

Current HOS Question	Recommended Question	Survey Notes
<p>12. 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.</p> <p>__ Days</p>	<p>12. 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. Your best estimate is fine.</p> <p>__ Days</p>	<p>Revised question wording</p>
<p>13. 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.</p> <p>__ Days</p>	<p>13. 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. Your best estimate is fine.</p> <p>__ Days</p>	<p>Revised question wording</p>
<p>14. 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.</p> <p>__ Days</p>	<p>14. 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. Your best estimate is fine.</p> <p>__ Days</p>	<p>Revised question wording</p>
<p>16. Are you deaf or do you have serious difficulty hearing? 1. Yes 2. No</p>	<p>16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid? 1. Yes 2. No</p>	<p>Revised question wording</p>
<p>18. Do you have serious difficulty walking or climbing stairs? 1. Yes 2. No</p>	<p>NA *****</p>	<p>Removed from survey</p>
<p>19. Do you have difficulty dressing or bathing? 1. Yes 2. No</p>	<p>NA *****</p>	<p>Removed from survey</p>

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<p>44. Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine?</p> <p>1. Yes 2. No</p>	<p>42. Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</p> <p>1. Yes 2. No</p>	<p>Replaced current Q44 with new HEDIS measure of urinary incontinence question</p>
<p>45. How much of a problem, if any, was the urine leakage for you?</p> <p>1. A big problem 2. A small problem 3. Not a problem</p>	<p>43. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</p> <p>1. A lot 2. Somewhat 3. Not at all</p>	<p>Replaced current Q45 with new HEDIS measure of urinary incontinence question</p>
<p>46. Have you talked with your current doctor or other health provider about your urine leakage problem?</p> <p>1. Yes 2. No</p>	<p>44. Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</p> <p>1. Yes 2. No</p>	<p>Replaced current Q46 with new HEDIS measure of urinary incontinence question</p>
<p>47. 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?</p> <p>1. Yes 2. No</p>	<p>45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?</p> <p>1. Yes 2. No</p>	<p>Replaced current Q47 with new HEDIS measure of urinary incontinence question</p>
<p>NA *****</p>	<p>53. During the past month, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)</p> <p>1. Less than 5 hours 2. 5 – 6 hours 3. 7 – 8 hours 4. 9 or more hours</p>	<p>Added question to survey</p>
<p>NA *****</p>	<p>54. During the past month, how would you rate your overall sleep quality?</p> <p>1. Very Good 2. Fairly Good 3. Fairly Bad 4. Very Bad</p>	<p>Added question to survey</p>
<p>57. In what year were you born? Please provide your year of birth only</p> <p>19__</p>	<p>NA *****</p>	<p>Removed from survey</p>

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58. What is your sex? 1. Male 2. Female	57. Are you male or female? 1. Male 2. Female	Revised question wording
65. Where do you live? 1. Independent house, apartment, condominium or mobile home 2. Assisted living apartment or board and care home 3. Nursing home 4. Other	64. Where do you live? 1. House, apartment, condominium or mobile home 2. Assisted living or board and care home 3. Nursing home 4. Other	Revised response category wording
67. Do you currently provide care for someone else in your home? 1. Yes 2. No	NA *****	Removed from survey
68. During the past week, how many days did you provide at least some care? 1. No care provided in the last week 2. 1 or 2 days 3. 3 or 4 days 4. 5 or 6 days 5. 7 days (every day)	NA *****	Removed from survey
69. Do you have difficulty getting to places you need to go (either by driving or by getting a ride)? 1. Always or almost always 2. Sometimes 3. Almost never or never	NA *****	Removed from survey
71. What is the name of the person who completed this survey form? Please print clearly. First Name _____ Last Name _____	67. If you completed the survey for someone else, please fill in your name. DO NOT complete this question if you completed the survey for yourself. Please print clearly. First Name _____ Last Name _____	Revised question wording