

**July 23, 2010**

# Cognitive Testing of the Medicare Health Outcomes Survey

## Final Report

Prepared for

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## **SECTION 1**

### **INTRODUCTION**

This report includes the results from Rounds 1 and 2 of the *Cognitive Testing for the Medicare Health Outcomes Survey* (HOS). In the first round, conducted in March 2010, we tested the Medicare HOS to assess whether respondents were able to understand and answer survey questions. In the second round, conducted in May 2010, we tested the series of mailings that are sent to respondents about the survey. RTI International is conducting the study for the National Committee for Quality Assurance (NCQA).

## **SECTION 2**

### **ROUND 1**

This section summarizes findings from Round 1 of the *Cognitive Testing for the Medicare Health Outcomes Survey* (HOS). The research design for Round 1 consists of testing the English version of the Medicare HOS (during the previous contract year, we tested the Spanish and Chinese versions of the HOS). This section presents findings from the first round of cognitive interviews conducted in March 2010. A second round of testing took place in May 2010; results from Round 2 are presented in Section 3.

#### **2.1 Research Design**

We conducted nine cognitive interviews with adults aged 65 or older to test their understanding of the survey items. The interviews focused on respondents' understanding of the questions and their ability to choose an appropriate answer category.

#### **2.2 Recruitment Procedures and Eligibility Requirements**

Respondents were recruited by First in Focus Research, Inc., in Raleigh, North Carolina. To be eligible for the study, respondents had to be age 65 or older. Specifications were given to the recruiter to achieve diversity in gender, education, and region (respondents were asked what state[s] they lived in before moving to North Carolina). A copy of the Round 1 recruitment screener is included in Appendix A.

#### **2.3 Data Collection**

All interviews were conducted at RTI's offices in Research Triangle Park, North Carolina. A trained moderator conducted the interviews using a semistructured interview guide developed by RTI in consultation with NCQA and the Centers for Medicare & Medicaid Services (CMS) (see Appendix B). Each interview lasted approximately 90 minutes. After the interview, respondents were provided with an honorarium of \$75.

#### **2.4 Cognitive Interviews**

##### **2.4.1 Respondent Characteristics**

A total of nine respondents were recruited for Round 1 interviews. Table 2-1 shows the specific breakdown of the respondents' characteristics. Respondents ranged in age from 65 to 87. The majority of respondents had less than a college degree (four were high school graduates, and

**Table 2-1. Interview Respondent Characteristics: Round 1**

Characteristic	Number
<b>Gender</b>	
Male	5
Female	4
<b>Education</b>	
Less than high school	0
High school graduate	4
Some college/post high school education	4
College graduate of higher	1
<b>Age</b>	
65–74	5
75–80	3
81 and over	1
<b>Race</b>	
American Indian or Alaska Native	0
Asian	0
Black or African American	1
Native Hawaiian or Other Pacific Islander	0
White	8
Other	0

four completed some college or post high school training). Respondents were recruited to achieve diversity in state/regional background. All but one reported living in a state other than North Carolina for a substantial portion of their life. States mentioned by respondents include California, Connecticut, Georgia, Minnesota, New Jersey, New York, Pennsylvania, and Washington.

## **2.4.2 Results**

### **2.4.2.1 General Issues**

**Time Periods.** For the most part, respondents noticed the changing time periods and attempted to answer questions accordingly. However, a few respondents ignored time periods when they felt there was something different about that time period that would affect their answer. For example, when answering Q35 (In the **past 4 weeks**, how often has low back pain

interfered with your usual daily activity), one respondent said he normally does not have low back pain, but had hurt his back moving furniture a few weeks ago. Since he did not view the past 4 weeks as typical, he decided to answer the question based on his typical experience of not having back pain. Another respondent, who was recovering from knee surgery, excluded complications from his surgery when answering questions about the past 4 weeks because he did not think it would provide an accurate picture of his usual state.

**Skip Pattern Compliance.** Following skip patterns was difficult for most of the respondents. Most had trouble following at least some of the skip instructions. The way skip instructions were presented for Q33 (with words) seemed to be more confusing for respondents than how they were presented for Q42 through Q46 (arrows). These findings are similar to what we found during testing of the Spanish and Chinese versions of the survey.

#### ***2.4.2.2 Item-Specific Findings***

In this section, we discuss survey items that were problematic and our suggested revisions.

Q2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much? a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf; b. Climbing **several** flights of stair [Yes, limited a lot; Yes, limited a little; No, no limited at all]

#### ***Findings for Question 2a***

- All respondents were able to answer this question without difficulty. Respondents thought that the examples of moderate activities worked well even if they did not personally participate in the example activities. As one respondent explained, “I don’t do housework anymore or bowl or play golf, but I think they are good examples. I think it’s good to include something like vacuuming that is an everyday type of activity and something that is more of a sport like golf.”
- When asked about other examples of moderate activities, a few respondents suggested walking (one respondent suggested walking a pet). Other suggestions included doing laundry, making beds, and practicing yoga.

#### ***Recommendation for Question 2a***

- If adding another example activity is desirable, “walking at a moderate pace” would be a good option to test. However, because the question worked well with the current set of examples, we do not think it is necessary to make this change.



### *Finding for Question 2b*

- Although respondents were able to answer this question without difficulty, definitions of “several flights of stairs” varied. Most respondents defined “several” as being between two and five flights of stairs. However, one respondent said “seven or eight” flights and another said up to fifteen. These respondents seemed to be thinking about actual steps/stairs as opposed to flights of stairs.

### *Recommendations for Question 2b*

- No changes are recommended at this time.

Q3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?** a. **Accomplished less** than you would like; b. Were limited in the **kind** of work or other activities. [No, none of the time; Yes, a little of the time; Yes, some of the time; Yes, most of the time; Yes, all of the time]

### *Findings for Question 3, 3a, and 3b*

- Five of the nine respondents had some difficulty understanding and answering these questions. Two respondents thought that Q3a and Q3b were asking the same thing. Other respondents thought the questions were confusing but were unable to articulate a specific reason. (All but one respondent chose “No, none of the time” for Q3a and Q3b. One respondent chose “Yes, a little of the time” for both because he said he could do more things when he was younger.)
- Respondents understood what “work or other regular daily activities” meant and were able to provide examples:
  - “Work means a regular paid job, but if you’re retired it can mean housework, taking care of bills, etc.”
  - “For work I think of an office job, regular activities can be anything that you do every day.”

### *Recommendation for Question 3, 3a, and 3b*

- No changes are recommended at this time.

Q4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? a. **Accomplished less** than you would like; b. Didn't do work or other activities as **carefully** as usual. [No, none of the time; Yes, a little of the time; Yes, some of the time; Yes, most of the time; Yes, all of the time]

*Finding for Question 4, 4a, and 4b*

- Similar to Q3, several respondents either had difficulty understanding these questions or explaining the difference between Q4a and Q4b. However, all but one respondent quickly identified the difference between Q3 and Q4 (physical problems vs. emotional problems). All were able to define the term “emotional problems.” (All respondents chose “No, none of the time” for Q4a and Q4b.)

*Recommendation for Question 4, 4a, and 4b*

- No changes are recommended at this time.

Q5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? [Not at all, A little bit, Moderately, Quite a bit, Extremely]

*Finding for Question 5*

- Although respondents understood the intent of this question, some noted that the term “work” sounds like a paid job. One respondent suggested using the term “activities” instead.

*Recommendation for Question 5*

- Consider replacing “normal work (including both work outside the home and housework)” with “work or other regular activities.” This phrase tested well in earlier questions. In addition, using the same language across questions when possible is recommended for consistency.

Q6. How much of the time during the **past 4 weeks**: a. Have you felt calm and peaceful? b. Did you have a lot of energy? c. Have you felt downhearted and blue? [All of the time, Most of the time, A good bit of the time, Some of the time, A little of the time, None of the time]

*Finding for Question 6, 6a, and 6b*

- No problems noted. All respondents understood this question and were able to answer appropriately.

Q7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? [All of the time, Most of the time, Some of the time, A little of the time, None of the time]

*Finding for Question 7*

- Although respondents understood and were able to answer this question without difficulty, some were uncomfortable with the term/talking about “emotional problems.”

*Recommendation for Question 7*

- Consider replacing the term “emotional problems” with “emotional health” to see if respondents have a better reaction to it (this would also make it consistent with the term “physical health”).

Q8. **Compared to one year ago**, how would you rate your **physical health** in general **now**? [Much better, Slightly better, About the same, Slightly worse, Much worse]

*Finding for Question 8*

- No problems were noted. All respondents understood this question and were able to answer appropriately.

