier did not carry what I needed
- ❑$_3$ Supplier could not deliver equipment when I needed it
- ❑$_4$ Supplier did not accept Medicare
- ❑$_{96}$ Other, please describe:

  _____
- ❑$_{98}$ I don't know

E2. Considering the oxygen equipment you have now, did you have a <u>choice</u> of suppliers?

- ❑$_1$ Yes, many
- ❑$_2$ Yes, a few
- ❑$_3$ No, only one supplier available
- ❑$_{98}$ I don't know

E3. Considering the oxygen equipment you have now, when you asked your supplier questions, did you get answers that you could understand?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No
- ❑4 I did not ask any questions
- ❑98 I don't know

E4. Before deciding on the oxygen equipment you use now, did your supplier tell you as much as you wanted to know about the options for your oxygen equipment?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No

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, even those which the supplier did not have in stock?

- ❑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

E5. After the order was placed for your oxygen equipment, how long did it take to arrive?

- ❑1 Same day
- ❑2 Next day
- ❑3 Within a week
- ❑4 More than 1 week later
- ❑98 I don't know

E6. When you got the oxygen equipment you use now, what kind of training or help did the supplier give you or the person who takes care of you? (Please check all that apply.) Did he/she…

- ❑1 Give you written instructions on how to use the equipment or supplies
- ❑2 Show you how to use the equipment or supplies
- ❑3 Choose a safe and convenient place to store the equipment or supplies
- ❑4 Show you how to clean and maintain the equipment or supplies
- ❑5 Show you how to use oxygen safely
- ❑6 Let you practice how to use and maintain your equipment and supplies while they watched
- ❑7 Give you the manufacturer's customer assistance toll-free telephone number
- ❑8 I did not get any training or help from my oxygen supplier **(→ Skip to E7)**
- ❑98 I don't know **(→ Skip to E7)**

E6a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your oxygen equipment?

- ❑1 Very comfortable
- ❑2 Comfortable
- ❑3 Uncomfortable
- ❑4 Very uncomfortable
- ❑5 My comfort level has nothing to do with the training that my supplier gave me

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 <u>check on how you are doing and if you are getting enough oxygen</u>?

- ❑1 Once in the 3 months after you got the oxygen equipment
- ❑2 More than once in the 3 months after you got the oxygen equipment
- ❑3 Not at all in the 3 months after you got the oxygen equipment
- ❑4 I don't know or recall the clinical specialty of the person who came to my home.

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.)

- ❑1 Once in the 3 months after you got the oxygen equipment
- ❑2 More than once in the 3 months after you got the oxygen equipment
- ❑3 Not at all in the 3 months after you got the oxygen equipment

E9. How do you get your oxygen refills and supplies? (Please check all that apply.)

- ❑1 Delivered to my home by my supplier
- ❑2 Mailed to my home by my supplier
- ❑3 I pick them up from my oxygen supplier
- ❑4 Someone picks them up for me
- ❑98 I don't know
- ❑96 Some other way, please tell us how:

_____

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?

- ❑$_1$ No time and energy
- ❑$_2$ A little time and energy
- ❑$_3$ Some time and energy
- ❑$_4$ A lot of time and energy
- ❑$_{98}$ I don't know

E11. Do you currently get your current oxygen equipment, supplies, maintenance and repairs from more than one equipment supplier?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

E12. Overall, how would you rate the supplier that you use most?

- ❑$_1$ Poor
- ❑$_2$ Fair
- ❑$_3$ Good
- ❑$_4$ Very good
- ❑$_5$ Excellent

E13. Would you recommend this oxygen supplier to a friend who needed similar services?

- ❑$_1$ Yes
- ❑$_2$ No

F. RECENT EXPERIENCES

F1. <u>During the past six months</u>, how reliable was your oxygen supplier in making deliveries?

- ❑1 Very reliable
- ❑2 Somewhat reliable
- ❑3 Not reliable at all
- ❑4 Does not apply

F2. <u>In the past six months</u>, have you contacted your oxygen supplier with a complaint or a problem?

- ❑1 Yes
- ❑2 No **(→ Skip to F4)**
- ❑98 I don't know **(→ Skip to F4)**
- ❑4 Don't know how to contact my oxygen supplier **(→ Skip to F4)**

F2a. When you contacted your oxygen supplier, was your complaint or problem settled to your satisfaction?

- ❑1 Yes
- ❑2 No
- ❑3 I am waiting for it to be settled
- ❑98 I don't know

F3. <u>In the past six months</u>, have you contacted your oxygen supplier to get emergency service or advice?

- ❑1 Yes
- ❑2 No **(→ Skip to F4)**
- ❑98 I don't know **(→ Skip to F4)**

F3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say…

- ❑1 Within 1 day
- ❑2 Within 2 days
- ❑3 Within 1 week
- ❑4 Longer than 1 week
- ❑98 I don't know

F3b. Were you able to get the emergency service or advice you needed?

- ❑1 Yes
- ❑2 No
- ❑98 I don't know

F4. <u>In the past six months</u>, have you needed to contact your supplier after regular business hours?

- ❑1 Yes
- ❑2 No (→ **Skip to F5)**
- ❑98 I don't know **(→ Skip to F5)**

F4a. When you contacted your supplier after business hours, in general were you able to get the service or advice you needed?

- ❑1 Yes
- ❑2 No
- ❑98 I don't know

F5. <u>In the past six months</u>, how reliable has your oxygen equipment been? Would you say…

- ❑1 Very reliable
- ❑2 Somewhat reliable
- ❑3 Somewhat unreliable
- ❑4 Very unreliable
- ❑98 I don't know

F6. <u>In the past six months</u>, have you changed your oxygen supplier?

- ❑1 Yes
- ❑2 No **(→ Skip to SECTION G)**
- ❑98 I don't know **(→ Skip to SECTION G)**

F6a. Why did you change your oxygen supplier? (Please check all that apply.)

- ❑1 I moved
- ❑2 Supplier no longer accepted Medicare
- ❑3 Supplier went out of business
- ❑4 I was not happy with the quality of service
- ❑5 I was not happy with equipment
- ❑6 I was not happy with the choices of equipment or service I could get
- ❑7 I was not happy with the assistance I got in handling the insurance
- ❑8 Supplier did not provide the oxygen equipment or accessories I needed
- ❑9 I was not happy with the amount of oxygen my supplier was delivering to my home for my stationary oxygen unit
- ❑10 I was not happy with the amount of oxygen my supplier was delivering for my portable unit
- ❑11 I changed to an HMO and had to use a different supplier
- ❑12 Supplier became ineligible to provide the equipment under Medicare
- ❑96 Other, please specify:

_____

G. ABOUT YOU

Section G is about you, the person whose name is on the mailing label of this survey.

G1. In general, how would you rate <u>your overall health</u>?

- ❑1 Excellent
- ❑2 Very good
- ❑3 Good
- ❑4 Fair
- ❑5 Poor

G2. <u>Compared to 1 year ago</u>, how would you rate your health now? Would you say…

- ❑1 Much better now
- ❑2 Somewhat better now
- ❑3 About the same
- ❑4 Somewhat worse now
- ❑5 Much worse now

G3. Do you currently live alone?

- ❑1 Yes **(→Skip to G5)**
- ❑2 No

G4. Which best describes your living situation <u>now</u>? (Please check all that apply.) I live…

- ❑1 With spouse/partner
- ❑2 With parent/step-parent
- ❑3 With child/children
- ❑4 With other relative(s)
- ❑5 With friend
- ❑6 With other person(s) not related to me

G5. What is the highest grade or level of scho that you have <u>completed</u>?

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

G6. What was your household's annual income during 2009 <u>before</u> taxes?

- ❑1 Less than $5,000 ($416 per month)
- ❑2 Between $5,001 and $10,000 ($417–$833 per month)
- ❑3 Between $10,001 and $20,000 ($834–$1,666 per month)
- ❑4 Between $20,001 and $30,000 ($1,667–2,500 per month)
- ❑5 Between $30,001 and $50,000 ($2,501–$4,167 per month)
- ❑6 Over $50,000 (over $4,168 per month)

G7. Are you of Hispanic or Latino heritage?

- ❑1 Yes
- ❑2 No

G8. How would you describe your race? (Please check all that apply.)

- ❑$_1$ American Indian or Alaskan Native
- ❑$_2$ Asian
- ❑$_3$ Black or African American
- ❑$_4$ Native Hawaiian or other Pacific Islander
- ❑$_5$ White or Caucasian
- ❑$_{99}$ Other, please tell us:

_____

H. OTHER INFORMATION

H1. Please check the correct statement:

- ❑$_1$ I am the person to whom this survey was addressed **(→ Skip to END)**
- ❑$_2$ I filled this survey out or helped fill it out for someone else

H2. How did you help the person with this survey?

