
Development and Year One National Implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs

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Project Overview

This report provides an overview of the Centers for Medicare & Medicaid Services (CMS) effort to develop and implement a survey about patient experience based on the CAHPS[®] Clinician & Group Survey (CG-CAHPS). CMS is using this survey to collect data on fee-for-service Medicare beneficiaries' experiences in Accountable Care Organizations (ACOs) that participate in the Medicare Shared Savings Program and Pioneer Model. Scores from this survey will comprise one-quarter of each ACO's total quality score, which is used to determine the ACO's shared savings payment. Survey development and implementation will also inform the future use of surveys about patient experience for group practices that participate in the Physician Quality Reporting System (PQRS).

Survey Development Overview

On November 2, 2011, the Centers for Medicare & Medicaid Services (CMS) finalized rules under the Affordable Care Act establishing the Shared Savings Program. As a part of this program, doctors, hospitals, and other health care providers may work together to better coordinate care for Medicare patients through an ACO.¹ CMS will measure the quality of care provided by ACOs using 33 nationally recognized measures in 4 key domains:

- Patient/caregiver experience
- Care coordination/patient safety
- Preventative health
- At risk population

The rule required that the patient experience survey for the program be based on the CG-CAHPS survey. Here, we briefly summarize the survey development process and provide information on both the field test and the Year 1 National Implementation Survey.

Federal Rule and CG-CAHPS Required Domains

The first draft of the ACO patient experience survey had seven summary survey measures that were specified for inclusion by CMS' Federal Rule for the Shared Savings Program:

1. Getting Timely Care, Appointments, and Information
2. How Well Your Providers Communicate
3. Patients' Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Health Status/Functional Status

¹ The Medicare Shared Savings Program final rule is available at:
http://www.cms.gov/SharedSavingsProgram/30_Statutes_Regulations_Guidance.asp#TopOfPageThe 2

The first 6 of these summary survey measures come from CG-CAHPS question sets.¹ The health status/functional status summary survey measure includes questions required by Section 4302 of the Affordable Care Act relating to disability status² and additional questions regarding health and functional status, including questions modified from the SF-36, a widely used and well-validated health outcomes survey. The first draft of the survey also included the CG-CAHPS summary survey measure “Courteous and Helpful Office Staff,” as this measure is part of the CG-CAHPS core questions set and is required for all CG-CAHPS surveys.

Development of the Field Test Survey

To identify additional aspects of care for which it might be helpful to collect beneficiary experience data, we conducted two focus groups with Medicare beneficiaries. We also convened a Technical Expert Panel (TEP) including representatives of groups that accredit health care organizations, health care purchasers and consumers, health care organizations and providers, as well as experts on survey research and performance measurement and improvement. As a result, we adapted CG-CAHPS questions in the Health Promotion and Education and Care Coordination summary survey measures by using the term “health care team” in questions referring to the set of health care providers responsible for an individual’s care, and by developing new survey questions regarding the involvement of friends and family in health care decision-making. We also included questions about four additional aspects of patient experience: Care Coordination; Between Visit Communication; Helping You to Take Medications as Directed; and Stewardship of Patient Resources. Questions comprising these summary survey measures were adapted from CAHPS supplemental question sets.

To inform the order of survey topics and ensure consistent interpretation of survey questions by beneficiaries, we used the draft survey to conduct cognitive interviews with fee-for-service Medicare beneficiaries. We revised the survey based on the results of these interviews.

The field test survey had 96 questions organized into the following sections: Your Provider (3 questions), Your Care From This Provider in the Last 6 Months (40 questions), Clerks and Receptionists at This Provider’s Office (2 questions), Your Care from Specialists in the Last 6 Months (5 questions), All Your Care in the Last 6 Months (16 questions), and About You (30 questions). The survey asked about beneficiaries’ experiences with their care in the previous 6 months. The survey referenced, by name, the provider who delivered the plurality of the beneficiary’s primary care in the prior 12 months.

