

Version 3.0				Use						
#	Question Description	History	Source	Star Ratings	Frailty Adjustment	Case Mix Adjustment	Federal Partners	Required S.4302 Item	Future Measure Development	Plan QI
1	In general, would you say your health is:	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	X		X			X	X
2	Health now limit you in these activities? -Moderate activities -Climbing several flights of stairs	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	X		X			X	X
3	Problems with your work or other regular daily activities as a result of your physical health? -Accomplished less than you would like -Were limited in the kind of work or other activities	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	X		X			X	X
4	Problems with your work or other regular daily activities as a result of any emotional problems? -Accomplished less than you would like - Didn't do work or other activities as carefully as usual	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	X		X			X	X
5	Pain interfere with your normal work	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	X		X			X	X
6	How much of the time: -Calm and peaceful? -Lot of energy? -Downhearted and blue?	Original item in Version 1.0 Items in both VR-36 and VR-12	VR-12 Item	X		X			X	X
7	Physical health or emotional problems interfered with your social activities	Original item in Version 1.0 Item in both VR-36 and VR-12	VR-12 Item	X		X			X	X
8	Rate your physical health in general now?	Updated in 2006 with Version 2.0 release As a result of VR-36 to VR-12 change	Change in Health	X		X	X		X	X
9	Rate your emotional problems in general now?	Updated in 2006 with Version 2.0 release As a result of VR-36 to VR-12 change	Change in Health	X		X	X		X	X
10a-f	Difficulty doing the following activities? -Bathing -Dressing -Eating -Getting in or out of chairs -Walking -Using the toilet	Original item in Version 1.0	Activities of Daily Living (ADLs)		X	X	X		X	X
11a-c	Difficulty doing the following activities? -Preparing meals -Managing money -Taking medication as prescribed	Added in 2013 with Version 2.5 Through the TEP process	Instrumental Activities of Daily Living (IADLs)				X		X	X
12	Days physical health not good?	Added in 2003 to Version 1.0	Healthy Days				X		X	
13	Days mental health not good?	Added in 2003 to Version 1.0	Healthy Days				X		X	
14	Days physical or mental health keep you from doing your usual activities?	Added in 2003 to Version 1.0	Healthy Days				X		X	
15	Blind or do you have serious difficulty seeing, even when wearing glasses?	Original item in Version 1.0 Updated in Version 2.5 Required by ACA Section 4302	Vision item, S.4302 Disability				X	X		X
16	Deaf or do you have serious difficulty hearing, even with a hearing aid?	Original item in Version 1.0 Updated in Version 2.5 Required by ACA Section 4302	Hearing item, S.4302 Disability				X	X		X
17	Difficulty concentrating, remembering or making decisions?	Added in 2013 with Version 2.5 release Required by ACA Section 4302	S.4302 Disability				X	X	X	X
18	Difficulty doing errands alone such as visiting a doctor's office or shopping?	Added in 2013 with Version 2.5 release Required by ACA Section 4302	S.4302 Disability				X	X	X	
19	Memory problems interfere with your daily activities?	Added in 2013 with Version 2.5 release Through the TEP process	Memory Problems				X		X	X
20	Hypertension or high blood pressure	Original item in Version 1.0	Chronic Conditions			X	X			X
21	Angina pectoris or coronary artery disease	Original item in Version 1.0	Chronic Conditions			X	X			X
22	Congestive heart failure	Original item in Version 1.0	Chronic Conditions			X	X			X
23	Myocardial infarction or heart attack	Original item in Version 1.0	Chronic Conditions			X	X			X
24	Problems with heart valves or the rhythm of your heartbeat	Original item in Version 1.0	Chronic Conditions			X	X			X
25	Stroke	Original item in Version 1.0	Chronic Conditions			X	X			X
26	Emphysema, or asthma, or COPD	Original item in Version 1.0	Chronic Conditions			X	X			X
27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	Original item in Version 1.0	Chronic Conditions			X	X			X
28	Arthritis of the hip or knee	Original item in Version 1.0	Chronic Conditions			X	X			X
29	Arthritis of the hand or wrist	Original item in Version 1.0	Chronic Conditions			X	X			X
30	Osteoporosis, sometimes called thin or brittle bones	Added in 2006 with Version 2.0 release	Chronic Conditions			X	X			X

31	Sciatica	Original item in Version 1.0	Chronic Conditions			X	X			X
32	Diabetes, high blood sugar, or sugar in the urine	Original item in Version 1.0	Chronic Conditions			X	X			X
33	Depression	Added in 2013 with Version 2.5 release Through the TEP process	Chronic Conditions			X	X			X