- ❑$_1$ I wrote the answers that the person told me
- ❑$_2$ I answered the questions myself based on my knowledge of the person's condition
- ❑$_3$ Both of the above

END

Thank you for completing the survey. Please return the completed survey in the postage-paid envelope addressed to:

Survey of Medicare Patients
Abt Associates Inc.
55 Wheeler Street,
Cambridge, MA 02138

If you have any **questions about the survey**, please call toll-free 1-xxx-xxx-xxxx.

If you have any **questions about Medicare**, please visit the website of the Center for Medicare Services at: http://www.medicare.gov/, or call 1-800-MEDICARE.

OMB# 0938-NEW

1001

Survey of Medicare Patients Who Use a Continuous Positive Airway Pressure (CPAP) Machine

The purpose of the study is to learn more about your satisfaction with the equipment, supplies, and service you receive from your CPAP machine supplier. We also hope to better understand your experiences in obtaining and using this equipment.

❑$_1$ 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.

Please return by _____.

Instructions

The questions in this survey ask about your experiences as a person who uses a CPAP machine.

To complete the survey, please answer the questions by checking the box to the left of your answer (as shown below). You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow beside your response with a note that tells you which question to answer next, like this:

- ❒ Yes
- ☑ No → Skip to A5
- ❒ I don't know

If there is no arrow next to your response, please proceed to the next question.

Some people might ask someone else (maybe a spouse, child, or friend) to help them complete this survey. If someone is helping you fill out the survey, remember that the questions always refer to <u>you</u> and <u>your</u> experience with your CPAP machine.

Confidentiality

All information that would let someone identify you or your family will be kept confidential. You may choose to answer this survey or not. If you choose not to, this will not affect the Medicare benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

If you have any questions about the survey, please call Abt Associates, the survey company, at 1-888-XXX-XXXX.
This is a toll-free call.

A. USE OF CPAP MACHINES

A1. When did you begin using a CPAP machine?

- ❑1 2010
- ❑2 2009
- ❑3 2008
- ❑4 Before 2008
- ❑5 I have never used a CPAP machine **(Skip to SECTION E on page 13)**

A2. When you first began using a CPAP machine, how long did you expect to use it?

- ❑1 Less than 1 month
- ❑2 1 to 6 months
- ❑3 More than 6 months
- ❑4 Forever
- ❑98 I don't know

A3. Do you use a CPAP machine now? This includes using a CPAP machine all of the time or just occasionally.

- ❑1 Yes **(→Skip to A4)**
- ❑2 No, I no longer use a CPAP machine

A3a. Why did you stop using your CPAP machine? (Please check all that apply and then skip to SECTION E on page 11.)

- ❑1 My condition got better so I did not need it anymore
- ❑2 My condition got worse so I couldn't use it anymore
- ❑3 I was embarrassed to use it
- ❑4 I was not comfortable using it
- ❑6 I just did not like using it
- ❑7 It was too difficult to use
- ❑8 It kept breaking down
- ❑9 The mask did not fit properly
- ❑10 It did not have the features I needed
- ❑96 Other, please specify:

_____

YOUR CURRENT USE OF CPAP MACHINE

A4. When did you first get the CPAP machine you use now?

- ❑1 Less than 6 months ago
- ❑2 6-12 months ago
- ❑3 More than 12 months ago

A5. Did you get your current CPAP machine when you were in a nursing home or hospital?

- ❑1 Yes
- ❑2 No

A6. Does someone regularly help you use your CPAP machine (for example, a relative, friend or home health aide)?

- ❑$_1$ Yes
- ❑$_2$ No

A respiratory therapist is a specially trained professional who helps you improve your breathing.

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

- ❑$_1$ Why you needed to use a CPAP machine
- ❑$_2$ The different types of CPAP machines, control options, and accessories
- ❑$_3$ None of these things were explained by a medical person
- ❑$_{98}$ I don't know or don't recall if a medical person explained anything to me

A8. When was the last time you discussed your needs or issues related to your CPAP machine with a respiratory therapist or another medical person like a doctor or nurse**?**

- ❑$_1$ Within the last 6 months
- ❑$_2$ Between 6 months and 1 year ago
- ❑$_3$ Between 1 and 3 years ago
- ❑$_4$ More than 3 years ago
- ❑$_{98}$ I don't know

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.)

- ❑$_1$ No **(→Skip to A10)**
- ❑$_2$ Yes, I changed my CPAP machine
- ❑$_3$ Yes, I changed or added accessories
- ❑$_{98}$ I don't know **(→Skip to A10)**

A9a. Why did you make this (these) change(s)? (Please check all that apply.)

- ❑$_1$ My CPAP machine needed to be replaced because the original one did not work
- ❑$_2$ My medical condition changed, so I needed something different
- ❑$_3$ I found a new CPAP machine that was better for me
- ❑$_4$ I found new features/accessories that were better for me
- ❑$_5$ My doctor/ health care provider prescribed a different type of CPAP machine
- ❑$_6$ My supplier became ineligible to provide my equipment under Medicare
- ❑$_7$ My supplier did not tell me why they changed my equipment
- ❑$_{96}$ Other, please specify:

_____

A10. Do you believe that you now have the CPAP machine that is right for you?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

A11. Is using your CPAP machine difficult or uncomfortable?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to A13)**
- ❑$_{98}$ I don't know **(→Skip to A13)**

A11a. What is it about your CPAP machine that makes it difficult or uncomfortable to use? (Please check all that apply.)

- ❑$_1$ Equipment makes it difficult to move in my sleep
- ❑$_2$ Equipment makes it difficult to sleep well
- ❑$_3$ CPAP machine is too noisy (for me or my partner)
- ❑$_4$ The mask is uncomfortable
- ❑$_5$ It's difficult to take the machine with me when I travel away from home
- ❑$_6$ Do not like to be dependent on a machine
- ❑$_7$ Do not understand the controls or controls hard to use
- ❑$_{96}$ Other, please tell us what else:

_____

A12. In general, how often do you use your CPAP machine?

- ❑$_1$ Less than one day or night each week
- ❑$_2$ 1-2 days or nights per week
- ❑$_3$ 3-4 days or nights per week
- ❑$_4$ 5-6 days or nights per week
- ❑$_5$ Every day or night

A13. On the days that you do use your CPAP machine, for how long do you use it (out of 24 hours)?

_____ hours per day

A14. How reliable is the CPAP machine you use now? Would you say …

❑$_1$ Very reliable
❑$_2$ Somewhat reliable
❑$_3$ Somewhat unreliable
❑$_4$ Very unreliable
❑$_{98}$ I don't know

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?

❑$_1$ Yes
❑$_2$ No **(→Skip to SECTION B)**
❑$_{98}$ I don't know **(→Skip to SECTION B)**

A15a. How many times did you have these kinds of problems in the past year?

❑$_1$ One time
❑$_2$ 2 or 3 times
❑$_3$ 4 or more times
❑$_4$ Don't recall the exact number of times

A15b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)

❑$_1$ CPAP machine did not work
❑$_2$ CPAP accessories did not work
❑$_7$ Reservoir/humidifier did not work
❑$_8$ Did not understand the controls
❑$_{96}$ Other, please specify:

_____

B MEDICAL EXPENSES

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 <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.)

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to SECTION C)**
- ❑$_{98}$ I don't know **(→Skip to SECTION C)**

B2. In the past year, what parts or service did you buy <u>with your own money</u> for your CPAP machine? (Please check all that apply.)

- ❑$_1$ Mask
- ❑$_2$ Tubing
- ❑$_3$ Power supply or battery
- ❑$_4$ Head or chin straps / Headgear
- ❑$_5$ Repairs
- ❑$_6$ Routine maintenance
- ❑$_7$ Filters
- ❑$_8$ Humidifier or reservoir
- ❑$_{96}$ Other, please specify:

_____

B3. Thinking about everything you paid for <u>with your own money</u> 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.)

- ❑$_1$ Less than $100
- ❑$_2$ $100-$500
- ❑$_3$ $500 or more
- ❑$_{98}$ I don't know

C. YOUR SUPPLIER

C1. Considering the CPAP machine you use now, did you have any problems finding an equipment supplier to get your CPAP machine from?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to C2)**
- ❑$_{98}$ I don't know **(→Skip to C2)**

C1a. What kinds of problems did you have finding a CPAP machine supplier? (Please check all that apply.)

- ❑$_1$ Hard to find a supplier who covered my area
- ❑$_2$ Supplier did not carry what I needed
- ❑$_3$ Supplier could not deliver equipment when I needed it
- ❑$_4$ Supplier did not accept Medicare
- ❑$_{96}$ Other, please specify:

_____

C2. Considering the CPAP machine you use now, did you have a <u>choice</u> of suppliers?