¹ CG-CAHPS Core measures are questions which survey sponsors are required to field in order to refer to their survey as a CG-CAHPS survey. CAHPS supplemental questions explore topics or domains that are not covered by core measures, or explore core measures in richer detail.

² The Department of Health and Human Services Office of Minority Health (OMH) Final Data Collection Standard relating to Section 4302 of the Affordable Care Act is available at:

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208>

Field Test Implementation and Data Analysis

Between April 27 and June 29, 2012, we field-tested the draft survey among beneficiaries assigned to 9 participating physician groups from the Medicare Physician Group Practice Transition Demonstration (PGPs). The field test included an oversample of beneficiaries who ranked within the top 10 percent of each ACO by their total value of allowed primary care charges. The data collection included mailing of a pre-notification letter, up to two mailings of paper surveys, and telephone interviews with those sampled beneficiaries who did not respond to the mail survey. The mail survey and telephone interviews were available in English and Spanish. There were 3,445 responses to the field test survey, and the adjusted response rate after excluding those ineligible for the survey was 53 percent.

After the field test, we conducted data analysis to combine answers to related questions to form summary survey measures. Based on the results of these analyses and the removal of questions that had been included more than once to assess question order effects, the survey content was shortened to 83 questions.

Year 1 National Implementation Survey

The first national implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs was fielded among beneficiaries assigned to 146 ACOs and 6 PGPs; they are described as ACOs throughout the remainder of this report. The survey was administered between January and April 2013 and measured beneficiaries' experiences of care over the previous six months. The survey contained the 83 questions kept after the analysis of the field test data, organized into the following sections: Your Provider (3 questions), Your Care From This Provider in the Last 6 Months (38 questions), Clerks and Receptionists at This Provider's Office (2 questions), Your Care from Specialists in the Last 6 Months (5 questions), All Your Care in the Last 6 Months (10 questions), and About You (25 questions). Many of the evaluative questions included in the survey are preceded by screener questions, so that only those beneficiaries for whom the question is relevant (i.e., those with applicable needs or experiences) are asked to answer the evaluative questions. The 12 summary survey measures come from these evaluative questions. Table 1 below describes the questions that comprise each of the 12 summary survey measures.

Table 1. Year 1 National Implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs – Summary Survey Measures and Questions

Summary Survey Measure	Question(s) Included in the Measure	Measure Used to Determine ACO's Quality Score?
<p>Getting Timely Care, Appointments and Information</p>	<p>In the last 6 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?</p> <p>In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?</p> <p>In the last 6 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?</p> <p>Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?</p>	<p>Yes</p>
<p>How Well Providers Communicate</p>	<p>In the last 6 months, how often did this provider explain things in a way that was easy to understand?</p> <p>In the last 6 months, how often did this provider listen carefully to you?</p> <p>In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?</p> <p>In the last 6 months, how often did this provider seem to know the important information about your medical history?</p> <p>In the last 6 months, how often did this provider show respect for what you had to say?</p> <p>In the last 6 months, how often did this provider spend enough time with you?</p>	<p>Yes</p>

Patient's Rating of Provider	Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Yes
Access to Specialists	<p>In the last 6 months, how often was it easy to get appointments with specialists?</p> <p>In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?</p>	Yes
Health Promotion and Education	<p>General Health Promotion and Education</p> <p>In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?</p> <p>In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?</p> <p>In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?</p> <p>In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?</p> <p>Mental Health Promotion and Education</p> <p>In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?</p> <p>In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?</p>	Yes
Shared Decision-Making	<p>Making Decisions about Medications</p> <p>Did you and this provider talk about the reasons you might want to take a medicine?</p> <p>Did you and this provider talk about the reasons you might not want to take a medicine?</p> <p>When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?</p>	Yes

