**Attachment A. Crosswalk of Changes**

This attachment crosswalks HOS Questionnaire changes since the last OMB clearance to the HOS Questionnaire submitted for this clearance.

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| --- | --- | --- | --- |
| **2021 Survey Question**  | **Proposed 2025 Survey Question**  | **Type of Change**  | **Reason for Change**  |
| 11. Because of a health or physical problem, do you have any difficulty doing the following activities? 1. Preparing meals
	1. No, I do not have difficulty
	2. Yes, I have difficulty
	3. I don’t do this activity
2. Managing money
	1. No, I do not have difficulty
	2. Yes, I have difficulty
	3. I don’t do this activity
3. Taking medication as prescribed
	1. No, I do not have difficulty
	2. Yes, I have difficulty
 | N/A  | Removal  | Removing this item because it is no longer being considered as a quality measure for Star Ratings and to reduce the number of questions on the survey. Item is not used in Star Ratings or other programs.    |
|  3  |  |  I don’t do this activity  |
| These next questions ask about your physical and mental health during the past 30 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 would be fine.**  **days**   | N/A  | Removal  | Removing because this item is challenging for some older adults to complete and to reduce the number of questions on the survey. Item is not used in Star Ratings or other programs.    |

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| **2021 Survey Question**  | **Proposed 2025 Survey Question**  | **Type of Change**  | **Reason for Change**  |
| 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 would be fine.**  |   | Removal  | Removing because this item is challenging for some older adults to complete and to reduce the number of questions on the survey. Item is not used in Star Ratings or other programs.   |
|  |  |  |  **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 would be fine.**  |   | Removal  | Removing because this item is challenging for some older adults to complete and to reduce the number of questions on the survey. Item is not used in Star Ratings or other programs.   |
|  |  |  |  **days**  |
| 38. In the **past 7 days**, how would you rate your pain **on average**?  No pain 1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9

09 10 Worst imaginable pain  10  | N/A  | Removal  | Removing this item given other work in this area to measure pain and the need to limit the number of survey questions. Item is not used in Star Ratings or other programs.  |
| **2021 Survey Question**  | **Proposed 2025 Survey Question**  | **Type of Change**  | **Reason for Change**  |
| \*\*Inclusion of Attachments E and F, Mailing Materials  | N/A  | N/A  | Mailing Materials no longer being included in PRA packages for the division  |