- ❑$_1$ Yes, many
- ❑$_2$ Yes, a few
- ❑$_3$ No, only one supplier available
- ❑$_{98}$ I don't know

C3. Considering the CPAP machine you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?

- ❑$_1$ Yes, completely
- ❑$_2$ Yes, somewhat
- ❑$_3$ No
- ❑$_4$ I did not ask any questions
- ❑$_{98}$ I don't know

C4. <u>Before deciding on the CPAP machine you use now</u>, did your supplier <u>tell you as much as you wanted to know</u> about the options for your CPAP machine?

- ❑$_1$ Yes, completely
- ❑$_2$ Yes, somewhat
- ❑$_3$ No
- ❑$_{98}$ I don't know

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>?

- ❑$_1$ 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

C5. After you ordered your CPAP machine, how long did it take to arrive?

- ❑$_1$ Next day
- ❑$_2$ Within a week
- ❑$_3$ 1-2 weeks later
- ❑$_4$ More than 2 weeks later
- ❑$_{98}$ I don't know

C6. How did you get your CPAP machine?

- ❑$_1$ Delivered to my home by my supplier
- ❑$_2$ Mailed to my home by my supplier
- ❑$_3$ I (or someone on my behalf) picked it up from my supplier
- ❑$_{98}$ I don't know
- ❑$_{99}$ Some other way, please specify:

_____

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.)

- ❑$_1$ Give you <u>written instructions</u> on how to use the CPAP machine
- ❑$_2$ Show you how to <u>use</u> the CPAP machine
- ❑$_3$ Choose a safe and convenient place to <u>store and charge</u> the CPAP machine
- ❑$_4$ Show you how to <u>clean and maintain</u> the CPAP machine
- ❑$_5$ Let you <u>practice</u> how to use and maintain your CPAP machine while they watched
- ❑$_6$ Gave me the manufacturer's <u>customer assistance toll-free telephone number</u>
- ❑$_7$ Sent someone <u>to my home</u> to explain how to use it
- ❑$_8$ I did not get any training or help from my supplier **(→Skip to C8)**
- ❑$_{98}$ I don't know **(→Skip to C8)**

C7a. <u>As a result of that training</u>, how comfortable do you feel using and maintaining your CPAP machine?

- ❑$_1$ Very comfortable
- ❑$_2$ Comfortable
- ❑$_3$ Uncomfortable
- ❑$_4$ Very uncomfortable
- ❑$_5$ My comfort level has nothing to do with the training that my supplier gave me

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.)

- ❑$_1$ Once in the 3 months after you got the CPAP machine
- ❑$_2$ More than once in the 3 months after you got the CPAP machine
- ❑$_3$ Not at all in the 3 months after you got the CPAP machine

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?

- ❑$_1$ No time and energy
- ❑$_2$ A little time and energy
- ❑$_3$ Some time and energy
- ❑$_4$ A lot of time and energy
- ❑$_{98}$ I don't know

C10. Would you recommend this CPAP machine supplier to a friend who needed similar equipment and services?

- ❑$_1$ Yes
- ❑$_2$ No

D. RECENT EXPERIENCES

Please answer the following questions about the supplier that you use most often for your CPAP machine and accessories.

D1. <u>During the past six months</u>, how reliable was your supplier in making deliveries or repairs?

- ❑$_1$ Very reliable
- ❑$_2$ Somewhat reliable
- ❑$_3$ Not reliable at all
- ❑$_4$ Does not apply

D2. <u>In the past six months</u>, have you contacted your supplier with a complaint or a problem?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**
- ❑$_4$ Don't know how to contact my supplier **(→Skip to D5)**

D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_3$ I am waiting for it to be settled
- ❑$_{98}$ I don't know

D3. <u>In the past six months,</u> have you contacted your supplier to get emergency service or advice?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D4)**
- ❑$_{98}$ I don't know **(→Skip to D4)**

D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say …

- ❑$_1$ Within 1 day
- ❑$_2$ Within 2 days
- ❑$_3$ Within 1 week
- ❑$_4$ Longer than 1 week
- ❑$_{98}$ I don't know

D3b. Were you able to get the emergency service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D4. <u>In the past six months</u>, have you needed to contact your supplier after regular business hours?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**

D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D5. Overall, how would you rate the supplier that you use most?

- ❑$_1$ Poor
- ❑$_2$ Fair
- ❑$_3$ Good
- ❑$_4$ Very good
- ❑$_5$ Excellent

D6. <u>In the past six months</u>, have you changed your CPAP machine supplier?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to SECTION E)**
- ❑$_{98}$ I don't know **(→Skip to SECTION E)**

D6a. Why did you change your CPAP machine supplier? (Please check all that apply.)

- ❑$_1$ I moved
- ❑$_2$ Supplier became ineligible to provide the equipment under Medicare
- ❑$_3$ Supplier went out of business
- ❑$_4$ I was not happy with the quality of service
- ❑$_5$ I was not happy with equipment
- ❑$_6$ I was not happy with the choices of equipment or service I could get
- ❑$_7$ I was not happy with the assistance I got in handling the insurance
- ❑$_8$ Supplier did not provide CPAP machine, accessories or repair service I needed
- ❑$_9$ I changed to an HMO and had to use a different supplier
- ❑$_{96}$ Other, please specify:

_____

E. ABOUT YOU

Section E is about you, the person whose name is on the mailing label of this survey.

E1. In general, how would you rate your overall health?

- ❑1 Excellent
- ❑2 Very good
- ❑3 Good
- ❑4 Fair
- ❑5 Poor

E2. Compared to 1 year ago, how would you rate your health now? Would you say …

- ❑1 Much better now
- ❑2 Somewhat better now
- ❑3 About the same
- ❑4 Somewhat worse now
- ❑5 Much worse now

E3. Do you currently live alone?

- ❑1 Yes **(→Skip to E5)**
- ❑2 No

E4. Which best describes your living situation now? (Please check all that apply.) I live….

- ❑1 With spouse/partner
- ❑2 With parent/step-parent
- ❑3 With child/children
- ❑4 With other relative(s)
- ❑5 With friend
- ❑6 With other person(s) not related to me

E5. What is the highest grade or level of school that you have completed?

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

E6. What was your household's annual income during 2009, before taxes?

- ❑1 Less than $5,000 ($416 per month)
- ❑2 Between $5,001 and $10,000 ($417–$833 per month)
- ❑3 Between $10,001 and $20,000 ($834–$1,666 per month)
- ❑4 Between $20,001 and $30,000 ($1,667–2,500 per month)
- ❑5 Between $30,001 and $50,000 ($2,501–$4,167 per month)
- ❑6 Over $50,000 (over $4,168 per month)

E7. Are you of Hispanic or Latino origin or descent?

- ❑$_1$ Yes, Hispanic or Latino
- ❑$_2$ No, not Hispanic or Latino

E8. How would you describe your race? (Please check all that apply.)

- ❑$_1$ American Indian or Alaskan Native
- ❑$_2$ Asian
- ❑$_3$ Black or African American
- ❑$_4$ Native Hawaiian or other Pacific Islander
- ❑$_5$ White or Caucasian
- ❑$_{96}$ Other, please tell us:

_____

F. OTHER INFORMATION

F1. Please check the correct statement:

- ❑$_1$ I am the person to whom this survey was addressed **(→Skip to END)**
- ❑$_2$ I filled this survey out or helped fill it out for someone else

F2. How did you help the person with this survey?

- ❑$_1$ I wrote the answers that the person told me
- ❑$_2$ I answered the questions myself based on my knowledge of the person's condition
- ❑$_3$ Both of the above

Thank you for completing the survey. Please return the completed survey in the postage-paid envelope addressed to:

Survey of Medicare Patients
Abt Associates Inc.
55 Wheeler Street,
Cambridge, MA 02138

If you have any **questions about the survey**, please call toll-free 1-888-XXX-XXXX.

If you have any **questions about Medicare**, please visit the website of the Center for Medicare Services at: http://www.medicare.gov/, or call 1-800-MEDICARE.

OMB# 0938-NEW

1001

Survey of Medicare Patients Who Use a Hospital Bed

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.

❑$_1$ 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.

Please return by _____.

Instructions

The questions in this survey ask about your experiences as a person who uses a hospital bed.

To complete the survey, please answer the questions by checking the box to the left of your answer (as shown below). You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow beside your response with a note that tells you which question to answer next, like this:

- ❒ Yes
- ☑ No → Skip to A5
- ❒ I don't know

If there is no arrow next to your response, please proceed to the next question.

Some people might ask someone else (maybe a spouse, child, or friend) to help them complete this survey. If someone is helping you fill out the survey, remember that the questions always refer to you and your experience with your hospital bed.

Confidentiality

All information that would let someone identify you or your family will be kept confidential. You may choose to answer this survey or not. If you choose not to, this will not affect the Medicare benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

If you have any questions about the survey, please call Abt Associates, the survey company, at 1-888-XXX-XXXX.
This is a toll-free call.