34	Any cancer (other than skin cancer)	Original item in Version 1.0	Chronic Conditions			X	X			X
35a-d	Colon or rectal cancer Lung cancer Breast cancer Prostate cancer	Original item in Version 1.0	Chronic Conditions — Cancer			X	X			X
35e	Other cancer (other than skin cancer)	Added in 2013 with Version 2.5 release Through the TEP process	Chronic Conditions — Cancer			X	X			X
36	Pain interfere with your day to day activities?	Added in 2013 with Version 2.5 release Through the TEP process Replaced back pain item to include global pain	PROMIS Pain Item				X			X
37	Pain keep you from socializing with others?	Added in 2013 with Version 2.5 release Through the TEP process Replaced back pain item to include global pain	PROMIS Pain Item				X		X	X
38	Rate your pain on average?	Added in 2013 with Version 2.5 release Through the TEP process Replaced back pain item to include global pain	PROMIS Pain Item				X		X	X
39a-b	Bothered by any of the following problems? -Little interest or pleasure in doing things -Feeling down, depressed, or hopeless	Added in 2013 with Version 2.5 Through the TEP process Replaced longer 4-item depression question	PHQ-2 Depression				X		X	X
40	Compared to other people your age, would you say that your health is:	Original item in Version 1.0	General Health			X	X			X
41	Smoke every day, some days, or not at all?	Original item in Version 1.0	Smoking				X			X
42	Experienced leaking of urine?	Added in 2003 to Version 1.0	HEDIS - Urinary Incontinence	X						X
43	Leaking of urine change your daily activities or interfere with your sleep?	Added in 2003 to Version 1.0	HEDIS - Urinary Incontinence	X						X
44	Talked with doctor, nurse, or health care provider about leaking of urine?	Added in 2003 to Version 1.0	HEDIS - Urinary Incontinence	X						X
45	Talked health care provider about ways to control leaking of urine.	Added in 2003 to Version 1.0	HEDIS - Urinary Incontinence	X						X
46	Talk with doctor or health provider about exercise or physical activity?	Added in 2005 to Version 1.0	HEDIS - Physical Activity	X						X
47	Advise start, increase or maintain exercise or physical activity?	Added in 2005 to Version 1.0	HEDIS - Physical Activity	X						X
48	Talk about falling or problems with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk Assessment	X						X
49	Fall in the past 12 months?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk Assessment	X						X
50	Problem with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk Assessment	X						X
51	Prevent falls or treat problems with balance or walking?	Added in 2006 with Version 2.0 release	HEDIS - Fall Risk Assessment	X						X
52	Bone density test to check for osteoporosis?	Added in 2006 with Version 2.0 release	HEDIS - Osteoporosis	X						X
53	How many hours of actual sleep?	Added in 2015 with Version 3.0 release RAND item	Sleep quality						X	
54	Overall sleep quality	Added in 2015 with Version 3.0 release RAND item	Sleep quality						X	
55	Weight	Added in 2006 with Version 2.0 release	Weight				X		X	
56	Height	Added in 2006 with Version 2.0 release	Height				X		X	
57	Male or female	Original item in Version 1.0 Required by ACA Section 4302	S.4302 Gender			X	X	X		
58	Hispanic, Latino/a or Spanish origin	Original item in Version 1.0 Updated in Version 2.5, required by ACA Section 4302	S.4302 Ethnicity			X	X	X		
59	Race	Original item in Version 1.0 Updated in Version 2.5, required by ACA Section 4302	S.4302 Race			X	X	X		
60	Language at home	Added in 2013 with Version 2.5 release Required by ACA Section 4302 Revised in 2015 with Version 3.0 release	S.4302 Primary Language				X	X		
61	Marital status	Original item in Version 1.0	Marital status			X	X			
62	Highest grade or level of school	Original item in Version 1.0	Education			X	X			

63	Live alone or with others	Added in 2013 with Version 2.5 release Through the TEP process	Living arrangement, RAND				X		X	
64	Where do you live?	Added in 2013 with Version 2.5 release Through the TEP process	Living arrangement, RAND				X		X	
65	House or apartment ownership	Original item in Version 1.0	Living arrangement			X	X		X	X
66	Who completed survey form?	Original item in Version 1.0	Form assist			X				
67	Proxy first and last name	Original item in Version 1.0	Form assist							
68	Combine household income	Original item in Version 1.0	Income			X	X			



12c	Eating	12c	Eating	12c	Eating	10c	Eating	10c	Eating	10c	Eating	10c	Eating	10c	Eating
12d	Getting in or out of chairs	12d	Getting in or out of chairs	12d	Getting in or out of chairs	10d	Getting in or out of chairs	10d	Getting in or out of chairs	10d	Getting in or out of chairs	10d	Getting in or out of chairs	10d	Getting in or out of chairs