Q9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed, or irritable) in general **now**? [Much better, Slightly better, About the same, Slightly worse, Much worse]

*Finding for Question 9*

- As with Q8, some respondents disliked the term “emotional problems.” In addition, one respondent noted that the question wording and answer categories imply that the respondent has emotional problems.

*Recommendation for Question 9*

Consider one of the following options:

1. Replace the term “emotional problems” with “emotional health.”
2. Add a “Not Applicable” answer category for those who do not think they have any emotional problems.

Q10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?** a. Bathing; b. Dressing; c. Eating; d. Getting in or out of chairs; e. Walking; f. Using the toilet [No, I do not have difficulty; Yes, I have difficulty; I am unable to do this activity]

*Findings for Question 10a–f*

- Respondents understood this question and were able to provide examples of special equipment, including adaptations for showers like bath seats and handle bars, a cane, and reach bars.
- Several respondents suggested adding an answer category such as “Yes, I have **some** difficulty” between “No, I do not have difficulty” and “Yes, I have difficulty.” One of these respondents said that since he does not have difficulty with any of the activities asked about, he would not have chosen “some difficulty” but thought that such an answer would allow for “leeway.” Three other respondents said they would have chosen such an answer if it were available for at least one of the items (one respondent did not indicate which one[s] she would have answered differently, one respondent said she would have chosen “some difficulty” for 10d [getting in or out of chairs] and 10e [walking], and the third respondent said he would have chosen “some difficulty” for 10a [bathing] and 10e [walking]). When asked to answer this set of questions using the existing answer choices, all three chose “No, I do not have difficulty” for each one.

*Recommendation for Question 10a–f*

- Consider adding “Yes, I have some difficulty” as an answer category.

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

Q11. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not** good?

Please enter a number between “0” and “30” days. **If no days, please enter “0” days.**

**days**

Q12. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not** good?

Please enter a number between “0” and “30” days. **If no days, please enter “0” days.**

**days**

Q13. During the **past 30 days**, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Please enter a number between “0” and “30” days. **If no days, please enter “0” days.**

**days**

#### *Findings for Questions 11, 12, and 13*

- The revised format (separating the instruction on how to record an answer from the question and providing boxes to record the number of days) seemed to work well. None of the respondents had difficulty recording their answers.
- Although most respondents understood this set of questions without difficulty, one respondent was not sure how to define “physical illness” (Q11). He was not sure if this included only major conditions or temporary illnesses such as a cold. The same respondent was not sure how to define “not good” in Q12. He questioned whether a fight with his wife should be considered a part of mental health (this respondent said “0” days for both questions). Another respondent noted that Q12 “sounded awkward.”

#### *Recommendation for Questions 11, 12, and 13*

- No changes are recommended at this time.

Q14. During the **past 4 weeks**, how often have you had any of the following problems?  
a. Chest pain or pressure when you exercise; b. Chest pain or pressure when resting [All of the time, Most of the time, Some of the time, A little of the time, None of the time]

#### *Finding for Question 14a–b*

- No problems were noted.

Q15. During the **past 4 weeks**, how often have you felt short of breath under the following conditions? a. When lying down flat; b. When sitting or resting; c. When walking less than one block; d. When climbing one flight of stairs [All of the time, Most of the time, Some of the time, A little of the time, None of the time]

*Finding for Question 15a–d*

- One respondent, who uses a wheelchair, was not sure how to answer Q15c (walking less than one block) and Q15d (climbing one flight of stairs) because he is unable to do either. He asked whether he should say “All of the time” or “None of the time” (this respondent left the question blank).

*Recommendation for Question 15*

- Depending on population estimates for the number of potential respondents who are in a wheelchair or cannot walk for some other reason, we suggest considering adding a “Not Applicable” response option.

Q16. During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet? a. Numbness or loss of feeling in your feet; b. Tingling or burning sensation in your feet especially at night; c. Decreased ability to feel hot or cold with your feet; d. Sores or wounds on your feet that did not heal [All of the time, Most of the time, Some of the time, A little of the time, None of the time]

*Finding for Question 16a–d*

- No problems were noted.

Q17. During the **past 4 weeks**, how would you describe any arthritis pain you usually had? [None, Very mild, Mild, Moderate, Severe]

*Findings for Question 17*

- All respondents understood what this question was asking, although one respondent had some difficulty transitioning from previous questions that asked about the duration of different issues to this question that asks about intensity. He also was not sure how to answer the question because he had differing levels of pain in different body parts (this respondent chose “Moderate” because it seemed like the “average” pain he experienced).
- One respondent thought that the question wording implies that someone has arthritis. Because he does not have arthritis, he was not sure how to answer (he ended up choosing “None”).

*Recommendation for Question 17*

- No changes are recommended at this time.

Q18. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)? [Yes, No]

*Finding for Question 18*

- One respondent noted this question might be confusing to someone who wears glasses. However, we did not find this to be the case. All respondents, including three who wore glasses, were able to answer this question without difficulty.

*Recommendation for Question 18*

- No changes are recommended at this time.

Q19. Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)? [Yes, No]

Q19. (Alternate version) Can you hear **most** of the things people say, regardless of whether you need a hearing aid or not? [Yes, No]

*Findings for Question 19*

- All respondents were able to understand Q19 (original wording) without difficulty.
- Five respondents found the alternate wording for Q19 confusing. The word "regardless" seemed to be what confused some people (noted by three respondents).
- When asked which version they preferred, most said they liked the original wording better: "The first one is clearer and shorter. It gets to the point." However, two respondents said that they preferred the alternate wording.

*Recommendation for Question 19*

- No changes are recommended at this time.

<b>Has a doctor ever told you that you had:</b>	<b>Yes</b>	<b>No</b>
Q20. Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Q21. Angina pectoris or coronary artery disease	<input type="checkbox"/>	<input type="checkbox"/>
Q22. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Q23. A myocardial infarction or heart attack	<input type="checkbox"/>	<input type="checkbox"/>
Q24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	<input type="checkbox"/>	<input type="checkbox"/>
Q25. A stroke	<input type="checkbox"/>	<input type="checkbox"/>
Q26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)	<input type="checkbox"/>	<input type="checkbox"/>
Q27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease	<input type="checkbox"/>	<input type="checkbox"/>
Q28. Arthritis of the hip or knee	<input type="checkbox"/>	<input type="checkbox"/>
Q29. Arthritis of the hand or wrist	<input type="checkbox"/>	<input type="checkbox"/>
Q30. Osteoporosis, sometimes called thin or brittle bones	<input type="checkbox"/>	<input type="checkbox"/>
Q31. Sciatica (pain or numbness that travels down your leg to below your knee)	<input type="checkbox"/>	<input type="checkbox"/>
Q32. Diabetes, high blood sugar, or sugar in the urine	<input type="checkbox"/>	<input type="checkbox"/>

***Finding for Questions 20 through 32***

- All respondents understood these questions and were able to answer without difficulty. However, two respondents answered at least some of the questions based on their own diagnosis and not that of a doctor.

***Recommendation for Questions 20 through 32***

- Although this was not a significant problem, you may want to consider bolding the word “doctor” for emphasis.

Q33. Has a doctor ever told you that you had: Any cancer (other than skin cancer) [Yes, No]
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***Finding for Question 33***

- No problems were noted.



*If you answered “yes” to Question 33 above (that you have had cancer),*

Q34. Are you currently under treatment for: a. Colon or rectal cancer; b. Lung cancer; c. Breast cancer; d. Prostate cancer [Yes, No]

***Findings for Question 34a–d***

- Most respondents were able to answer this set of questions without difficulty. However, one respondent, who was cancer free but receiving follow-up treatment, was unsure whether such follow-up care should be included (this respondent decided not to include follow-up treatment in her answer and said “No”).
- Two respondents had difficulty with the skip instruction before Q34. Other respondents were able to follow it successfully but had to reread the instructions at least once.

***Recommendations for Question 34a–d***

- If the intent of this question is to include both treatment and follow-up care, consider asking about “treatment or follow-up care.”
- One respondent suggested modifying the skip instructions so that respondents are directed where to go if they say “yes” or “no.” For example:

*If you answered “yes” to Q33 → Go to Q34*

*If you answered “no” to Q33 → Go to Q35*

We think this is reasonable to consider, although we advise more testing.

Q35. In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)? [All of the time, Most of the time, Some of the time, A little of the time, None of the time]

***Finding for Question 35***

- All respondents understood this question without difficulty, although one respondent suggested adding “etc” after the examples to indicate that the question is asking about all daily activities and not just the ones listed.

***Recommendation for Question 35***

- Although this is not a significant issue, you may want to add “for example” to the beginning of the list of examples or “etc.” at the end.