A. USE OF HOSPITAL BEDS

A1. When did you begin using a hospital bed?

- ❑1 2010
- ❑2 2009
- ❑3 2008
- ❑4 Before 2008
- ❑5 I have never used a hospital bed **(Skip to SECTION E on page 10)**

A2. When you first began using a hospital bed, how long did you expect to use it?

- ❑1 Less than 1 month
- ❑2 2 to 6 months
- ❑3 More than 6 months
- ❑4 Forever
- ❑98 I don't know

A3. Do you use a hospital bed now? This includes using a hospital bed all of the time or just occasionally.

- ❑1 Yes **(→ Skip to A4)**
- ❑2 No, I no longer use a hospital bed

A3a. Why did you stop using your hospital bed? (Please check all that apply and then skip to SECTION E on page 10)

- ❑1 My condition got better so I did not need it anymore
- ❑2 My condition got worse
- ❑3 I was not comfortable in it
- ❑5 I did not feel safe in it
- ❑6 I just did not like it
- ❑7 It was too difficult to use
- ❑8 It kept breaking
- ❑10 It did not have the features I needed
- ❑96 Other, please specify:

_____

YOUR CURRENT USE OF HOSPITAL BED

A4. When did you first get the hospital bed you use now?

- ❑1 Less than 6 months ago
- ❑2 6-12 months ago
- ❑3 More than 12 months ago

A5. Does someone regularly help you use your hospital bed (for example, a relative, friend or home health aide)?

- ❑1 Yes
- ❑2 No

A

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):

- ❑$_1$ Why you needed to have a hospital bed
- ❑$_2$ The different types of hospital beds and controls
- ❑$_3$ None of these things were explained by a medical person
- ❑$_{98}$ I don't know or don't recall if a medical person explained anything to me

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?

- ❑$_1$ Within the last 6 months
- ❑$_2$ Between 6 months and 1 year ago
- ❑$_3$ Between 1 and 3 years ago
- ❑$_4$ More than 3 years ago
- ❑$_{98}$ I don't know

A8. Have you had more than one hospital bed in the past year?

- ❑$_1$ No **(→ Skip to SECTION B)**
- ❑$_2$ Yes, I changed my hospital bed
- ❑$_{98}$ I don't know **(→ Skip to SECTION B)**

A8a. Why did you make this (these) change(s)? (Please check all that apply.)

- ❑$_1$ Hospital bed needed to be replaced because the original one did not work
- ❑$_2$ My medical condition changed, so I needed something different
- ❑$_3$ Found a new hospital bed that was better for me
- ❑$_4$ Found new features / controls that were better for me
- ❑$_5$ Doctor/ health care provider prescribed a different type of hospital bed
- ❑$_6$ My supplier became ineligible to provide my equipment under Medicare
- ❑$_7$ My supplier did not tell me why they changed my equipment
- ❑$_{96}$ Other, please specify:

_____

A9. Do you believe that you now have the hospital bed that is right for you?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

A10. Is using your hospital bed difficult or uncomfortable?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to A11)**
- ❑$_{98}$ I don't know **(→Skip to A11)**

A10a. What is it about your hospital bed that makes it difficult or uncomfortable for you to use? (Please check all that apply.)

- ❑$_1$ It is difficult for me to sit up
- ❑$_2$ It is difficult for me to reach controls
- ❑$_3$ It is difficult for me to shift my weight for pressure relief
- ❑$_4$ It is difficult for me to transfer in and out of the hospital bed easily
- ❑$_5$ I cannot lie comfortably in it
- ❑$_6$ The tray or other attachments are hard to adjust or use
- ❑$_8$ It takes up a lot of space
- ❑$_{96}$ Other, please tell us what else:

_____

A11. In general, how often do you use your hospital bed?

- ❑$_1$ Less than one day or night per week
- ❑$_2$ 1-2 days or nights per week
- ❑$_3$ 3-4 days or nights per week
- ❑$_4$ 5-6 days or nights per week
- ❑$_5$ Every or night day

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

A13. How reliable is the hospital bed you use now? Would you say …

- ❑$_1$ Very reliable
- ❑$_2$ Somewhat reliable
- ❑$_3$ Somewhat unreliable
- ❑$_4$ Very unreliable
- ❑$_{98}$ I don't know

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?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION B)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION B)**

A14a. How many times did you have these kinds of problems in the past year?

- ❑$_1$ One time
- ❑$_2$ 2 or 3 times
- ❑$_3$ 4 or more times
- ❑$_4$ Don't recall the exact number of times

A14b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)

- ❑$_1$ Hospital bed did not work
- ❑$_2$ Hospital bed adjustments did not work
- ❑$_{96}$ Other, please specify:

_____

B. MEDICAL EXPENSES

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.)

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION C)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION C)**

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.)

- ❑$_1$ Mattress
- ❑$_2$ Bed board
- ❑$_3$ Bed cradle
- ❑$_4$ Bed side rails
- ❑$_5$ Safety enclosure frame
- ❑$_6$ Trapeze bars
- ❑$_7$ Repairs
- ❑$_8$ Routine maintenance
- ❑$_{96}$ Other, please specify:

_____

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.)

- ❑$_1$ Less than $100
- ❑$_2$ $100-$500
- ❑$_3$ $500 or more
- ❑$_{98}$ I don't know

C. YOUR SUPPLIER

C1. Considering the hospital bed you use now, did you have any problems finding an equipment supplier to get your hospital bed from?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to C7)**
- ❑$_{98}$ I don't know **(→Skip to C7)**

C1a. What kinds of problems did you have finding a hospital bed supplier? (Please check all that apply.)

- ❑$_1$ Hard to find a supplier who covered my area
- ❑$_2$ Supplier did not carry what I needed
- ❑$_3$ Supplier could not deliver equipment when I needed it
- ❑$_4$ Supplier did not accept Medicare
- ❑$_{96}$ Other, please describe:

_____

C2. Considering the hospital bed you use now, did you have a choice of suppliers?

- ❑$_1$ Yes, many
- ❑$_2$ Yes, a few
- ❑$_3$ No, only one supplier available
- ❑$_{98}$ I don't know

C3. Considering the hospital bed you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No
- ❑4 I did not ask any questions
- ❑98 I don't know

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?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No
- ❑98 I don't know

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>?

- ❑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

C5. After you ordered your hospital bed, how long did it take to arrive?

- ❑1 Same day
- ❑2 Next day
- ❑3 Within a week
- ❑4 More than 1 week later
- ❑98 I don't know

C6. How did you get your hospital bed?

- ❑1 Delivered or shipped to my home by my supplier
- ❑2 I (or someone on my behalf) picked it up from my supplier
- ❑98 I don't know
- ❑96 Some other way, please specify:

_____

C7. When you got your the hospital bed 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.)

- ❑1 Give you written instructions on how to use the hospital bed
- ❑2 Show you how to use the hospital bed
- ❑3 Choose a safe and convenient place to place the hospital bed
- ❑4 Show you how to clean and maintain the hospital bed
- ❑5 Show you how to use the hospital bed safely
- ❑6 Let you practice how to use and maintain your hospital bed while they watched
- ❑7 Give you the manufacturer's customer assistance toll-free telephone number
- ❑8 I did not get any training or help from my supplier **(→Skip to C8)**
- ❑98 I don't know **(→Skip to C8)**

C7a. As a result of that training, how comfortable do you feel using and maintaining your hospital bed?

- ❑1 Very comfortable
- ❑2 Comfortable
- ❑3 Uncomfortable
- ❑4 Very uncomfortable
- ❑5 My comfort level has nothing to do with the training that my supplier gave me

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?

- ❑1 No time and energy
- ❑2 A little time and energy
- ❑3 Some time and energy
- ❑4 A lot of time and energy
- ❑98 I don't know

C9. Overall, how would you rate the supplier that you use most?

- ❑1 Poor
- ❑2 Fair
- ❑3 Good
- ❑4 Very good
- ❑5 Excellent

C10. Would you recommend this hospital bed supplier to a friend who needed similar equipment and services?

- ❑1 Yes
- ❑2 No

D. RECENT EXPERIENCES

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.

D1. <u>During the past six months</u>, how reliable was your supplier in making deliveries or repairs?

- ❑$_1$ Very reliable
- ❑$_2$ Somewhat reliable
- ❑$_3$ Not reliable at all
- ❑$_{99}$ Does not apply

D2. In the past six months, have you contacted your supplier with a complaint or a problem?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**
- ❑$_4$ I don't know how to contact my supplier **(→Skip to D5)**

D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_3$ I am waiting for it to be settled
- ❑$_{98}$ I don't know

D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice?