12e	Walking	12e	Walking	12e	Walking	10e	Walking	10e	Walking	10e	Walking	10e	Walking	10e	Walking
12f	Using the toilet	12f	Using the toilet	12f	Using the toilet	10f	Using the toilet	10f	Using the toilet	10f	Using the toilet	10f	Using the toilet	10f	Using the toilet
										11 intro	Because of a health or physical problem, do you have any difficulty doing the following activities?	11 intro	Because of a health or physical problem, do you have any difficulty doing the following activities?	11 intro	Because of a health or physical problem, do you have any difficulty doing the following activities?
										11a	Preparing meals	11a	Preparing meals	11a	Preparing meals
										11b	Managing money	11b	Managing money	11b	Managing money
										11c	Taking medication as prescribed	11c	Taking medication as prescribed	11c	Taking medication as prescribed
		13	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.)	13	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.)	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.)	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.)	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.)	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.)	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.)
		14	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.)	14	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.)	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.)	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.)	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.)	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.)	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.)
		15	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.)	15	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.)	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.)	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.)	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.)	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.)	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.)
NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.	NA	Now we are going to ask some questions about specific medical conditions.
13 intro	During the past 4 weeks, how often have you had any of the following problems?	16 intro	During the past 4 weeks, how often have you had any of the following problems?	16 intro	During the past 4 weeks, how often have you had any of the following problems?	14 intro	During the past 4 weeks, how often have you had any of the following problems?	14 intro	During the past 4 weeks, how often have you had any of the following problems?						
13a	Chest pain or pressure when you exercise	16a	Chest pain or pressure when you exercise	16a	Chest pain or pressure when you exercise	14a	Chest pain or pressure when you exercise	14a	Chest pain or pressure when you exercise						
13b	Chest pain or pressure when resting	16b	Chest pain or pressure when resting	16b	Chest pain or pressure when resting	14b	Chest pain or pressure when resting	14b	Chest pain or pressure when resting						
14 intro	During the past 4 weeks, how often have you felt short of breath under the following conditions?	17 intro	During the past 4 weeks, how often have you felt short of breath under the following conditions?	17 intro	During the past 4 weeks, how often have you felt short of breath under the following conditions?	15 intro	During the past 4 weeks, how often have you felt short of breath under the following conditions?	15 intro	During the past 4 weeks, how often have you felt short of breath under the following conditions?						
14a	When lying down flat	17a	When lying down flat	17a	When lying down flat	15a	When lying down flat	15a	When lying down flat						
14b	When sitting or resting	17b	When sitting or resting	17b	When sitting or resting	15b	When sitting or resting	15b	When sitting or resting						
14c	When walking less than one block	17c	When walking less than one block	17c	When walking less than one block	15c	When walking less than one block	15c	When walking less than one block						
14d	When climbing one flight of stairs	17d	When climbing one flight of stairs	17d	When climbing one flight of stairs	15d	When climbing one flight of stairs	15d	When climbing one flight of stairs						
15 intro	During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)	18 intro	During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)	18 intro	During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)	16 intro	During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)	16 intro	During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item.)						