Q36. In the past **year**, have you had 2 weeks or more during which you felt sad, blue, or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed? [Yes, No]

*Finding for Question 36*

- One respondent was not sure whether the question was asking about 2 consecutive weeks or a total of 2 weeks throughout the year (the respondent answered “No” and said that would have been his answer under each interpretation).

*Recommendation for Question 36*

- No changes are recommended at this time.

Q37. In the past **year**, have you felt depressed or sad much of the time? [Yes, No]

*Finding for Question 37*

- No problems were noted.

Q38. Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes? [Yes, No]

*Finding for Question 38*

- No problems were noted.

Q39. How much of the time in the past **week** did you feel depressed? [Less than one day, One or two days, Three or four days, More than four days]

*Finding for Question 39*

- Although all respondents understood this question, three had trouble choosing an answer because they said they were never depressed and did not feel like “less than one day” fit their situation (one respondent chose “Less than one day,” while the other two did choose an answer).

*Recommendation for Question 39*

- Consider adding a category for “Zero days or less than one day.”

Q40. In general, compared to other people your age, would you say that your health is: [Excellent, Very good, Good, Fair, Poor]

*Finding and Recommendations for Question 40*

- All respondents understood this question and were able to answer appropriately.

Q41. Do you now smoke every day, some days, or not at all? [Every day, Some days, Not at all, Don't know]

***Finding for Question 41***

- No problems were noted.

Q42. Many people experience problems with urinary incontinence, the leakage of urine. In the **past 6 months**, have you accidentally leaked urine? [Yes, No]

***Finding for Question 42***

- Most respondents understood the term “urinary incontinence” as intended (that urine leakage can be in any amount and episodic). However, two respondents interpreted it to mean having no control at any time.

***Recommendation for Question 42***

- No changes are recommended at this time.

Q45. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem? [Yes, No]

***Finding for Question 45***

- Although some respondents had not heard the term “bladder training” before the interview, all were able to understand the question and answer appropriately.

***Recommendation for Question 45***

- No changes are recommended at this time.

Q46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise. [Yes, No, I had no visits in the past 12 months]

***Findings for Question 46***

- All respondents understood this question and were able to answer appropriately.
- Definitions of “physical activity” ranged from just moving around to formal exercise programs:
  - Not sitting on the couch and watching TV
  - Going for a walk
  - Riding a bike
  - More than sitting and watching TV—getting up and doing something

- Doing cardio
- Taking an exercise class

***Recommendation for Question 46***

- No changes are recommended at this time.

Q47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase, or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day, or to maintain your current exercise program. [Yes, No]

***Finding for Question 47***

- All but one respondent understood this question as intended. The one respondent who did not thought this question was the same as Q46, but “for people who were told to increase their physical activity due to weight problems.”

***Recommendation for Question 47***

- No changes are recommended at this time.

Q48. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking? [Yes, No, I had no visits in the past 12 months]

***Finding for Question 48***

- All respondents understood this question and were able to answer appropriately.

Q49. Did you fall in the past 12 months? [Yes, No]

- No problems were noted.

Q50. In the **past 12 months**, have you had a problem with balance or walking? [Yes, No]

***Finding for Question 50***

- No problems were noted.

Q51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: Suggest that you use a cane or walker. Check your blood pressure lying or standing. Suggest that you do an exercise or physical therapy program. Suggest a vision or hearing testing. [Yes, No, I had no visits in the past 12 months]

*Findings for Question 51*

- All respondents understood this question and were able to answer appropriately.
- Respondents were asked to review the list of examples. All thought they covered the main things a provider would suggest. One respondent also suggested wearing “good” shoes for walking and walking slowly.
- One respondent thought some people might be embarrassed or defensive about falling. He thought it was important to distinguish between an accidental fall and falling because one is infirm.

*Recommendation for Question 51*

- No changes are recommended at this time.

Q52. Have you ever had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test may have been done to your back, hip, wrist, heel or finger. [Yes, No]

*Finding for Question 52*

- No problems were noted. All respondents had heard the terms “bone density test” and “osteoporosis” before the interview.

Q53. How much do you weigh in pounds (lbs.)? [90 lbs. or less, 91–100 lbs., 101–110 lbs., 111–120 lbs., 121–130 lbs., 131–140 lbs., 141–150 lbs., 151–160 lbs., 161–170 lbs., 171–180 lbs., 181–190 lbs., 191–200 lbs., 201–210 lbs., 211–220 lbs., 221–230 lbs., 231–240 lbs., 241–250 lbs., 251–260 lbs., 261–270 lbs., 271–280 lbs., 281–290 lbs., 291–300 lbs., 301–310 lbs., 311–320 lbs., 321 lbs. or more]

*Finding for Question 53*

- No problems were noted.

Q54. How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.) [5 ft. 00 in. or less, 5 ft. 01 in., 5 ft. 02 in., 5 ft. 03 in., 5 ft. 04 in., 5 ft. 05 in., 5 ft. 06 in., 5 ft. 07 in., 5 ft. 08 in., 5 ft. 09 in., 5 ft. 10 in., 5 ft. 11 in., 6 ft. 00 in., 6 ft. 01 in., 6 ft. 02 in., 6 ft. 03 in. or more]

*Finding for Question 54*

- No problems were noted.

Q55. In what **year** were you born? Please provide your **year of birth** only. [Year]

***Finding and Recommendation for Question 55***

- Although none of the respondents had difficulty with this item, we suggest considering the addition of 19 in the first two boxes:

1	9		
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Q56. Are you male or female? [Male, Female]

***Finding for Question 56***

- No problems were noted.

Q57. Are you of Hispanic or Latino origin or descent? [Yes, Hispanic or Latino; No, not Hispanic or Latino]

***Finding for Question 57***

- No problems were noted.

Q58. How would you describe your race? Please mark one or more. [American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Another race]

***Finding for Question 58***

- No problems were noted.

Q59. What is your current marital status? [Married, Divorced, Separated, Widowed, Never married]

***Finding for Question 59***

- No problems were noted.

Q60. What is the highest grade or level of school that you have completed? [8th grade or less; Some high school, but did not graduate; High school graduate or GED; Some college or 2 year degree; 4 year college graduate; More than a 4 year college degree]

***Finding for Question 60***

- No problems were noted.

Q61. Is the house or apartment you currently live in: [Owned or being bought by you, Owned or being bought by someone in your family other than you, Rented for money, Not owned and one in which you live without payment of rent, None of the above]

***Finding for Question 61***

- No problems were noted.

Q62. Who completed this survey form? [Person to whom survey was addressed, Family member or relative of person to whom the survey was addressed, Friend of person to whom the survey was addressed, Professional caregiver of person to whom the survey was addressed]

***Finding for Question 62***

- Respondents were asked whether they preferred the current option “Person to whom survey was addressed” or “Person selected for the survey.” Six of the nine respondents preferred the original wording (“Person to whom the survey was addressed”). All thought the answers meant the same thing.

***Recommendation for Question 62***

- No changes are recommended at this time.

## **SECTION 3**

### **ROUND 2**

This section summarizes findings from Round 2 of the *Cognitive Testing for the Medicare Health Outcomes Survey* (HOS). The research design for this round consists of testing mailing materials for the baseline and follow-up HOS. This section presents findings from the second round of cognitive interviews conducted in May 2010.

#### **3.1 Research Design**

We conducted nine cognitive interviews with adults aged 65 or older to test respondents' understanding of the mailings survey participants receive about the HOS. The following materials were tested:

##### **Baseline Survey Mailings**

- Prenotification post card
- Cover letter for first survey mailing
- Reminder/thank you post card
- Cover letter for second survey mailing

##### **Follow-Up Survey Mailings**

- Prenotification post card
- Cover letter for first survey mailing
- Reminder/thank you post card (this is the same as the baseline reminder/thank you card, so it was not tested with the follow-up materials)
- Cover letter for second survey mailing

#### **3.2 Recruitment Procedures and Eligibility Requirements**

Respondents were recruited by First in Focus Research, Inc., in Raleigh, North Carolina. To be eligible for the study, respondents had to be age 65 or older. Specifications were given to the recruiter to achieve diversity in gender, education, race, and region (respondents were asked what state[s] they lived in before moving to North Carolina). See Appendix C for a copy of the Round 2 recruitment screener.



### **3.3 Data Collection**

All interviews were conducted at RTI's offices in Research Triangle Park, North Carolina. A trained moderator conducted the interviews using a semistructured interview guide developed by RTI in consultation with NCQA and the Centers for Medicare & Medicaid Services (CMS) (see Appendix D for a copy of the Round 2 interview guide). Each interview lasted approximately 90 minutes. After the interview, respondents were provided with an honorarium of \$75.