- ❑ Yes
- ❑$_2$ No **(→ Skip to D5)**
- ❑$_{98}$ I don't know **(→ Skip to D5)**

D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say…

- ❑$_1$ Within 1 day
- ❑$_2$ Within 2 days
- ❑$_3$ Within 1 week
- ❑$_4$ Longer than 1 week
- ❑$_{98}$ I don't know

D3b. Were you able to get the emergency service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D4. <u>In the past six months</u>, have you needed to contact your supplier after regular business hours?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to D5)**
- ❑$_{98}$ I don't know **(→ Skip to D5)**

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?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D5. <u>In the past six months</u>, have you changed your hospital bed supplier?

- ❑$_1$ Yes
- ❑$_2$ No **(→ Skip to SECTION E on page 10)**
- ❑$_{98}$ I don't know **(→ Skip to SECTION E on page 10)**

D5a. Why did you change your hospital bed supplier? (Please check all that apply.)

- ❑$_1$ I moved
- ❑$_2$ Supplier no longer accepted Medicare
- ❑$_3$ Supplier went out of business
- ❑$_4$ I was not happy with the quality of service
- ❑$_5$ I was not happy with equipment
- ❑$_6$ I was not happy with the choices of equipment or service I could get
- ❑$_7$ I was not happy with the assistance I got in handling the insurance
- ❑$_8$ Supplier did not provide hospital bed, accessories or repair service I needed
- ❑$_9$ I changed to an HMO and had to use a different supplier
- ❑$_{10}$ Supplier became ineligible to provide the equipment under Medicare
- ❑$_{96}$ Other, please specify:

_____

E. ABOUT YOU

Section E is about you, the person whose name is on the mailing label of this survey.

E1. In general, how would you rate <u>your overall health</u>?

- ❑1 Excellent
- ❑2 Very good
- ❑3 Good
- ❑4 Fair
- ❑5 Poor

E2. <u>Compared to 1 year ago</u>, how would you rate your health now? Would you say…

- ❑1 Much better now
- ❑2 Somewhat better now
- ❑3 About the same
- ❑4 Somewhat worse now
- ❑5 Much worse now

E3. Do you currently live alone?

- ❑1 Yes **(→Skip to E5)**
- ❑2 No

E4. Which best describes your living situation <u>now</u>? (Please check all that apply.) I live …

- ❑1 With spouse/partner
- ❑2 With parent/step-parent
- ❑3 With child/children
- ❑4 With other relative(s)
- ❑5 With friend
- ❑6 With other person(s) not related to me

E5. What is the highest grade or level of school that you have <u>completed</u>?

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

E6. What was your household's annual income during 2006 <u>before</u> taxes?

- ❑1 Less than $5,000 ($416 per month)
- ❑2 Between $5,001 and $10,000 ($417–$833 per month)
- ❑3 Between $10,001 and $20,000 ($834–$1,666 per month)
- ❑4 Between $20,001 and $30,000 ($1,667–2,500 per month)
- ❑5 Between $30,001 and $50,000 ($2,501–$4,167 per month)
- ❑6 Over $50,000 (over $4,168 per month)

E7. Are you of Hispanic or Latino origin or descent?

- ❑1 Yes, Hispanic or Latino
- ❑2 No, not Hispanic or Latino

E8. How would you describe your race? (Please check all that apply.)

- ❑1 American Indian or Alaskan Native
- ❑2 Asian
- ❑3 Black or African American
- ❑4 Native Hawaiian or other Pacific Islander
- ❑5 White or Caucasian
- ❑96 Other, please tell us:

_____

F. OTHER INFORMATION

F1. Please check the correct statement:

- ❑1 I am the person to whom this survey was addressed **(→Skip to END)**
- ❑2 I filled this survey out or helped fill it out for someone else

F2. How did you help the person with this survey?

- ❑1 I wrote the answers that the person told me
- ❑2 I answered the questions myself based on my knowledge of the person's condition
- ❑3 Both of the above

Thank you for completing the survey. Please return the completed survey in the postage-paid envelope addressed to:

CMS Survey of Medicare Beneficiaries
Abt Associates Inc.
55 Wheeler Street,
Cambridge, MA 02138

If you have any **questions about the survey**, please call toll-free 1-888-XXX-XXXX.

If you have any **questions about Medicare**, please visit the website of the Center for Medicare Services at: http://www.medicare.gov/, or call 1-800-MEDICARE.

OMB# 0938-XXX

1001

Survey of Medicare Patients Who Use a Power Wheelchair

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.

❑$_1$ 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.

Please return by _____.

Instructions

The questions in this survey ask about your experiences as a person who uses a power wheelchair.

To complete the survey, please answer the questions by checking the box to the left of your answer (as shown below). You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow beside your response with a note that tells you which question to answer next, like this:

- ❒ Yes
- ☑ No → Skip to A5
- ❒ I don't know

If there is no arrow next to your response, please proceed to the next question.

Some people might ask someone else (maybe a spouse, child, or friend) to help them complete this survey. If someone is helping you fill out the survey, remember that the questions always refer to <u>you</u> and <u>your</u> experience with oxygen treatment and equipment.

Confidentiality

All information that would let someone identify you or your family will be kept confidential. You may choose to answer this survey or not. If you choose not to, this will not affect the Medicare benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

If you have any questions about the survey, please call Abt Associates, the survey company, at 1-888-XXX-XXXX.
This is a toll-free call.

A. USE OF POWER WHEELCHAIRS

A1. When did you begin using a power wheelchair?

- ❒$_1$ 2010
- ❒$_2$ 2009
- ❒$_3$ 2008
- ❒$_4$ Before 2008
- ❒$_5$ I have <u>never</u> used a power wheelchair **(Skip to SECTION E on page 11)**

A2. <u>When you first began using a power wheelchair</u>, how long did you expect to use it?

- ❑$_1$ Less than 1 month
- ❑$_2$ 1 to 6 months
- ❑$_3$ More than 6 months
- ❑$_4$ Forever
- ❑$_{98}$ I don't know

A3. Do you use a power wheelchair now? This includes using a power wheelchair all of the time or just occasionally.

- ❑$_1$ Yes **(→Skip to A4)**
- ❑$_2$ No, I have never used a power wheelchair

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.)

- ❑$_1$ My condition got better so I did not need it anymore
- ❑$_2$ My condition got worse so I couldn't use it anymore
- ❑$_3$ I was embarrassed to use it
- ❑$_4$ I was not comfortable sitting in it
- ❑$_5$ I did not feel safe driving it
- ❑$_6$ I just did not like using it
- ❑$_7$ It was too difficult to use
- ❑$_8$ It kept breaking down
- ❑$_9$ I had no place to charge it and/or store it
- ❑$_{10}$ It did not have the features I needed
- ❑$_{96}$ Other, please specify:

_____

USE OF YOUR CURRENT POWER WHEELCHAIR

A4. When did you first get the power wheelchair you use now?

- ❑$_1$ Less than 6 months ago
- ❑$_2$ 6-12 months ago
- ❑$_3$ More than 12 months ago

A5. Did you get your current power wheelchair while you were in a nursing home or hospital?

- ❑$_1$ Yes
- ❑$_2$ No

A6. Does someone regularly help you use your power wheelchair (e.g. a relative, friend or home health aide)?

- ❑1 Yes
- ❑2 No

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?

- ❑1 Why you needed to use a power wheelchair
- ❑2 The different types of power wheelchairs, control options, and accessories that exist
- ❑3 None of these things were explained by a medical person
- ❑98 I don't know or don't recall if a medical person explained anything to me

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?

- ❑1 Within the last 6 months
- ❑2 Between 6 months and 1 year ago
- ❑3 Between 1 and 3 years ago
- ❑4 More than 3 years ago
- ❑98 I don't know

A9. Have you had more than one power wheelchair in the past year or changed accessories (for example, controls, cushion) in the past year?

- ❑1 No **(→Skip to A10)**
- ❑2 Yes, I changed my power wheelchair
- ❑3 Yes, I changed or added accessories
- ❑98 I don't know **(→Skip to A10)**

A9a. Why did you make this (these) change(s)? (Please check all that apply.)

- ❑1 Wheelchair needed to be replaced because the original one did not work
- ❑2 My medical condition changed, so I needed something different
- ❑3 Found a new wheelchair that was better for me
- ❑4 Found new features/accessories that were better for me
- ❑5 Doctor or health care provider prescribed a different type of wheelchair or different accessories
- ❑6 My supplier did not tell me why they changed my equipment
- ❑6 My supplier became ineligible to provide my equipment under Medicare
- ❑96 Other, please specify:

_____

A10. Do you believe that you now have the power wheelchair that is right for you?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

A11. Is using your power wheelchair difficult or uncomfortable?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to A12)**
- ❑$_{98}$ I don't know **(→Skip to A12)**

A11a. What is it about your power wheelchair that makes it difficult or uncomfortable to use? (Please check all that apply.)