15a	Numbness or loss of feeling in your feet	18a	Numbness or loss of feeling in your feet	18a	Numbness or loss of feeling in your feet	16a	Numbness or loss of feeling in your feet	16a	Numbness or loss of feeling in your feet						
15b	Ankles or legs that swell as the day goes on														
15c	Tingling or burning sensation in your feet especially at night	18b	Tingling or burning sensation in your feet especially at night	18b	Tingling or burning sensation in your feet especially at night	16b	Tingling or burning sensation in your feet especially at night	16b	Tingling or burning sensation in your feet especially at night						
15d	Decreased ability to feel hot or cold with your feet	18c	Decreased ability to feel hot or cold with your feet	18c	Decreased ability to feel hot or cold with your feet	16c	Decreased ability to feel hot or cold with your feet	16c	Decreased ability to feel hot or cold with your feet						
15e	Sores or wounds on your feet that did not heal	18d	Sores or wounds on your feet that did not heal	18d	Sores or wounds on your feet that did not heal	16d	Sores or wounds on your feet that did not heal	16d	Sores or wounds on your feet that did not heal						
16a	Have you ever had paralysis or weakness on one side of the body?	19a	Have you ever had paralysis or weakness on one side of the body?	19a	Have you ever had paralysis or weakness on one side of the body?										
16b	Have you ever lost the ability to talk?	19b	Have you ever lost the ability to talk?	19b	Have you ever lost the ability to talk?										
						17	During the past 4 weeks, how would you describe any arthritis pain you usually had?	17	During the past 4 weeks, how would you describe any arthritis pain you usually had?						
17	Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	20	Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	20	Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	18	Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	18	Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	15	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	15	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	15	Are you blind or do you have serious difficulty seeing, even when wearing glasses?
18	Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	21	Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	21	Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	19	Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	19	Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	16	Are you deaf or do you have serious difficulty hearing, even with a hearing aid?	16	Are you deaf or do you have serious difficulty hearing, even with a hearing aid?	16	Are you deaf or do you have serious difficulty hearing, even with a hearing aid?
19	Do you now have acid indigestion or heartburn?														
20	Do you have difficulty controlling urination?	22	Do you have difficulty controlling urination?	22	Do you have difficulty controlling urination?										
										17	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	17	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	17	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?
										18	Do you have serious difficulty walking or climbing stairs?				
										19	Do you have difficulty dressing or bathing?				
										20	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	18	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	18	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
										21	In the past month, how often did memory problems interfere with your daily activities?	19	In the past month, how often did memory problems interfere with your daily activities?	19	In the past month, how often did memory problems interfere with your daily activities?
NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:	NA	Has a doctor ever told you that you had:
21	Hypertension or high blood pressure	23	Hypertension or high blood pressure	23	Hypertension or high blood pressure	20	Hypertension or high blood pressure	20	Hypertension or high blood pressure	22	Hypertension or high blood pressure	20	Hypertension or high blood pressure	20	Hypertension or high blood pressure
22	Angina pectoris or coronary artery disease	24	Angina pectoris or coronary artery disease	24	Angina pectoris or coronary artery disease	21	Angina pectoris or coronary artery disease	21	Angina pectoris or coronary artery disease	23	Angina pectoris or coronary artery disease	21	Angina pectoris or coronary artery disease	21	Angina pectoris or coronary artery disease
23	Congestive heart failure	25	Congestive heart failure	25	Congestive heart failure	22	Congestive heart failure	22	Congestive heart failure	24	Congestive heart failure	22	Congestive heart failure	22	Congestive heart failure
24	A myocardial infarction or heart attack	26	A myocardial infarction or heart attack	26	A myocardial infarction or heart attack	23	A myocardial infarction or heart attack	23	A myocardial infarction or heart attack	25	A myocardial infarction or heart attack	23	A myocardial infarction or heart attack	23	A myocardial infarction or heart attack