	<p>Making Decisions about Surgery Did you and this provider talk about the reasons you might want to have the surgery or procedure?</p> <p>Did you and this provider talk about the reasons you might not want to have the surgery or procedure?</p> <p>When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?</p>	<p>Yes</p>
	<p>Sharing Your Health Information In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?</p> <p>In the last 6 months, did this provider respect your wishes about how much of your personal health information to share with your family or friends?</p>	<p>Yes</p>
<p>Health Status/ Functional Status*</p>	<p>Self-Rated Health In general, how would you rate your overall health?</p>	<p>Yes</p>
	<p>Self-Rated Mental Health In general, how would you rate your overall mental or emotional health?</p>	<p>Yes</p>
	<p>Cognitive Functioning Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p>	<p>Yes</p>
	<p>Beneficiaries without a Chronic Condition In the past 12 months, have you seen a provider 3 or more times for condition or problem that has lasted for at least 3 months?</p> <p>Do you need or take medicine to treat the condition?</p>	<p>Yes</p>

	<p>Beneficiaries' Functional Status</p> <p>During the last 4 weeks, how much did your physical health interfere with your normal social activities with family, friends, neighbors or groups?</p> <p>During the last 4 weeks, how much of the time did your physical health interfere with your social activities (like visiting with friends, relatives, etc.)?</p> <p>Do you have serious difficulty walking or climbing stairs?</p> <p>Do you have difficulty dressing or bathing?</p> <p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p>	Yes
Courteous and Helpful Office Staff	<p>In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?</p> <p>In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?</p>	No
Care Coordination	<p>When you visited this provider in the last 6 months, how often did he or she have your medical records?</p> <p>In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?</p> <p>In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?</p>	No
Between Visit Communication	<p>In the last 6 months, did this provider's office contact you to remind you to make an appointment for tests or treatment?</p>	No
Helping You Take Medications as Directed	<p>In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?</p> <p>Was the written information this provider gave you easy to understand?</p> <p>In the last 6 months, did this provider suggest ways to help you remember to take your medicines?</p>	No

Stewardship of Patient Resources	In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?	No
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* While questions included in the Health Status/Functional Status summary survey measure comprise one of the seven summary survey measures included in federal regulation, they are currently treated as pay-for-reporting.

Year 1 National Implementation Methodology

Sample Selection and Eligibility Criteria. We selected a sample of 117,800 beneficiaries (775 per ACO) who were assigned to one of the ACOs using the two-step assignment process.² For each ACO/PGP, the random sample of 775 beneficiaries included 194 beneficiaries drawn from the top 10 percent of users and 581 drawn from the remaining 90 percent of users. The top 10 percent of users in each ACO was defined as those beneficiaries who ranked within the top 10 percent by their total allowed primary care charges. The top 10% of utilizers were oversampled (1) to increase the likelihood that the survey questions that measure less common experiences would receive adequate numbers of responses; and (2) because one of the goals of the Medicare Shared Savings Program and the Pioneer Model ACOs is to incentivize high quality and efficient service delivery, making it particularly useful to capture the patient experiences of those with high levels of health care utilization.

Survey Implementation. The survey was conducted between January 31 and April 15, 2013, and asked about beneficiaries’ experiences with care received in the previous 6 months. The survey referenced, by name, the provider who delivered the plurality of the beneficiary’s primary care visits in the prior 12 months. The data collection protocol included mailing of a pre-notification letter, up to two mailings of paper surveys, and telephone interviews with beneficiaries who did not respond to the mail survey. The mail survey and telephone interviews were available in seven languages: English, Spanish, Cantonese, Korean, Mandarin, Russian, and Vietnamese.

The sample disposition and response rates for the survey are presented in Table 2. Of the 117,800 beneficiaries in the sample, 208 (0.18%) were classified as ineligible because they were institutionalized, deceased, had a language barrier that prevented them from participating in the survey, or were mentally or physically incapable of responding. The adjusted response rate, after excluding all dispositions under the ineligible category in Table 2 was 53.9 percent.

² For information on the assignment methodology, please see http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/downloads/MSSP_FAQs.pdf.