- ❑$_1$ Battery range not sufficient for daily activities
- ❑$_2$ Not enough power to get over barriers such as ramps, thresholds and curbs
- ❑$_3$ Not enough speed to safely cross the street during a traffic light change
- ❑$_4$ It is difficult to shift my weight for pressure relief
- ❑$_5$ **It is difficult** to use the chair easily inside my home
- ❑$_6$ **It is difficult** to use the chair easily outside of my home
- ❑$_7$ **It is difficult** to transport the chair to where I want to go
- ❑$_8$ **It is difficult** sit comfortably in it for a long time
- ❑$_9$ **It is difficult** transfer in and out of the wheelchair easily
- ❑$_{10}$ It is too heavy and cumbersome to use
- ❑$_{11}$ I have trouble charging it
- ❑$_{96}$ Other, please tell us what else:

_____

A12. In general, how often do you use your power wheelchair?

- ❑1 Less than one day a week
- ❑2 1-2 days per week
- ❑3 3-4 days per week
- ❑4 5-6 days per week
- ❑5 Every day

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)?

_____ hours per day

A14. How reliable is the power wheelchair you use now? Would you say…

- ❑1 Very reliable
- ❑2 Somewhat reliable
- ❑3 Somewhat unreliable
- ❑4 Very unreliable
- ❑98 I don't know

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?

- ❑1 Yes
- ❑2 No **(→Skip to SECTION B)**
- ❑98 I don't know **(→Skip to SECTION B)**

B.

A16a. How many times did you have these kinds of problems <u>in the past year</u>?

- ❑1 One time
- ❑2 2 or 3 times
- ❑3 4 or more times

A16b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)

- ❑1 Batteries did not work
- ❑2 Motor did not work
- ❑3 Controls or joystick did not work
- ❑96 Other, please specify:

_____

MEDICAL EXPENSES

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.)

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to SECTION C)**
- ❑$_{98}$ I don't know **(→Skip to SECTION C)**

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.)

- ❑$_1$ Seat or back cushions
- ❑$_2$ Tires
- ❑$_3$ Batteries
- ❑$_4$ Motors
- ❑$_5$ Crutch holder
- ❑$_6$ Lap tray
- ❑$_7$ Repairs
- ❑$_8$ Routine maintenance
- ❑$_{96}$ Other, please specify:

_____

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.)

- ❑$_1$ Less than $100
- ❑$_2$ $100-$500
- ❑$_3$ $500 or $1,000
- ❑$_4$ $1,000- $2,000
- ❑$_{98}$ I don't know

C. YOUR SUPPLIER

C1. Considering the power wheelchair you use now, did you have any problems finding an equipment supplier to get your wheelchair from?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to C2)**
- ❑$_{98}$ I don't know **(→Skip to C2)**

C1a. What kinds of problems did you have finding a power wheelchair supplier? (Please check all that apply.)

- ❑$_1$ Hard to find a supplier who covered my area
- ❑$_2$ Supplier did not carry what I needed
- ❑$_3$ Supplier could not deliver equipment when I needed it
- ❑$_4$ Supplier did not accept Medicare
- ❑$_{96}$ Other, please specify:

  _____

C2. Considering the power wheelchair you use now, did you have a <u>choice</u> of suppliers?

- ❑$_1$ Yes, many
- ❑$_2$ Yes, a few
- ❑$_3$ No, only one supplier available
- ❑$_{98}$ I don't know

C3. Considering the power wheelchair you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?

- ❑$_1$ Yes, completely
- ❑$_2$ Yes, somewhat
- ❑$_3$ No
- ❑$_4$ I did not ask any questions
- ❑$_{98}$ I don't know

C4. <u>Before deciding on the power wheelchair you use now</u>, did your supplier <u>tell you as much as you wanted to know</u> about the options for your power wheelchair?

- ❑$_1$ Yes, completely
- ❑$_2$ Yes, somewhat
- ❑$_3$ No
- ❑$_{98}$ I don't know

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>?

- ❑$_1$ 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

C5. After you ordered your power wheelchair, how long did it take to arrive?

- ❑1 less than 2 weeks
- ❑2 2 weeks to 1 month
- ❑3 1 to 2 months
- ❑4 2 to 3 months
- ❑5 More than 3 months
- ❑98 I don't know

C6. How did you get the power wheelchair you use now?

- ❑1 Delivered to my home by my supplier
- ❑2 Mailed/shipped to my home by my supplier
- ❑3 I (or someone on my behalf) picked it up from my supplier
- ❑4 I picked it up at a seating clinic or rehabilitation center
- ❑98 I don't know
- ❑96 Some other way, please specify:

C7. When you got the power wheelchair you use now, what kind of training or help did the supplier give you or the person who cares for you? Did he/she … (Please check all that apply.)

- ❑1 Give you written instructions on how to use the power wheelchair
- ❑2 Show you how to drive the power wheelchair
- ❑3 Show you how to charge your chair battery
- ❑4 Show you how to clean and maintain the power wheelchair
- ❑5 Show you how to use the power wheelchair safely
- ❑6 Let you practice how to use and maintain your power wheelchair while they watched
- ❑7 Gave me the manufacturer's customer assistance toll-free telephone number
- ❑8 I did not get any training or help from my supplier **(→ Skip to C8)**
- ❑98 I don't know **(→ Skip to C8)**

C7a. As a result of that training, how comfortable do you feel using and maintaining your power wheelchair?

- ❑1 Very comfortable
- ❑2 Comfortable
- ❑3 Uncomfortable
- ❑4 Very uncomfortable
- ❑5 My comfort level has nothing to do with the training that my supplier gave me

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.)

- ❑$_1$ Once in the 3 months after you got the power wheelchair
- ❑$_2$ More than once in the 3 months after you got the power wheelchair
- ❑$_3$ Not at all in the 3 months after you got the power wheelchair

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?

- ❑$_1$ No time and energy
- ❑$_2$ A little time and energy
- ❑$_3$ Some time and energy
- ❑$_4$ A lot of time and energy
- ❑$_{98}$ I don't know

C10. Considering the power wheelchair you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

C11. Overall, how would you rate the supplier that you use most?

- ❑$_1$ Poor
- ❑$_2$ Fair
- ❑$_3$ Good
- ❑$_4$ Very good
- ❑$_5$ Excellent

C12. Would you recommend this power wheelchair supplier to a friend who needed similar equipment and services?

- ❑$_1$ Yes
- ❑$_2$ No

D. RECENT EXPERIENCES

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.

D1. <u>During the past six months</u>, how reliable was your supplier in making repairs, if needed?

- ❑$_1$ Very reliable
- ❑$_2$ Somewhat reliable
- ❑$_3$ Not reliable at all
- ❑$_{99}$ Does not apply

D2. <u>In past six months</u>, have you contacted your supplier with a complaint or a problem?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to D3)**
- ❑$_{98}$ I don't know **(→Skip to D3)**
- ❑$_4$ Don't know how to contact my supplier **(→Skip to D3)**

D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_3$ I am waiting for it to be settled
- ❑$_{98}$ I don't know

D3. <u>In the past six months,</u> have you contacted your supplier to get emergency service or advice?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**

D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say …

- ❑$_1$ Within 1 day
- ❑$_2$ Within 2 days
- ❑$_3$ Within 1 week
- ❑$_4$ Longer than 1 week
- ❑$_{98}$ I don't know

D3b. Were you able to get the emergency service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D4. <u>In the past six months,</u> did you need to contact your supplier after regular business hours?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**

D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D5. <u>In the past six</u> months, have you changed your power wheelchair supplier?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to SECTION E on page 11)**
- ❑$_{98}$ I don't know **(→Skip to SECTION E on page 11)**

D5a. Why did you change your power wheelchair supplier? (Please check all that apply.)

- ❑$_1$ I moved
- ❑$_2$ Supplier no longer accepted Medicare
- ❑$_3$ Supplier went out of business
- ❑$_4$ I was not happy with the quality of service
- ❑$_5$ I was not happy with equipment
- ❑$_6$ I was not happy with the choices of equipment or service I could get
- ❑$_7$ I was not happy with the assistance I got in handling the insurance
- ❑$_8$ Supplier did not provide power wheelchair, accessories or repair service I needed
- ❑$_9$ I changed to an HMO and had to use a different supplier
- ❑$_{10}$ Supplier became ineligible to provide the equipment under Medicare
- ❑$_{96}$ Other, please describe:

_____

E. ABOUT YOU

Section E is about you, the person whose name is on the mailing label of this survey.

E1. In general, how would you rate <u>your overall health</u>?

