Current HOS Question	Recommended Question	Survey Notes
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. Days	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. Days	Revised question wording
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. Days	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. Days	Revised question wording
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. Days	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. Days	Revised question wording
16. Are you deaf or do you have serious difficulty hearing? 1. Yes 2. No	16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid? 1. Yes 2. No	Revised question wording
18. Do you have serious difficulty walking or climbing stairs? 1. Yes 2. No	NA *****	Removed from survey
19. Do you have difficulty dressing or bathing? 1. Yes 2. No	NA *****	Removed from survey

42. Many people experience problems with urinary incontinence, the leakage of urine, leak age of urine, leakage for you? 1. Yes 2. No 43. How much of a problem, if any, was the urine leakage for you? 1. A big problem 2. A small problem 3. Not a problem 46. Have you talked with your current doctor or other health provider about your urine leakage problem? 1. Yes 2. No 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? 1. Yes 2. No NA ****** 53. During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep? 1. A lot 2. Somewhat 3. Not at all 46. Have you talked with your current doctor or other health provider about your urine leakage problem? 1. Yes 2. No 47. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about a 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? 1. Yes 2. No 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.) 1. Less than 5 hours 2. 5 - 6 hours 3. 7 - 8 hours 4. 9 or more hours 54. During the past month, how would you rate your overall sleep quality? 1. Very Good 2. Fairly Good 3. Fairly Bad 4. Very Bad	Current HOS Question	Recommended Question	Survey Notes
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57. In what year were you born? Please NA ***** Removed from survey	57. In what year were you born? Please	NA *****	Removed from survey
provide your year of birth only			·
19			

Current HOS Question	Recommended Question	Survey Notes
58. What is your sex?	57. Are you male or female?	Revised question wording
1. Male	1. Male	
2. Female	2. Female	
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 home2. Assisted living or board and care home3. Nursing home4. 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