### **3.4 Cognitive Interviews**

#### ***3.4.1 Respondent Characteristics***

A total of nine respondents were recruited for Round 2 interviews. Table 3-1 shows the specific breakdown of the respondents' characteristics. Respondents ranged in age from 66 to 78. All of the respondents had less than a college degree (five were high school graduates, and four completed some college or post high school training). Respondents were recruited to achieve diversity in state/regional background. All reported living in at least one other state for a substantial portion of their life before moving to North Carolina. States mentioned by respondents include California, Florida, Massachusetts, New Hampshire, New Jersey, Virginia, Washington, and Wisconsin.

**Table 3-1. Interview Respondent Characteristics: Round 2**

Characteristic	Number
<b>Gender</b>	
Male	3
Female	6
<b>Education</b>	
Less than high school	0
High school graduate	5
Some college/post high school education	4
College graduate of higher	0
<b>Age</b>	
65–74	6
75–80	3
81 and over	0
<b>Race</b>	
American Indian or Alaska Native	1
Asian	1
Black or African American	4
Native Hawaiian or Other Pacific Islander	0
White	3
Other	0

### **3.4.2 Results**

#### **3.4.2.1 General Issues**

- Overall respondents understood the main points of each mailing and were able to list them in their own words.
- In most cases, respondents thought the mailing materials included the right amount of information (in some cases, respondents suggested adding information to some of the mailings, as detailed in Section 3.4.2.2). However, in real-life situations, people may not take the time to read the material as closely.
- The terms “survey” and “questionnaire” are used interchangeably throughout the mailings. You may want to consider using one term throughout for consistency and to avoid confusion.
- Our editorial staff reviewed all materials and noted that there are some minor editorial changes that can be made to improve the readability (e.g., breaking longer sentences

into multiple sentences, using less formal language). If this is of interest, they can do a more thorough review and provide a revised set of the materials.

### ***3.4.2.2 Item-Specific Findings***

In this section, we discuss findings and our suggested revisions for each of the items tested.

#### **Baseline Materials**

##### **Prenotification Post Card**

##### ***Findings***

- All of the respondents were able to describe the main points of the post card. Answers included the following:
  - The mailing is being sent by the Federal government.
  - They were selected at random for a survey they would receive in a few days.
  - They were selected because they have Medicare.
  - The survey is about the health care that people with Medicare receive (two respondents assumed the survey would ask about their satisfaction with Medicare as well).
- A few respondents said they would have liked more information on what the survey is about. Although all respondents understood that the survey is about their health care, some thought the goal of the survey is to improve Medicare, whereas others thought the goal of the survey is to improve people's health.
- When asked if there was anything that they thought should be included in the post card that was not, respondents offered the following suggestions:
  - A telephone number to call for more information
  - The number of questions on the survey
  - A timeline for responding to the survey
  - A statement saying that participation will not affect Medicare benefits
- When asked if there were changes that could be made to the design or format of the post card to make it easier to read, a couple of respondents suggested using larger or darker font.

##### ***Recommendation***

- You may want to consider adding a telephone number for people to call if they have any immediate questions.

## **Cover Letter for First Survey Mailing**

### ***Findings***

- All of the respondents were able to describe the main points covered in the letter. Answers included the following:
  - The letter is from a Federal agency.
  - A survey is included.
  - The recipient was selected by random (a couple of respondents wanted more information on the selection process).
  - Completing the survey is voluntary, and participation will not affect Medicare benefits (one respondent said that not participating would not mean Medicare costs would go up).
  - Another survey will be sent in 2 years.
  - The results of the survey will be used to improve health care.
- Although respondents understood that the results of the survey would be used to improve health care, there was some confusion on how that would be done. Some respondents thought that things would be done to make them healthier, whereas others thought the results would be used to help plans and doctors administer care or to help get them in the “right” plan.
- Several respondents were concerned about how their responses would be shared with their health plan. Most thought this meant that their individual responses would be given to their plan. One respondent thought that this also meant that her answers would be shared with her provider.
- A couple of respondents suggested providing a timeline for returning the survey.

### ***Recommendations***

- Consider adding a sentence or two to clarify how survey results will be used to improve health.
- Consider adding a sentence asking respondents to return the survey within 1 week. (After reading the reminder/thank you post card, a couple of respondents were surprised that it would be sent after only 1 week. They said they would want to know that they were expected to return the survey that quickly when it was received.)

## **Reminder/Thank You Post Card**

### ***Findings***

- All respondents understood that the point of the post card is to remind people to complete and return the survey. Respondents also noted that the post card emphasized the importance of the survey and included information on how to request another copy.

- Respondents provided a few suggestions for improving the post card:
  - A couple of respondents had forgotten who Datastat was and suggested that their role be defined (a third respondent remembered that Datastat was the organization administering the survey, but thought it should be stated again so that there was no confusion between CMS and Datastat).
  - A couple of respondents suggested either adding color to the post card or incorporating other design elements so that it would stand out.
  - Some respondents suggested adding CMS’ logo and/or Walter Stone’s signature to the post card so that recipients would immediately know the mailing was from CMS (some respondents overlooked the CMS logo on the front of the post card).

***Recommendations***

- Consider noting Datastat’s role as is done in the first cover letter.
- Consider adding the Privacy Officer’s signature to the post card (respondents noted that seeing “CMS Privacy Officer” on the other mailings made them feel like the survey was “safe” and that someone was “overseeing things.”)

**Cover Letter for Second Survey Mailing**

***Findings***

- All of the respondents understood that this letter would be sent to people who had not returned the initial survey that was sent. Respondents were able to list the main points of the letter and noted they were the same or very similar to the information included in the first cover letter. However, a few respondents noted that this letter referred to “managed care plans,” whereas the first letter did not. One respondent found this confusing.
- As with the first letter, some respondents expressed concerns about how their information would be shared. Several assumed that their individual answers were going to be shared with their health plans or doctors.
- The issue of how the survey data will be used to improve health or health care was raised again. Respondents wanted to know how the survey results could improve their health.

***Recommendations***

- For consistency, either refer to Medicare managed care plans in both cover letters or in neither letter.
- Consider adding a sentence or two to clarify how survey results will be used to improve health.

## **Follow-Up Materials**

### **Prenotification Post Card**

#### ***Findings***

- All of the respondents understood and were able to list the main points of the post card. Answers included the following:
  - The post card is about a survey that we filled out 2 years ago.
  - The follow-up survey will be received in a few days.
  - The survey is sponsored by Medicare.
  - The survey is important—it will be used to improve the quality of care people on Medicare receive.
- A couple of respondents suggested including something in the title to note that this is a follow-up survey.

#### ***Recommendations***

None noted.

### **Cover Letter for First Survey Mailing**

#### ***Findings***

- All respondents understood the intent of this letter and were able to list the main points. Answers included the following:
  - The letter is reminding people that they participated in a survey 2 years ago and this is a follow-up.
  - There is a postage-paid envelope that can be used to return the survey.
  - The goal of the survey is to improve health.
  - Answers will be shared with health plans.
  - There is a phone number to call if needed.
- Respondents offered a few suggestions for improving the letter:
  - Two respondents noted that this letter did not include information about what CMS is (referred to in the first sentence of the baseline cover letter). One respondent explained that even if someone remembers what CMS is, it is “reassuring to see a reminder that it is a government agency.”
  - Add a phone number for Walter Stone.
  - Clarify how information will be shared with health plans (again, respondents were concerned that their individual answers would be provided to health plans).

- A few respondents said that it was not clear what the sentence “Your responses to this follow-up survey will also help the Centers for Medicare & Medicaid Services (CMS) to determine if the care you receive is keeping you as healthy as possible” really means. As they noted previously, they wanted to know how the results of the survey will be used to keep them “as healthy as possible.”

### ***Recommendations***

- You may want to consider adding the first sentence from the baseline cover letter that explains what CMS is.
- Consider previous recommendations to add a sentence or two to clarify how results of the survey will be used to improve health.

### **Cover Letter for Second Survey Mailing**

#### ***Findings***

- All respondents understood the intent and main points of this mailing. Respondents said that the letter included information similar to the first cover letter, but this letter was for people who did not return the first survey that was sent.
- Respondents expressed concerns about how their data would be shared with their health plan. They also wanted clarification on how the survey results would be used to improve their health.

#### ***Recommendations***

- Consider previous recommendations to add a sentence or two to clarify how results of the survey will be used to improve health.