Table 2. Sample Disposition, Year 1 National Implementation of the CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs

Disposition	Overall Sample Beneficiary Count	Overall Percentage of Sample
Completed survey	62,483	53.09 %
Partially completed survey	932	0.79 %
Ineligible	208	0.18 %
Institutionalized	7	0.01 %
Deceased	155	0.13%
Language Barrier	3	0.00%
Mentally or physically unable to respond	39	0.03 %
Other excluded from survey	4	0.00 %
Non-respondents	54,177	46.03 %
Total sample	117,700	100%

Data Analysis

Reliability of Scores. Reliability of the summary survey measures was also assessed and will potentially inform decisions regarding calculation of an ACO's quality points in the future. Reliability provides a statistical measure of the extent to which variation in the summary survey measures reflects true differences between ACOs.

Case-Mix Adjustment. To ensure that comparisons among ACOs reflect differences in performance rather than differences in case-mix, we adjusted for certain Medicare beneficiary characteristics. The variables used in the final case-mix adjustment model for the Year 1 National Implementation Survey were: age, education, self-rated health, self-rated mental health, Medicaid eligibility, eligibility for Medicare's low-income premium subsidy; receipt of assistance in completing the survey, and completion of an Asian language (Cantonese, Korean, Mandarin, or Vietnamese) survey.

Additional Analyses and Finalizing the Year 2 National Implementation Survey. The Year 1 National Implementation Survey data were further analyzed to assess the potential existence of duplicative questions and to assess how each question contributes to an ACO's final score. Based on the results of these analyses, three questions were dropped from the survey. Three new questions regarding receipt of the flu shot were added, as this comprises an important measure of preventative care that can be difficult to capture accurately in claims data; this concept is captured in other CMS CAHPS surveys as well. The content for the Year 2 National Implementation Survey will therefore have 81 numbered questions, including one 3-part question regarding receipt of the influenza vaccine; the survey is displayed in the Appendix.

Appendix. Contents of the Year 2 CAHPS Survey for the Medicare Shared Savings Program and Pioneer Model ACOs

Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

Name of provider label goes here

Is that correct?

Yes

No (If No, go to #44 on page 9)

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

Yes

No

3. How long have you been going to this provider?

Less than 6 months

At least 6 months but less than 1 year

At least 1 year but less than 3 years

At least 3 years but less than 5 years

5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

None (If None, go to #44 on page 9)

1 time

2

3

4

5 to 9

10 or more times

5. In the last 6 months, did you phone this provider's office to get an appointment for an illness, injury or condition that **needed care right away**?

Yes

No (**If No, go to #7**)

6. In the last 6 months, when you phoned this provider's office to get an appointment for **care you needed right away**, how often did you get an appointment as soon as you needed?

Never

Sometimes

Usually

Always

7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?

Yes

No (**If No, go to #9**)

8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?

Never

Sometimes

Usually

Always

9. In the last 6 months, did you phone this provider's office with a medical question during regular office hours?

Yes

No (**If No, go to #11**)

10. In the last 6 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

Never

Sometimes

Usually

Always

11. In the last 6 months, did you phone this provider's office with a medical question **after** regular office hours?

Yes

No (**If No, go to #13**)

12. In the last 6 months, when you phoned this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?

- Never
- Sometimes
- Usually
- Always

13. Some offices remind patients about tests, treatment, or appointments in between their visits. In the last 6 months, did you get any **reminders** from this provider's office between visits?

- Yes
- No (**If No, go to #15**)

14. In the last 6 months, did this provider's office contact you to remind you to **make an appointment** for tests or treatment?

- Yes
- No

15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider **within 15 minutes** of your appointment time?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did you talk with this provider about any health questions or concerns?

- Yes
- No (**If No, go to #20**)

19. In the last 6 months, how often did this provider give you easy to understand information about these health questions or concerns?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never
- Sometimes
- Usually
- Always

21. When you visited this provider in the last 6 months, how often did he or she have your medical records?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No (**If No, go to #26**)

25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes
- No (If No, go to #35)

27. Did you and this provider talk about the reasons you might want to take a medicine?

- Yes
- No

28. Did you and this provider talk about the reasons you might **not** want to take a medicine?

- Yes
- No

29. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?

- Yes
- No

30. After you and this provider talked about starting or stopping a prescription medicine, did you **start** a prescription medicine?