- ❑1 Excellent
- ❑2 Very good
- ❑3 Good
- ❑4 Fair
- ❑5 Poor

E2. <u>Compared to 1 year ago</u>, how would you rate your health now? Would you say…

- ❑1 Much better now
- ❑2 Somewhat better now
- ❑3 About the same
- ❑4 Somewhat worse now
- ❑5 Much worse now

E3. Do you currently live alone?

- ❑1 Yes **(→Skip to E5)**
- ❑2 No

E4. Which best describes your living situation <u>now</u>? (Please check all that apply.)

I live ….

- ❑1 With spouse/partner
- ❑2 With parent/step-parent
- ❑3 With child/children
- ❑4 With other relative(s)
- ❑5 With friend
- ❑6 With other person(s) not related to me

E5. What is the highest grade or level of school that you have <u>completed</u>?

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

E6. What was your household's annual income during 2006 before taxes?

- ❑1 Less than $5,000 ($416 per month)
- ❑2 Between $5,001 and $10,000 ($417–$833 per month)
- ❑3 Between $10,001 and $20,000 ($834–$1,666 per month)
- ❑4 Between $20,001 and $30,000 ($1,667–2,500 per month)
- ❑5 Between $30,001 and $50,000 ($2,501–$4,167 per month)
- ❑6 Over $50,000 (over $4,168 per month)

E7. Are you of Hispanic or Latino origin or descent?

- ❑1 Yes, Hispanic or Latino
- ❑2 No, not Hispanic or Latino

E8. How would you describe your race? (Please check all that apply.)

- ❑1 American Indian or Alaskan Native
- ❑2 Asian
- ❑3 Black or African American
- ❑4 Native Hawaiian or other Pacific Islander
- ❑5 White or Caucasian
- ❑96 Other, please tell us:

_____

F. OTHER INFORMATION

F1. Please check the correct statement:

- ❑1 I am the person to whom this survey was addressed **(→Skip to END)**
- ❑2 I filled this survey out or helped fill it out for someone else

F2. How did you help the person with this survey?

- ❑1 I wrote the answers that the person told me
- ❑2 I answered the questions myself based on my knowledge of the person's condition
- ❑3 Both of the above

Thank you for completing the survey. Please return the completed survey in the postage-paid envelope addressed to:

Survey of Medicare Patients
Abt Associates Inc.
55 Wheeler Street,
Cambridge, MA 02138

If you have any **questions about the survey**, please call toll-free 1-888-XXX-XXXX.

If you have any **questions about Medicare**, please visit the website of the Center for Medicare Services at: http://www.medicare.gov/, or call 1-800-MEDICARE.

OMB# 0938-XXX

1001

Survey of Medicare Patients Who Use a Walker

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.

❑$_1$ 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.

Please return by _____.

Instructions

The questions in this survey ask about your experiences as a person who uses a walker.

To complete the survey, please answer the questions by checking the box to the left of your answer (as shown below). You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow beside your response with a note that tells you which question to answer next, like this:

- ❒ Yes
- ☑ No → Skip to A5
- ❒ I don't know

If there is no arrow next to your response, please proceed to the next question.

Some people might ask someone else (maybe a spouse, child, or friend) to help them complete this survey. If someone is helping you fill out the survey, remember that the questions always refer to you and your experience with your walker.

Confidentiality

All information that would let someone identify you or your family will be kept confidential. You may choose to answer this survey or not. If you choose not to, this will not affect the Medicare benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we won't send you reminders.

If you have any questions about the survey, please call Abt Associates, the survey company, at 1-888-XXX-XXXX.
This is a toll-free call.

A. USE OF WALKERS

A1. When did you begin using a walker?

- ❑1 2010
- ❑2 2009
- ❑3 2008
- ❑4 Before 2008
- ❑5 I have never used a walker **(Skip to SECTION E on page 11)**

A2. When you first began using a walker, how long did you expect to use it?

- ❑1 Less than 1 month
- ❑2 1 to 6 months
- ❑3 More than 6 months
- ❑4 Forever
- ❑98 I don't know

A3. Do you use a walker now? This includes using a walker all of the time or just occasionally.

- ❑1 Yes (→ **Skip to A4)**
- ❑2 No, I no longer use a walker

A3a. Why did you stop using your walker? (Please check all that apply and then skip to SECTION E on page 10.)

- ❑1 My condition got better so I did not need it anymore
- ❑2 My condition got worse so I couldn't use it anymore
- ❑3 I was embarrassed to use it
- ❑4 I was not comfortable using it
- ❑5 I did not feel safe using it
- ❑6 I just did not like using it
- ❑7 It was too difficult to use
- ❑8 It kept breaking
- ❑9 It was not the type of walker I needed
- ❑96 Other, please specify:

_____

YOUR CURRENT USE OF WALKER

A4. When did you first get the walker you use now?

- ❑1 Less than 6 months ago
- ❑2 6-12 months ago
- ❑3 More than 12 months ago

A5. Did you get your current walker while you were in a nursing home or hospital?

- ❑1 Yes
- ❑2 No

A6. Does someone regularly help you use your walker (for example, a relative, friend or home health aide)?

- ❑1 Yes
- ❑2 No

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):

- ❑1 Why you needed to use a walker
- ❑2 The different types of walkers and accessories that exist
- ❑3 None of these things were explained by a medical person
- ❑98 I don't know or don't recall if a medical person explained anything to me

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?

- ❑1 Within the last 6 months
- ❑2 Between 6 months and 1 year ago
- ❑3 Between 1 and 3 years ago
- ❑4 More than 3 years ago
- ❑98 I don't know

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.)

- ❑1 No **(→Skip to A10)**
- ❑2 Yes, I changed my walker
- ❑3 Yes, I changed or added accessories
- ❑98 I don't know **(→Skip to A10)**

A9a. Why did you make this (these) change(s)? (Please check all that apply.)

- ❑1 Walker needed to be replaced because the original one did not work
- ❑2 My medical condition changed, so I needed something different
- ❑3 Found a new walker that was better for me
- ❑4 Found new features/accessories that were better for me
- ❑5 Doctor or health care provider prescribed a different walker or different accessories
- ❑6 My supplier became ineligible to provide my equipment under Medicare
- ❑7 My supplier did not tell me why they changed my equipment
- ❑96 Other, please specify: _____

A10. Do you believe that you now have the walker that is right for you?

- ❑1 Yes
- ❑2 No
- ❑98 I don't know

A11. Is using your walker difficult or uncomfortable?

- ❑1 Yes
- ❑2 No **(→Skip to A13)**
- ❑98 I don't know **(→Skip to A13)**

A11a. What is it about your walker that makes it difficult or uncomfortable to use? (Please check all that apply.)

- ❑1 It is difficult to support myself with my walker
- ❑2 It is difficult to walk with my walker
- ❑3 It is difficult to use the walker inside my home
- ❑4 It is difficult to use the walker outside of my home
- ❑5 It is difficult to put the walker in a car/taxi to go places
- ❑6 It is difficult to get up from a sitting position with my walker
- ❑7 Walker is too heavy and cumbersome
- ❑96 Other, please tell us what else:

  _____

  _____

A12. In general, how often do you use your walker?

- ❑1 Less than one day a week
- ❑2 1-2 days per week
- ❑3 3-4 days per week
- ❑4 5-6 days per week
- ❑5 Every day

A13. On the days that you do use your walker, how many times per day do you use it?

_____ times per day

A14. How reliable is the walker you use now? Would you say …

- ❑1 Very reliable
- ❑2 Somewhat reliable
- ❑3 Somewhat unreliable
- ❑4 Very unreliable
- ❑98 I don't know

A15. In the past year, did you have any problems that made you stop using your walker or switch to a different walker instead?

- ❑1 Yes
- ❑2 No **(→Skip to SECTION B)**
- ❑98 I don't know **(→Skip to SECTION B)**

A15a. How many times did you have these kinds of problems in the past year?

- ❑1 One time
- ❑2 2 or 3 times
- ❑3 4 or more times
- ❑4 Don't recall the exact number of times

A15b. Can you describe the kind of problem(s) that you had? (Please check all that apply.)

- ❑1 The walker collapsed
- ❑2 The wheels wouldn't turn or would stick
- ❑3 The walker glides cracked or fell off
- ❑4 The walker wouldn't easily fit through a doorway
- ❑5 It was difficult to move the walker around furniture
- ❑6 It was difficult to move the walker in the bathroom
- ❑7 It was difficult to the walker lift up or down over roadside curbs
- ❑8 It was difficult to move the walker up or down stairs
- ❑96 Other, please specify:

_____

B. MEDICAL EXPENSES

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.)

- ❑1 Yes
- ❑2 No **(→Skip to SECTION C)**
- ❑98 I don't know **(→Skip to SECTION C)**

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.)

- ❑1 Glide covers or skis
- ❑2 Hook (for example, to hang a bag)
- ❑3 Bag or tote
- ❑4 Basket
- ❑5 Tray
- ❑6 Repairs
- ❑7 Routine maintenance
- ❑96 Other (please specify)

_____

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.)