**APPENDIX A:**  
**ROUND 1 RECRUITMENT SCREENER**



**Medicare Health Outcomes Survey  
Survey Testing**

Recruitment Screener: Round 1

***Introduction***

**Ask to speak to an adult male or female age 18 or older living in the household:**

Hello, my name is \_\_\_\_\_ and I'm from (name of company). We are calling on behalf of RTI International, a nonprofit research organization.

We are not selling or promoting any product. We are calling to recruit people to take part in a research study about a health survey. The purpose of the research is to get feedback from people about the survey questions. The study is sponsored by the Centers for Medicare & Medicaid Services (CMS), the Federal government agency that operates the Medicare and Medicaid programs.

We will be conducting interviews with several people and we would like to conduct one with you. We will be conducting interviews on [DATES]. We have various time slots available and will work with you to find a time that fits your schedule. The interview will last up to 1 ½ hours. In appreciation for your participation, you will be reimbursed for your time, effort, and travel expenses.

To see if you are eligible for this study, I need to ask you a few questions. All of your comments will be kept private. My questions will only take a few minutes. May I proceed?

Yes – **CONTINUE**

No – **Thank you and end call**

1. RECORD GENDER (Ask if necessary)

1. Female
2. Male

**[Attempt Mix]**

2. How old were you on your last birthday? \_\_\_\_\_

**CODE AGE RANGE BELOW**

1. 18–64 → **Terminate**
2. 65 or over

3. What is the highest level of education you have completed?
  1. Less than high school
  2. High school graduate
  3. Some college or post-high school education
  4. College (university) graduate or higher (See note below)

**Note: No more than 3 Rs per round in category 4**

4. How long have you lived in North Carolina?

---

5. [If Q4 - not whole life] Where did you live before moving to North Carolina?

---

**[Attempt mix from different states and regions]**

**Invitation:**

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study, sponsored by CMS, to get feedback on a health survey. We would like to invite you to take part in an informal, personal interview. The interviews are being scheduled on [DAYS/DATE] at a time that would be convenient for you [GIVE AVAILABLE TIMES]. The discussion will last about 90 minutes. No one will attempt to sell you anything and no one will call on you for other studies as a result of your participation in this study. To help repay you for your time, effort, and travel expenses, you will receive \$75 at the time of the interview. This is an important research effort and we hope that you will be part of it. Can we schedule your attendance?

Facility to provide:

- Directions/map
- Interviewer name and phone number

**Closing for Ineligible Participants:**

Thank you for answering my questions. At this time you are not eligible to be in this study because [R is either under age 65 or is in a category that is full]. We value your interest in this research study. Thank you for your willingness to help us.

**Information Sheet:**

We are asking for your contact information only for the purpose of sending you a reminder letter and giving you a call to remind you of your interview. We will destroy all contact information upon conclusion of the interviews.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: \_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_

Is there another time to call or phone number that we may try if we miss you?

ALTERNATIVE TIME: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away. You can call us anytime at [INSERT PHONE NUMBER], and if we are not here, please leave a message.

*Interviewer:* \_\_\_\_\_

*Supervisor Confirm:* \_\_\_\_\_

**APPENDIX B:**  
**ROUND 1 DISCUSSION GUIDE**

**Medicare Health Outcomes Survey  
Questionnaire (English)  
2009  
(English)  
Discussion Guide**

**Interviewer: Read/Paraphrase this Introduction**

Hi, my name is \_\_\_\_\_. I want to thank you for coming today. Before we get started, I'm going to give you some information about the study to read.

**Give R the Informed Consent to read. Ask if R has any questions. Give R a copy of the Informed Consent form and note phone numbers if they have follow-up questions.**

Today we're going to be talking about the Medicare Health Outcomes Survey (HOS). The HOS is a large survey conducted by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs Medicare. The goal of the Medicare HOS program is to find out more about the health care that is provided to people with Medicare. The survey includes questions about your health and its impact on your daily activities. The results of the survey are used by CMS to determine if the care people with Medicare receive is keeping them as healthy as possible.

We are conducting this study on behalf of CMS to see how well some of the questions in the Medicare HOS are working. Specifically, we want to know: Do the questions make sense? Are they being understood as intended? How easy or difficult are they to understand and answer?

As we go through the survey, I'd like you to read each question out loud and then "think out loud" as you answer each question. For example, if the question asked how many times you cooked dinner at home during the past week, rather than tell me that you made dinner five times, I want to know how you came up with that answer. It may feel a little unnatural to do this, but remember, there are no right or wrong answers. We just want to understand how you decide on your answer and what you think of the question.

Here's an example:

*Question: In the past month, how many days has pain interfered with your ability to sleep well at night?*

*Answer 0 to 30 days*

*Response: Well, I usually don't have pain, but I twisted my ankle a couple of week ago. The first two nights I woke up during the night because of the pain. It still hurt for about a week after that, but I'd say two, because it only affected sleep the first two nights.*

Do you have any questions about the example?

After some of the survey questions, I'll ask you some additional questions. You should also feel free to say what you think about the questions at any time. We want to find the best way to ask each question, and your comments will help us do that.

The most important thing I want you to know is that there are no right or wrong answers. Your participation in this interview is very important because it will help improve the questionnaire. When we are done, I will give you \$75 for your time, effort, and travel expenses. I will ask you to sign a receipt to document that you have received it.

## MEDICARE HEALTH OUTCOMES SURVEY INSTRUCTIONS

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

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

### Sample Questions:

---

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

56. Are you male or female?

1  Male

2  Female

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

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

*INTERVIEWER: Note whether R completes the survey according to the instructions.*

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

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

Probe: What does the statement in the box mean to you?

Probe: Does the statement alleviate your concern about confidentiality?

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



## MEDICARE HEALTH OUTCOMES SURVEY

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

<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

Probe: Please tell me how you decided on your answer to Q2a.

- What does “moderate activities” mean to you? What do you think about the examples used? Do you bowl or play golf? Are there other examples of moderate activities that you can think of?
- What does “several” flights of stairs mean (how many is several)?
- [IF YES TO QUESTION] How has your health limited your participation in moderate activities?

Probe: In your opinion, what is the difference between “limited a lot” and “limited a little”?

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

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

Probe: In your own words, please tell me what this question is asking (ask for a and b—probe further if necessary to determine whether R understands the difference between a and b)?

Probe: What does the term “work” mean to you in this context? [INTERVIEWER: probe to determine if the term “work” is relevant to R’s situation]

- [IF YES] Please tell me about how you accomplished less/were limited in the kind of work or other activities as a result of your physical health?

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

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

Probe: In your own words, please tell me what this question is asking?

- What is the difference between this question and Q3?
- What does “emotional problems” mean to you in this context?

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

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

Probe: What did you have to think about in order to answer this question? Was it easy or difficult for you to remember what happened during the past 4 weeks?

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

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Did you have a lot of energy? ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Have you felt downhearted and blue? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

**All of the time**

**Most of the time**

**Some of the time**

**A little of the time**

**None of the time**

1

2

3

4

5

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

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

**Much better**

**Slightly better**

**About the same**

**Slightly worse**

**Much worse**

1

2

3

4

5

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

**Much better**

**Slightly better**

**About the same**

**Slightly worse**

**Much worse**

1

2

3

4

5

Probe: What did you have to think about in order to answer Q8 and Q9? (INTERVIEWER: Did R compare health to one year ago?)

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

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

	<b>No, I do not have difficulty</b>	<b>Yes, I have difficulty</b>	<b>I am unable to do this activity</b>
a. Bathing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Probe: In your own words, please tell me what this question is asking?

Probe: What does “special equipment” mean in this context? Can you provide an example of special equipment that can be used to complete one of these activities?

Probe: Were you able to choose an answer category that “fit” your situation (Note in previous testing some R’s wanted an answer b/w no “I do not have difficulty” and “I have difficulty”)?

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

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

Please enter a number between "0" and "30" days. **If no days, please enter “0” days.**

days

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

Please enter a number between "0" and "30" days. **If no days, please enter “0” days.**

days

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

Please enter a number between "0" and "30" days. **If no days, please enter “0” days.**

days

Probe: [IF R ANSWERED 1 TO 30 DAYS] How did you calculate your answer – e.g., did you think of specific days, estimate the number of days, etc.?

Probe: [IF R ANSWERED 1 TO 30 DAYS] Did you have any difficulty remembering the specific problems in the last 30 days?

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

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
a. Chest pain or pressure when you exercise.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Chest pain or pressure when resting .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
a. When lying down flat.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. When sitting or resting .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. When walking less than one block .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. When climbing one flight of stairs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

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

<b>None</b>	<b>Very mild</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	<b>Yes</b>	<b>No</b>
18. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. Can you hear <b>most</b> of the things people say (with a hearing aid if that's how you hear best)? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Probe Q18: In your own words, what does this question mean to you?