- Yes
- No (If No, go to #35)

31. In the last 6 months, how often did this provider give you easy to understand instructions about how to take your medicines?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, other than a prescription, did this provider give you written information or write

down information about how to take your medicines?

Yes

No (**If No, go to #34**)

33. Was the written information this provider gave you easy to understand?

Yes

No

34. In the last 6 months, did this provider suggest ways to help you remember to take your medicines?

Yes

No

35. In the last 6 months, did you and this provider talk about having surgery or any type of procedure?

Yes

No (**If No, go to #39**)

36. Did you and this provider talk about the reasons you might want to have the surgery or procedure?

Yes

No

37. Did you and this provider talk about the reasons you might **not** want to have the surgery or procedure?

Yes

No

38. When you and this provider talked about having surgery or a procedure, did this provider ask what you thought was best for you?

Yes

No

39. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?

Yes

No

40. In the last 6 months, did this provider respect your wishes about how much of your personal health

information to share with your family or friends?

- Yes
- No

41. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

Worst provider possible

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Best provider possible

Clerks and Receptionists at This Provider's Office

42. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

Your Care From Specialists in the Last 6 months

44. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?

Yes (**If Yes, go to #48**)

No

45. In the last 6 months, did you try to make any appointments with specialists?

Yes

No (**If No, go to #48**)

46. In the last 6 months, how often was it easy to get appointments with specialists?

Never

Sometimes

Usually

Always

47. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

Never

Sometimes

Usually

Always

All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

48. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

Yes

No

49. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

Yes
No

50. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

Yes
No

51. In the last 6 months, did anyone on your health care team talk with you about specific goals for your health?

Yes
No

52. In the last 6 months, did you **take any** prescription medicine?

Yes
No (**If No, go to #550**)

53. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?

Never
Sometimes
Usually
Always

54. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?

Yes
No

55. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

Yes
No

56. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

Yes
No

57. Since August 1, 2013, did anyone on your health care team...

- a. Remind you to get a flu shot?
Yes
No
- b. Ask if you got a flu shot somewhere else?
Yes
No
- c. Give you a flu shot?
Yes
No

About You

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

- Excellent
- Very good
- Good
- Fair
- Poor

59. In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

60. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No (**If No, go to #62**)

61. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

62. Do you now need or take medicine prescribed by a doctor?

Yes

No → If No, go to #64

63. Is this medicine to treat a condition that has lasted for at least 3 months?

Yes

No

64. During the last 4 weeks, how much of the time did your physical health interfere 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

65. What is your age?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 69

70 to 74

75 to 79

80 to 84

85 or older

66. Are you male or female?

Male

Female

67. 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 4-year college degree

68. How well do you speak English?

Very well

Well
Not well
Not at all

69. Do you speak a language other than English at home?

Yes
No (**If No, go to #71**)

70. What is the language you speak at home?

Spanish
Chinese
Korean
Russian
Vietnamese
Some other language
ê *Please print:* _____

71. Are you deaf or do you have serious difficulty hearing?

Yes
No

72. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes
No

73. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes
No

74. Do you have serious difficulty walking or climbing stairs?

Yes
No

75. Do you have difficulty dressing or bathing?

Yes
No

76. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such

as visiting a doctor's office or shopping?

- Yes
- No

77. Are you of Hispanic, Latino, or Spanish origin?

- Yes, Hispanic, Latino, or Spanish
- No, not Hispanic, Latino, or Spanish **(If No, go to #79)**

78. Which group best describes you?

- Mexican, Mexican American, Chicano **(Go to #79)**
- Puerto Rican **(Go to #79)**
- Cuban **(Go to #79)**
- Another Hispanic, Latino, or Spanish origin **(Go to #79)**

79. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

80. Did someone help you complete this survey?

- Yes
- No **(If no, you have completed the survey, thank you.)**
Please return the completed survey in the postage-paid envelope.

81. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave

Answered the questions for me
Translated the questions into my language
Helped in some other way
ê *Please print:* _____

--END OF SURVEY, THANK YOU FOR YOUR TIME--