- ❑$_1$ Less than $100
- ❑$_2$ $100-$500
- ❑$_3$ $500 or more
- ❑$_{98}$ I don't know

C. YOUR SUPPLIER

C1. Considering the walker you use now, did you have any problems finding an equipment supplier to get your walker from?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to C2)**
- ❑$_{98}$ I don't know **(→Skip to C2)**

C1a. What kinds of problems did you have finding a walker supplier? (Please check all that apply.)

- ❑$_1$ I didn't know how to find a supplier
- ❑$_2$ Hard to find a supplier who covered my area
- ❑$_3$ Supplier did not carry what I needed
- ❑$_4$ Supplier could not deliver equipment when I needed it
- ❑$_5$ Supplier did not accept Medicare
- ❑$_{96}$ Other, please specify:

_____

C2. Considering the walker you use now, did you have a <u>choice</u> of suppliers?

- ❑$_1$ Yes, many
- ❑$_2$ Yes, a few
- ❑$_3$ No, only one supplier available
- ❑$_{98}$ I don't know

C3. Considering the walker you use now, when you asked your supplier questions, did you get <u>answers that you could understand</u>?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No
- ❑4 I did not ask any questions
- ❑98 I don't know

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?

- ❑1 Yes, completely
- ❑2 Yes, somewhat
- ❑3 No
- ❑98 I don't know

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>?

- ❑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

C5. After you ordered your walker, how long did it take to arrive?

- ❑1 Next day
- ❑2 Within a week
- ❑3 1-2 weeks later
- ❑4 More than 2 weeks later
- ❑98 I don't know

C6. How did you get your walker?

- ❑1 Delivered to my home by my supplier
- ❑2 Mailed/shipped to my home by my supplier
- ❑3 I (or someone on my behalf) picked it up from my supplier
- ❑5 I picked it up at a clinic or rehabilitation center
- ❑98 I don't know
- ❑96 Some other way, please specify:

_____

C7. When you got the walker 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.)

- ❑1 Give you written instructions on how to use the walker
- ❑2 Show you how to use the walker safely
- ❑3 Show you how to take care of the walker
- ❑4 Let you practice how to use your walker while they watched
- ❑5 Give you the manufacturer's customer assistance toll-free telephone number
- ❑6 I did not get any training or help from my supplier **(→Skip to C8)**
- ❑98 I don't know **(→Skip to C8)**

C7a. As a result of that training, how comfortable do you feel using and maintaining your walker?

- ❑1 Very comfortable
- ❑2 Comfortable
- ❑3 Uncomfortable
- ❑4 Very uncomfortable
- ❑5 My comfort level has nothing to do with the training that my supplier gave me

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?

- ❑1 No time and energy
- ❑2 A little time and energy
- ❑3 Some time and energy
- ❑4 A lot of time and energy
- ❑98 I don't know

C9. Considering the walker you use now, do you get your accessories, parts, maintenance and repairs from more than one equipment supplier?

- ❑1 Yes
- ❑2 No
- ❑98 I don't know

C10. Overall, how would you rate the supplier that you use most?

- ❑1 Poor
- ❑2 Fair
- ❑3 Good
- ❑4 Very good
- ❑5 Excellent

C11. Would you recommend this supplier to a friend who needed similar equipment and services?

- ❑1 Yes
- ❑2 No

D. RECENT EXPERIENCES

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.

D1. <u>During the past six months</u>, how reliable was your supplier in making deliveries or repairs?

- ❑$_1$ Very reliable
- ❑$_2$ Somewhat reliable
- ❑$_3$ Not reliable at all
- ❑$_{99}$ Does not apply

D2. <u>In the past six months,</u> have you contacted your supplier with a complaint or a problem?

- ❑$_1$ Yes
- ❑$_2$ No **(→Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**
- ❑$_4$ Don't know how to contact my supplier **(→Skip to D5)**

D2a. When you contacted your supplier, was your complaint or problem settled to your satisfaction?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_3$ I am waiting for it to be settled
- ❑$_{98}$ I don't know

D3. <u>In the past six months</u>, have you contacted your supplier to get emergency service or advice about your walker?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D4)**
- ❑$_{98}$ I don't know **(→Skip to D4)**

D3a. In general, how fast did the supplier respond to your needs, either by phone or in person? Would you say…

- ❑$_1$ Within 1 day
- ❑$_2$ Within 2 days
- ❑$_3$ Within 1 week
- ❑$_4$ Longer than 1 week
- ❑$_{98}$ I don't know

D3b. Were you able to get the emergency service or advice you needed?

- ❑$_1$ Yes
- ❑$_2$ No
- ❑$_{98}$ I don't know

D4. <u>In the past six months,</u> have you needed to contact your supplier after regular business hours?

- ❑$_1$ Yes
- ❑$_2$ No (→**Skip to D5)**
- ❑$_{98}$ I don't know **(→Skip to D5)**

D4a. When you contacted your supplier after business hours, were you able to get the service or advice you needed?

- ❑1 Yes
- ❑2 No
- ❑98 I don't know

D5. <u>In the past six months</u>, have you changed your walker supplier?

- ❑1 Yes
- ❑2 No (→**Skip to SECTION E on page 11)**
- ❑98 I don't know **(→Skip to SECTION E on page 11)**

D5a. Why did you change your walker supplier? (Please check all that apply.)

- ❑1 I moved
- ❑2 Supplier no longer accepted Medicare
- ❑3 Supplier went out of business
- ❑4 I was not happy with the quality of service
- ❑5 I was not happy with equipment
- ❑6 I was not happy with the choices of equipment or service I could get
- ❑7 I was not happy with the assistance I got in handling the insurance
- ❑8 Supplier did not provide walker, accessories or repair service I needed
- ❑9 I changed to an HMO and had to use a different supplier
- ❑10 Supplier became ineligible to provide the equipment under Medicare
- ❑96 Other, please specify:

_____

E. ABOUT YOU

Section E is about you, the person whose name is on the mailing label of this survey.

E1. In general, how would you rate <u>your overall health</u>?

- ❑1 Excellent
- ❑2 Very good
- ❑3 Good
- ❑4 Fair
- ❑5 Poor

E2. <u>Compared to 1 year ago</u>, how would you rate your health now? Would you say …

- ❑1 Much better now
- ❑2 Somewhat better now
- ❑3 About the same
- ❑4 Somewhat worse now
- ❑5 Much worse now

E3. Do you currently live alone?

- ❑1 Yes **(→Skip to E5)**
- ❑2 No

E4. Which best describes your living situation <u>now</u>? (Please check all that apply.) I live…

- ❑1 With spouse/partner
- ❑2 With parent/step-parent
- ❑3 With child/children
- ❑4 With other relative(s)
- ❑5 With friend
- ❑6 With other person(s) not related to me

E5. What is the highest grade or level of school that you have <u>completed</u>?

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

E6. What was your household's annual income during 2006 <u>before</u> taxes?

- ❑1 Less than $5,000 ($416 per month)
- ❑2 Between $5,001 and $10,000 ($417–$833 per month)
- ❑3 Between $10,001 and $20,000 ($834–$1,666 per month)
- ❑4 Between $20,001 and $30,000 ($1,667–2,500 per month)
- ❑5 Between $30,001 and $50,000 ($2,501–$4,167 per month)
- ❑6 Over $50,000 (over $4,168 per month)

E7. Are you of Hispanic or Latino origin or descent?

- ❑1 Yes, Hispanic or Latino
- ❑2 No, not Hispanic or Latino

E8. How would you describe your race? (Please check all that apply.)

- ❑$_1$ American Indian or Alaskan Native
- ❑$_2$ Asian
- ❑$_3$ Black or African American
- ❑$_4$ Native Hawaiian or other Pacific Islander
- ❑$_5$ White or Caucasian
- ❑$_{96}$ Other, please specify:

_____

F. OTHER INFORMATION

F1. Please check the correct statement:

- ❑$_1$ I am the person to whom this survey was addressed **(→ Skip to END)**
- ❑$_2$ I filled this survey out or helped fill it out for someone else

F2. How did you help the person with this survey?

- ❑$_1$ I wrote the answers that the person told me
- ❑$_2$ I answered the questions myself based on my knowledge of the person's condition
- ❑$_3$ Both of the above

END

Thank you for completing the survey. Please return the completed survey in the postage-paid envelope addressed to:

Survey of Medicare Patients
Abt Associates Inc.
55 Wheeler Street,
Cambridge, MA 02138

If you have any **questions about the survey**, please call toll-free 1-888-738-6663.

If you have any **questions about Medicare**, please visit the website of the Center for Medicare Services at: http://www.medicare.gov/, or call 1-800-MEDICARE.