Probe Q19: In your own words, what does this question mean to you?

*INTERVIEWER: To test alternate wording for Q19, show R paper with both versions of question (cover current wording). Probe for understanding of alternate wording. Then ask R to look at both versions and probe for preference.*

**Has a doctor ever told you that you had:**

*INTERVIEWER: Probe these terms as necessary*

	<b>Yes</b>	<b>No</b>
20. Hypertension or high blood pressure .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
21. Angina pectoris or coronary artery disease .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
22. Congestive heart failure .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
23. A myocardial infarction or heart attack.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
25. A stroke.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
28. Arthritis of the hip or knee .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
29. Arthritis of the hand or wrist .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
30. Osteoporosis, sometimes called thin or brittle bones .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Has a doctor ever told you that you had:**

*INTERVIEWER: Probe these terms as necessary*

	<b>Yes</b>	<b>No</b>
31. Sciatica (pain or numbness that travels down your leg to below your knee).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
32. Diabetes, high blood sugar, or sugar in the urine .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
33. Any cancer (other than skin cancer) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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

*INTERVIEWER: Probe if R does not follow skip appropriately*

34. Are you currently under treatment for:

*INTERVIEWER: Probe these terms as necessary*

	<b>Yes</b>	<b>No</b>
a. Colon or rectal cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Lung cancer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Breast cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Prostate cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

39. How much of the time in the past **week** did you feel depressed?

**Less than  
one day**

1

**One or two days**

2

**Three or  
four days**

3

**More than  
four days**

4

*INTERVIEWER: Does changing time periods in Q35–Q39 cause confusion?*

Probe: When answering questions 35–39, did you think about specific time periods, or did you answer “in general.”? Did you notice the change in time periods between questions 36 and 39?

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

1  Excellent

2  Very good

3  Good

4  Fair

5  Poor

Probe: What did you have to think about in order to answer this question (who are you comparing yourself to)?

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

1  Every day

2  Some days

3  Not at all

4  Don't know

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

1  Yes                      **→ Go to Question 43**

2  No                              **→ Go to Question 46**

Probe: In your own words, please tell me what this question is asking

Probe: What does the term “urinary incontinence” mean to you?

*INTERVIEWER: Does R follow skip appropriately?*



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

1  A big problem → **Go to Question 44**

2  A small problem → **Go to Question 44**

3  Not a problem → **Go to Question 46**

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

1  Yes

2  No

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

1  Yes

2  No

Probe: In your own words, please tell me what this question is asking.

Probe: What does the term “bladder training” mean to you in this question? Have you heard that term before today?

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

1  Yes → **Go to Question 47**

2  No → **Go to Question 47**

3  I had no visits in the past 12 months → **Go to Question 48**

Probe: In your own words, please tell me what this question is asking.

Probe: What does “physical activity” mean to you in this question?

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

1  Yes

2  No

Probe: In your own words, please tell me what this question is asking.

Probe: [IF YES] What did your doctor advise you to do?

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

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

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

- 1  Yes  
2  No

*INTERVIEWER: Note any problems with the order of Q48 and Q49 (do R's that say no to Q48 think that Q49 is not relevant)?*

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

- 1  Yes  
2  No

Probe: In your own words, please tell me what this question is asking.

Probe: [IF YES] Please tell me about the problem you have had (was the problem with balance, walking or both?).

51. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

- 1  Yes  
2  No  
3  I had no visits in the past 12 months

Probe: In your own words, please tell me what this question is asking.

Probe: Are there other things that a health provider might recommend to prevent falls or treat problems with balance or walking?

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

- <sub>1</sub>  Yes  
<sub>2</sub>  No

Probe: What does the term “bone density test” mean to you? Have you heard the term before today?

Probe: What does the term “osteoporosis” mean to you? Have you heard the term before today?

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

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

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

- |   |   |   |   |
|---|---|---|---|
| <sub>01</sub> <input type="checkbox"/> 5 ft. 00 in. or less | <sub>05</sub> <input type="checkbox"/> 5 ft. 04 in. | <sub>09</sub> <input type="checkbox"/> 5 ft. 08 in. | <sub>13</sub> <input type="checkbox"/> 6 ft. 00 in.         |
| <sub>02</sub> <input type="checkbox"/> 5 ft. 01 in.         | <sub>06</sub> <input type="checkbox"/> 5 ft. 05 in. | <sub>10</sub> <input type="checkbox"/> 5 ft. 09 in. | <sub>14</sub> <input type="checkbox"/> 6 ft. 01 in.         |
| <sub>03</sub> <input type="checkbox"/> 5 ft. 02 in.         | <sub>07</sub> <input type="checkbox"/> 5 ft. 06 in. | <sub>11</sub> <input type="checkbox"/> 5 ft. 10 in. | <sub>15</sub> <input type="checkbox"/> 6 ft. 02 in.         |
| <sub>04</sub> <input type="checkbox"/> 5 ft. 03 in.         | <sub>08</sub> <input type="checkbox"/> 5 ft. 07 in. | <sub>12</sub> <input type="checkbox"/> 5 ft. 11 in. | <sub>16</sub> <input type="checkbox"/> 6 ft. 03 in. or more |

55. In what **year** were you born? Please provide your **year of birth** only.

--	--	--	--

*INTERVIEWER: note any problems with this question*

56. Are you male or female?

1  Male

2  Female

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

1  Yes, Hispanic or Latino

2  No, not Hispanic or Latino

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

a  American Indian or Alaska Native

b  Asian

c  Black or African American

d  Native Hawaiian or Other Pacific Islander

e  White

f  Another race

59. What is your current marital status?

1  Married

2  Divorced

3  Separated

4  Widowed

5  Never married

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

1  8th grade or less

2  Some high school, but did not graduate

3  High school graduate or GED

4  Some college or 2 year degree

5  4 year college graduate

6  More than a 4 year college degree

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

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

62. Who completed this survey form?

- 1  Person to whom survey was addressed      **→ Go to Question 64**
- 2  Family member or relative of person to whom the survey was addressed
- 3  Friend of person to whom the survey was addressed
- 4  Professional caregiver of person to whom the survey was addressed

Probe: What does the first answer choice (Person to whom the survey was addressed) mean to you? What about the term "Person selected for the survey."? [INTERVIEWER: probe to determine which term R's prefer].

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

First Name																			
Last Name																			

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

- 01  Less than \$5,000
- 02  \$5,000–\$9,999
- 03  \$10,000–\$19,999
- 04  \$20,000–\$29,999
- 05  \$30,000–\$39,999
- 06  \$40,000–\$49,999
- 07  \$50,000–\$79,999
- 08  \$80,000–\$99,999
- 09  \$100,000 or more
- 10  Don't know

**You Have Completed the Survey. Thank You.**

“According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information that does not display a valid OMB control number. The valid OMB control number for this information collection is 0938-0701. The time required to complete this information collection is estimated to average 20 minutes including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, C3-16-27, Baltimore, Maryland 21244-1850.”

Insert Vendor Contact Information Here

**APPENDIX C:  
ROUND 2 RECRUITMENT SCREENER**



**Medicare Health Outcomes Survey  
Materials Testing**

Recruitment Screener: Round 2

***Introduction***

**Ask to speak to an adult male or female age 18 or older living in the household:**

Hello, my name is \_\_\_\_\_ and I'm from (name of company). We are calling on behalf of RTI International, a nonprofit research organization.

We are not selling or promoting any product. We are calling to recruit people to take part in a research study about a health survey. The purpose of the research is to get feedback from people about some materials that are used in the study. The study is sponsored by the Centers for Medicare & Medicaid Services (CMS), the Federal government agency that operates the Medicare and Medicaid programs.

We will be conducting interviews with several people and we would like to conduct one with you. We will be conducting interviews on [DATES]. We have various time slots available and will work with you to find a time that fits your schedule. The interview will last up to 1 ½ hours. In appreciation for your participation, you will be reimbursed for your time, effort, and travel expenses.

To see if you are eligible for this study, I need to ask you a few questions. All of your comments will be kept private. My questions will only take a few minutes. May I proceed?