25	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	27	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	27	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	24	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	24	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	26	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	24	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	24	Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat
26	A stroke	28	A stroke	28	A stroke	25	A stroke	25	A stroke	27	A stroke	25	A stroke	25	A stroke
27	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	29	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	29	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	28	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	26	Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)
28	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	30	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	30	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	29	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease	27	Crohn's disease, ulcerative colitis, or inflammatory bowel disease

29	Arthritis of the hip or knee	31	Arthritis of the hip or knee	31	Arthritis of the hip or knee	28	Arthritis of the hip or knee	28	Arthritis of the hip or knee	30	Arthritis of the hip or knee	28	Arthritis of the hip or knee	28	Arthritis of the hip or knee	
30	Arthritis of the hand or wrist	32	Arthritis of the hand or wrist	32	Arthritis of the hand or wrist	29	Arthritis of the hand or wrist	29	Arthritis of the hand or wrist	31	Arthritis of the hand or wrist	29	Arthritis of the hand or wrist	29	Arthritis of the hand or wrist	
						30	Osteoporosis, sometimes called thin or brittle bones	30	Osteoporosis, sometimes called thin or brittle bones	32	Osteoporosis, sometimes called thin or brittle bones	30	Osteoporosis, sometimes called thin or brittle bones	30	Osteoporosis, sometimes called thin or brittle bones	
31	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	33	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	31	Sciatica (pain or numbness that travels down your leg to below your knee)	
32	Diabetes, high blood sugar, or sugar in the urine	34	Diabetes, high blood sugar, or sugar in the urine	34	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine	34	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine	32	Diabetes, high blood sugar, or sugar in the urine	
33	Any cancer (other than skin cancer)	35	Any cancer (other than skin cancer)	35	Any cancer (other than skin cancer)	33	Any cancer (other than skin cancer)	33	Any cancer (other than skin cancer)	35	Any cancer (other than skin cancer)	33	Any cancer (other than skin cancer)	33	Any cancer (other than skin cancer)	
34	During the <b>past 4 weeks</b> , how would you describe the arthritis pain you usually had? (Mark one answer)	36	During the <b>past 4 weeks</b> , how would you describe the arthritis pain you usually had? (Mark one answer)	36	During the <b>past 4 weeks</b> , how would you describe the arthritis pain you usually had? (Mark one answer)											
35 intro	Are you currently under treatment for:	37 intro	Are you currently under treatment for:	37 intro	Are you currently under treatment for:	34 intro	Are you currently under treatment for:	34 intro	Are you currently under treatment for:	37 intro	Are you currently under treatment for:	35 intro	Are you currently under treatment for:	35 intro	Are you currently under treatment for:	
35a	Colon or rectal cancer	37a	Colon or rectal cancer	37a	Colon or rectal cancer	34a	Colon or rectal cancer	34a	Colon or rectal cancer	37a	Colon or rectal cancer	35a	Colon or rectal cancer	35a	Colon or rectal cancer	
35b	Lung cancer	37b	Lung cancer	37b	Lung cancer	34b	Lung cancer	34b	Lung cancer	37b	Lung cancer	35b	Lung cancer	35b	Lung cancer	
35c	Breast cancer	37c	Breast cancer	37c	Breast cancer	34c	Breast cancer	34c	Breast cancer	37c	Breast cancer	35c	Breast cancer	35c	Breast cancer	
35d	Prostate cancer	37d	Prostate cancer	37d	Prostate cancer	34d	Prostate cancer	34d	Prostate cancer	37d	Prostate cancer	35d	Prostate cancer	35d	Prostate cancer	
										37e	Other cancer (other than skin cancer)	35e	Other cancer (other than skin cancer)	35e	Other cancer (other than skin cancer)	
36	In the <b>past 4 weeks</b> , how often has low back pain interfered with your usual daily activities (work, school or housework)?	38	In the <b>past 4 weeks</b> , how often has low back pain interfered with your usual daily activities (work, school or housework)?	38	In the <b>past 4 weeks</b> , how often has low back pain interfered with your usual daily activities (work, school or housework)?	35	In the <b>past 4 weeks</b> , how often has low back pain interfered with your usual daily activities (work, school or housework)?	35	In the <b>past 4 weeks</b> , how often has low back pain interfered with your usual daily activities (work, school or housework)?							
37	In the <b>past 4 weeks</b> , how often did you have pain, numbness or tingling that travels down your leg and below your knee?															
38	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?	39	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?	39	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?	36	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?	36	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?							