Yes – **CONTINUE**

No – **Thank you and end call**

1. RECORD GENDER (Ask if necessary)

1. Female
2. Male

**[Attempt Mix]**

2. How old were you on your last birthday? \_\_\_\_\_

1. CODE AGE RANGE BELOW
2. 18–64 → **Terminate**
3. 65 or over

3. What is the highest level of education you have completed?
  1. Less than high school
  2. High school graduate
  3. Some college or post-high school education
  4. College (university) graduate or higher (See note below)

**Note: No more than 3 Rs per round in category 4**

4. How would you describe your race? (can choose more than 1)
  1. American Indian or Alaska Native
  2. Asian
  3. Black or African American
  4. Native Hawaiian or Other Pacific Islander
  5. White
  6. Another race

**[Attempt mix]**

5. How long have you lived in North Carolina?

---

6. [If Q5 – not whole life] Where did you live before moving to North Carolina?

---

NOTE: You can probe about where R lived directly before NC, as well as other times in their life.

**[Attempt mix from different states and regions]**

**Invitation:**

Thank you for answering all of my questions. As I mentioned earlier, we are conducting a research study, sponsored by CMS to get feedback on a materials used as part of a health survey. We would like to invite you to take part in an informal, personal interview. The interviews are being scheduled on [DAYS/DATE] at a time that would be convenient for you [GIVE AVAILABLE TIMES]. The discussion will last about 90 minutes. No one will attempt to sell you anything and no one will call on you for other studies as a result of your participation in this study. As part of the study, you may be asked if it is ok to audiotape your interview. However, this is not required, and you may still participate if you prefer not to be recorded. To help repay you for your time, effort, and travel expenses, you will receive \$75 at the time of the interview.

This is an important research effort and we hope that you will be part of it. Can we schedule your attendance?

Facility to provide:

- Directions/map
- Interviewer name and phone number

**Closing for Ineligible Participants:**

Thank you for answering my questions. At this time you are not eligible to be in this study because [R is either under age 65 or is in a category that is full]. We value your interest in this research study. Thank you for being willing to help us.

**Information Sheet:**

We are asking for your contact information only for the purpose of sending you a reminder letter and giving you a call to remind you of your interview. We will destroy all contact information upon conclusion of the interviews.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: \_\_\_\_\_

BEST PHONE NUMBER: \_\_\_\_\_

Is there another time to call and number to reach you we can try if we miss you?

ALTERNATIVE TIME: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away. You can call us anytime at [INSERT PHONE NUMBER], and if we are not here, please leave a message.

*Interviewer:* \_\_\_\_\_

*Supervisor Confirm:* \_\_\_\_\_

**APPENDIX D:  
ROUND 2 DISCUSSION GUIDE**

## **Round 2 Testing Protocol**

### **Mailing Materials**

We will be testing the following materials:

#### **Baseline Material**

1. Prenotification post card—This is sent to survey respondents 1 week before the initial survey is mailed.
2. Cover letter #1—This letter is mailed to respondents with the questionnaire 1 week after the prenotification post card.
3. Reminder/thank you post card—This post card is mailed to respondents 4–10 days after the first questionnaire is sent. It is a reminder for those who have not yet returned their survey and thanks those who have.
4. Cover letter #2—A second questionnaire and cover letter (different text) is sent to nonrespondents approximately 28 days after sending the first questionnaire.

#### **Follow-Up Materials**

Medicare beneficiaries who complete the Medicare HOS are asked to complete a follow-up survey 2 years later. They receive the materials outlined above (but a different version of the prenotification post card and the cover letters for each of the questionnaire mailings; the reminder/thank you post card is the same at baseline and follow-up).

### **Interviewer: Read/Paraphrase this Introduction**

Hi, my name is \_\_\_\_\_. I want to thank you for coming today. Before we get started, I'm going to give you some information about the study to read.

**Give R the Informed Consent to read. Ask if R has any questions. Give R a copy of the consent form and note phone numbers if they have follow-up questions.**

Today we're going to be talking about the Medicare Health Outcomes Survey (HOS). The HOS is a large survey conducted by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs Medicare. The goal of the Medicare HOS program is to find out more about the health care that is provided to people with Medicare. When someone is selected for the survey, they receive notification by mail. Today I'm going to ask you to look at some of the mailings someone would receive if selected for the survey.

We are interested in finding out what you think of them: are they easy to read, do you have any questions after reading them, etc.

Do you have any questions before we begin?

### **Process**

Respondents should receive materials in the order listed below (each interviewer will have a folder for each piece that will include an original and a copy for making notations). For each piece, direct respondents to read thoroughly and make notations next to anything that is confusing (notations should be made on the copy).

After each piece, ask questions outlined in the guide.

### **Baseline Materials**

1. Baseline prenotification post card
2. Baseline cover letter for first questionnaire
3. Baseline reminder/thank you post card
4. Baseline cover letter for second questionnaire

### **Follow-up Materials**

5. Follow-up prenotification post card
6. Follow-up cover letter
7. Follow-up reminder/thank you post card (this is the same version used for baseline; it does not need to be tested again)
8. Follow-up cover letter for second questionnaire

*INTERVIEWER: This is the text for a post card that you might receive about the study. Please take a few minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

[CMS Logo]

## MEDICARE HEALTH OUTCOMES SURVEY

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS), the Federal agency that runs Medicare, is conducting a survey to find out more about the care that is provided to people with Medicare. This survey is called the "Medicare Health Outcomes Survey." Your name was selected at random from your health plan. In a few days, you will receive a questionnaire in the mail. We would greatly appreciate your taking the time to complete the form.

Please look for the Medicare Health Outcomes Survey in the mail in a few days. Thank you for helping with this important survey.

Sincerely,

Walter Stone  
CMS Privacy Officer

**En un esfuerzo por enterarnos más sobre la calidad de la asistencia que se brinda a los beneficiarios del programa *Medicare*, la CMS está llevando a cabo una encuesta de los beneficiarios. Si desea recibir la *Encuesta de Medicare Sobre la Salud* en español sírvase llamar gratuitamente a [1-800 number].**

### Main Points

- CMS, the Federal agency that runs Medicare, is conducting a survey with people who have Medicare.
- The survey is about the care provided to people with Medicare.
- The person receiving the survey was selected at random.
- The sample member will receive the survey in a few days.

Probe: In your own words, please tell me what the main points of this post card are.



*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?

Probe: Is there anything that you would want to know about the survey (at this point) that isn't included? If so, what else would you want to know?

*INTERVIEWER: This is a letter that you would receive in the mail with the questionnaire. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

**[CMS Letterhead]**

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is the Federal agency that administers the Medicare program. Our responsibility is to make sure that you get high quality care. One of the ways we can fulfill that responsibility is to find out directly from you about how the care you are currently receiving under the Medicare program affects your health.

CMS is conducting a survey of people with Medicare called the Medicare Health Outcomes Survey. Your name was selected at random by CMS from among the people in your health plan with Medicare. We would greatly appreciate your taking the time to fill out this questionnaire. A postage-paid return envelope is enclosed.

Your answers to the survey will provide information about the state of your health. You will be contacted two years from now and asked to complete the survey again. Your answers to the two surveys will be compared to determine if the care you receive is keeping you as healthy as possible. After the study is completed, your responses will be shared with your health plan. Your plan will use this information to improve the quality of care.

Learning about the state of your health is very important to us. While your participation is voluntary, we hope that you will take the time to answer the questionnaire. Your answers will have no effect on your Medicare benefits.

[SURVEY VENDOR NAME] is a survey research organization working with us to carry out this survey. If you have any problems completing the survey or have other questions about it, please don't hesitate to call [SURVEY VENDOR NAME toll free] at [1-800-Number] or e-mail [SURVEY VENDOR NAME] at [e-mail address].

Thank you for your help with this important survey.

Sincerely,

Walter Stone  
CMS Privacy Officer

Enclosures

**ESPAÑOL AL OTRO LADO**

**Main Points**

- CMS is the Federal agency that runs the Medicare program.
- CMS is conducting a survey to find out how the care received under the Medicare program affects people's health.
- The survey is called the Medicare Health Outcomes Survey.
- The person receiving the survey was selected at random.
- The sample member is being asked to complete a survey and return it in an enclosed postage-paid envelope.
- The sample member will be asked to complete the survey again in 2 years.
- After both surveys have been completed, health plans will receive information about responses so they can improve the quality of care that they provide.
- Participation is voluntary.
- Answers will not affect Medicare benefits.
- Contact information is provided if the sample member has questions.

Probe: In your own words, please tell me what this letter says.

*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?

Probe: Do you think the letter provides enough information about the survey?

IF YES: Do you think it provides too much information (if yes, probe to see what information is not needed)?

IF NO: What else would you like to know?

## Baseline Reminder/Thank You Postcard

*Interviewer: This is a post card that you might receive in the mail if you are a participant in the study. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

[CMS Logo]

### MEDICARE HEALTH OUTCOMES SURVEY

Hello!

About a week ago you received the Medicare Health Outcomes Survey in the mail.

This is a **reminder** that we would like you to fill out the questionnaire and mail it back in the postage-paid envelope that came with it. We need your answers. This is your chance to help your health plan serve you better.

If you have returned the completed questionnaire, thank you!

If you did not get the questionnaire or have misplaced it, please call [SURVEY VENDOR NAME] toll free at [1-800-Number] or e-mail [SURVEY VENDOR NAME ] at [e-mail address] and we will mail a questionnaire to you.

THANK YOU!

[SURVEY VENDOR NAME]

#### **Main Points**

- This post card is sent to remind sample members to mail back their completed questionnaire (and thanks them if they have already done so).
- This post card provides contact information if they did not receive the survey, or if it has been misplaced.

Probe: In your own words, please tell me what the main points of this post card are.

*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?

## Baseline Cover Letter 2

*Interviewer: This is a letter that you might receive in the mail if you are a participant in the study. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

### **[CMS Letterhead]**

Dear Medicare Beneficiary:

The Centers for Medicare & Medicaid Services (CMS) is conducting a survey of people with Medicare in managed care plans to learn if the care you receive is keeping you as healthy as possible. Your name was randomly selected from your health plan.

Recently, we mailed the Medicare Health Outcomes Survey to you but have not received your response. We are enclosing another copy and would greatly appreciate your taking the time to complete the survey. Please return it in the enclosed postage-paid envelope.

Learning about the state of your health is very important to us. While your participation is voluntary, we hope you will help us by completing the questionnaire. Your answers will have no effect on your Medicare benefits.

You will be contacted again two years from now and asked to complete the survey again. Your answers to the two surveys will be compared to determine if the care you receive is keeping you as healthy as possible. After the study is completed, your responses will be shared with your health plan. Your plan will use this information to improve the quality of care.

[SURVEY VENDOR NAME] is a survey research organization working with us to carry out this survey. If you have any problems completing the survey or have other questions about the survey, please don't hesitate to call [SURVEY VENDOR NAME] toll free at [1-800-Number] or e-mail [SURVEY VENDOR NAME] at [e-mail address].

Thank you for your help with this important survey.

Sincerely,

Walter Stone  
CMS Privacy Officer

Enclosures

**Main Points**

- CMS is conducting a survey of people with Medicare in managed care plans to learn about the care that they receive.
- The person receiving the survey was selected at random from their health plan.
- The Medicare Health Outcomes Survey was recently sent to the sample member, but not returned yet.
- This mailing includes another copy of the survey.
- Participation is voluntary.
- Answers will not affect Medicare benefits.
- The sample member will be asked to complete the survey again in 2 years.
- After both surveys have been completed, health plans will receive information about responses so they can improve the quality of care that they provide.
- Contact information is provided if the sample member has questions.

Probe: In your own words, please tell me what this letter says.

*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?

Probe: What is the difference between this letter and the first letter you looked at? (Does R notice different information—e.g., Medicare managed care plan)

## Follow-Up Prenotification Postcard

*Interviewer: This is the text for a post card you might receive if you are in the follow-up study. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

[CMS Logo]

### **MEDICARE HEALTH OUTCOMES SURVEY**

Dear Medicare Beneficiary:

Two years ago you completed the Medicare Health Outcomes Survey. At that time, we said that we would like you to complete the survey again in the year 2010. In a few days, you will receive a questionnaire in the mail. We would greatly appreciate your taking the time to complete the form.

The Centers for Medicare & Medicaid Services (CMS) conducts this survey to find out more about the care that is provided to people with Medicare. Your answers can help your health plan to improve the quality of care.

Please look for the Medicare Health Outcomes Survey in the mail in a few days. Thank you for your continued help in this important study.

Sincerely,

Walter Stone  
CMS Privacy Officer

#### **Main Points**

- The sample member completed the Medicare Health Outcomes Survey 2 years ago (and was told that he/she would be asked to complete it again in 2 years).
- The sample member will receive the survey in a few days.
- CMS conducts the survey to find out more about the care that is provided to people with Medicare. Answers to this survey can help health plans improve the quality of care that they provide.
- The sample member is thanked for their participation.

Probe: In your own words, please tell me what the main points of this post card are. (Does R understand that this is for a follow-up survey 2 years after completing the first one?)

Follow-Up Prenotification Postcard

*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?



## Follow-Up Cover Letter 1

*Interviewer: This is a letter that you might receive in the mail if you are a participant in the follow-up study. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

### **[CMS Letterhead]**

Dear Medicare Beneficiary:

Two years ago you completed the Medicare Health Outcomes Survey. At that time, we said that we would like you to complete the survey again in the year 2010. Therefore, we are writing to ask for your continued help. We would greatly appreciate your taking the time to fill out the enclosed questionnaire. A postage-paid return envelope is enclosed.

After the study is completed, your responses will be shared with your health plan. Your plan will use this information to improve the quality of care. Your responses to this follow-up survey will also help the Centers for Medicare & Medicaid Services (CMS) to determine if the care you receive is keeping you as healthy as possible.

[SURVEY VENDOR NAME] is a survey research organization working with us to carry out this survey. If you have any problems completing the survey or have other questions about it, please don't hesitate to call [SURVEY VENDOR NAME] toll free at [1-800-Number] or e-mail [SURVEY VENDOR NAME] at [e-mail address].

Thank you for your help with this important survey.

Sincerely,

Walter Stone  
CMS Privacy Officer

Enclosures

### **Main Points**

- The letter reminds the sample member that they completed the Medicare HOS 2 years ago and at that time, were asked to complete a follow-up survey in 2 years.
- The sample member is asked to complete the enclosed questionnaire and return it in the enclosed postage-paid envelope.
- Responses to the survey will be shared with health plans so that they can use the information to improve the quality of care that they provide. CMS will also use the information to determine if the care people receive keeps them as healthy as possible.
- Contact information is provided if the sample member has questions.

Follow-Up Cover Letter 1

Probe: In your own words, please tell me what this letter says.

*INTERVIEWER: Ask—Did you mark anything on your copy as confusing or unclear?*

[IF YES]—Review with R as needed

[IF NO]—Were there any words or ideas that were confusing or unclear?

## Follow-Up Cover Letter 2

*Interviewer: This is a letter that you might receive in the mail if you are a participant in the follow-up study. Please take a couple of minutes to read it. If there are any words or concepts that are unclear or do not sound right to you, please mark them with this pen so we can discuss them later.*

### **[CMS Letterhead]**

Dear Medicare Beneficiary:

Two years ago you completed the Medicare Health Outcomes Survey. At that time, we said that we would like you to complete the survey again in the year 2010. Recently we wrote to ask for your continued help but have not received your response. We would greatly appreciate your taking the time to fill out the enclosed questionnaire. A postage-paid return envelope is enclosed.

After the study is completed, your responses will be shared with your health plan. Your plan will use this information to improve the quality of care. Your responses to this follow-up survey will also help the Centers for Medicare & Medicaid Services (CMS) to determine if the care you receive is keeping you as healthy as possible.

[SURVEY VENDOR NAME] is a survey research organization working with us to carry out this survey. If you have any problems completing the survey or have other questions about it, please don't hesitate to call [SURVEY VENDOR NAME] toll free at [1-800-Number] or e-mail [SURVEY VENDOR NAME] at [e-mail address].

Thank you for your help with this important survey.

Sincerely,

Walter Stone  
CMS Privacy Officer

Enclosures

### **Main Points**

- The letter reminds the sample member that they completed the Medicare HOS 2 years ago and at that time, were asked to complete a follow-up survey in 2 years.
- The Medicare HOS was recently sent to the sample member, but not returned yet.
- Another questionnaire is enclosed with this mailing. The sample member is being asked to return it in the enclosed postage-paid envelope.
- Responses to the survey will be shared with health plans so that they can use the information to improve the quality of care that they provide. CMS will also use the information to determine if the care people receive keeps them as healthy as possible.
- Contact information is provided if the sample member has questions.

## Follow-Up Cover Letter 2

Probe: In your own words, please tell me what this letter says.

*INTERVIEWER: Ask – Did you mark anything on your copy as confusing or unclear?*

[IF YES] – Review with R as needed

[IF NO] – Were there any words or ideas that were confusing or unclear?

### **Summary**

1. Now that you've read through all of the material, please tell me what you learned about the Medicare HOS?
2. How easy or difficult were the materials to understand?
  - Was there enough information? If not, what else would you want to know?
  - Was there too much information?
3. Based on what you read, would you participate in the study? Why or why not?
4. Do you have any suggestions for how the materials that you looked at could be improved?