39	In the past year, have you felt depressed or sad much of the time?	40	In the past year, have you felt depressed or sad much of the time?	40	In the past year, have you felt depressed or sad much of the time?	37	In the past year, have you felt depressed or sad much of the time?	37	In the past year, have you felt depressed or sad much of the time?							
40	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?	41	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?	41	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?	38	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?	38	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?							
										39	How much of the time in the past week did you feel depressed?					
											38	In the past 7 days, how much did pain interfere with your day to day activities?	36	In the past 7 days, how much did pain interfere with your day to day activities?	36	In the past 7 days, how much did pain interfere with your day to day activities?
											39	In the past 7 days, how often did pain keep you from socializing with others?	37	In the past 7 days, how often did pain keep you from socializing with others?	37	In the past 7 days, how often did pain keep you from socializing with others?
											40	In the past 7 days, how would you rate your pain on average?	38	In the past 7 days, how would you rate your pain on average?	38	In the past 7 days, how would you rate your pain on average?
										41 intro	Over the past 2 weeks, how often have you been bothered by any of the following problems?	39 intro	Over the past 2 weeks, how often have you been bothered by any of the following problems?	39 intro	Over the past 2 weeks, how often have you been bothered by any of the following problems?	
										41a	Little interest or pleasure in doing things	39a	Little interest or pleasure in doing things	39a	Little interest or pleasure in doing things	
										41b	Feeling down, depressed or hopeless	39b	Feeling down, depressed or hopeless	39b	Feeling down, depressed or hopeless	
41	In general, compared to other people your age, would you say that your health is:	42	In general, compared to other people your age, would you say that your health is:	42	In general, compared to other people your age, would you say that your health is:	39	In general, compared to other people your age, would you say that your health is:	40	In general, compared to other people your age, would you say that your health is:	42	In general, compared to other people your age, would you say that your health is:	40	In general, compared to other people your age, would you say that your health is:	40	In general, compared to other people your age, would you say that your health is:	
42	Have you ever smoked at least 100 cigarettes in your entire life?															
43	Do you now smoke every day, some days, or not at all?	43	Do you now smoke every day, some days, or not at all?	43	Do you now smoke every day, some days, or not at all?	40	Do you now smoke every day, some days, or not at all?	41	Do you now smoke every day, some days, or not at all?	43	Do you now smoke every day, some days, or not at all?	43	Do you now smoke every day, some days, or not at all?	41	Do you now smoke every day, some days, or not at all?	
44	How long has it been since you quit smoking cigarettes?															
45	In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?															
		44	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	44	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	41	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	42	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	44	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	42	Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?	42	Many people experience leakage of urine, also called urinary incontinence. In the last 6 months, have you experienced leaking of urine?	
		45	How much of a problem, if any, was the urine leakage for you?	45	How much of a problem, if any, was the urine leakage for you?	42	How much of a problem, if any, was the urine leakage for you?	43	How much of a problem, if any, was the urine leakage for you?	45	How much of a problem, if any, was the urine leakage for you?	43	How much of a problem, if any, was the urine leakage for you?	43	During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?	
		46	Have you talked with your current doctor or other health provider about your urine leakage problem?	46	Have you talked with your current doctor or other health provider about your urine leakage problem?	43	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you talked with your current doctor or other health provider about your urine leakage problem?	46	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you talked with your current doctor or other health provider about your urine leakage problem?	44	Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?	
		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?	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?	44	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?	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?	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?	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?	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?	
		48	In the last 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.	48	In the last 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.	45	In the last 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.	46	In the last 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.	48	In the last 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.	46	In the last 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.	46	In the last 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.	
		49	In the last 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.	49	In the last 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.	46	In the last 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.	47	In the last 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.	49	In the last 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.	47	In the last 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.	47	In the last 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.	
		47	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	47	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	44	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	48	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	50	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	48	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	48	A fall is when your body goes to the ground without being pushed. In the last 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	
		48	Did you fall in the last 12 months?	48	Did you fall in the last 12 months?	44	Did you fall in the last 12 months?	49	Did you fall in the last 12 months?	51	Did you fall in the last 12 months?	49	Did you fall in the last 12 months?	49	Did you fall in the last 12 months?	

