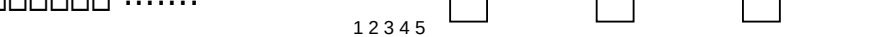


Medicare Health Outcomes Survey— Modified (HOS-M) Questionnaire (Chinese) 2024

[illegible]

[illegible]

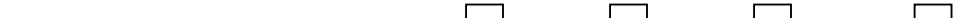
a. 

b. 

[illegible]

8. □□□
□□□□□□□□□□□□□□□□

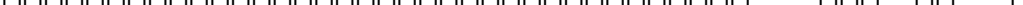
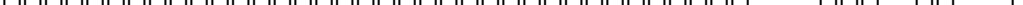
a. 

b. 

b.   1

2 3 4 5

9. 


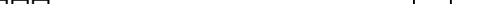
[illegible]

10. □□□□□□□□□□

a.  1 2 3 4 5 6

b.  1 2 3 4 5 6

c.  1 2 3 4 5 6

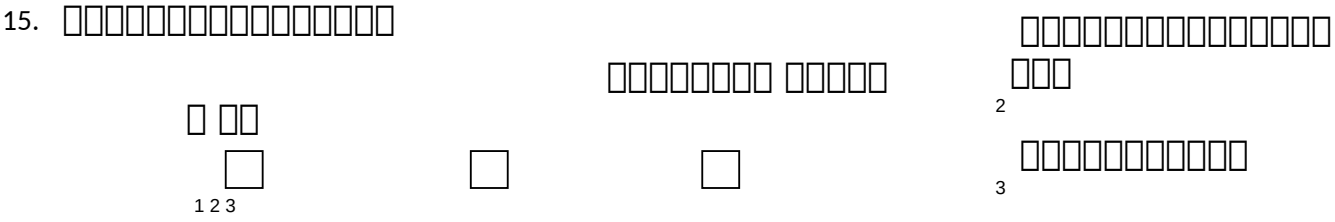
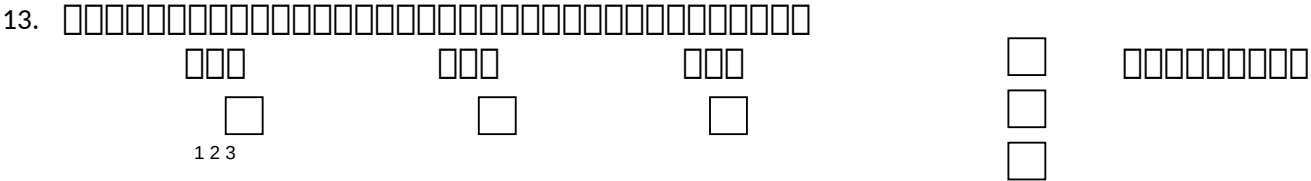
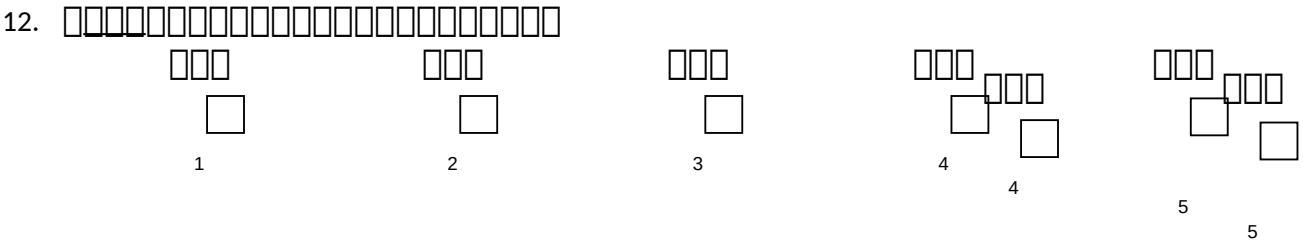
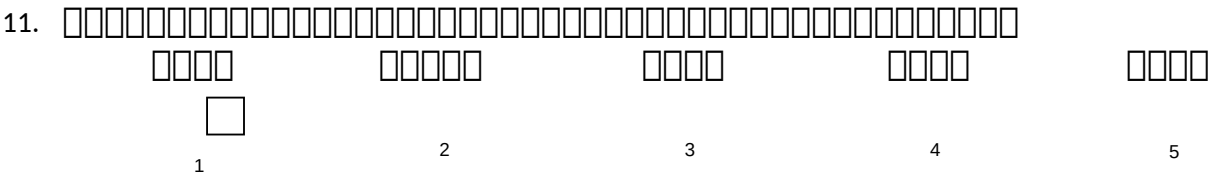
b.  1 2 3 4

c.  1 2 3 4 5 6

5 6 C.

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 1 2 3 4 5 6



→ 17 17

	1	   
	2	        
	3	        
	4	   
	5	 

	1	      
	2	     
	3	          
	4	          
	5	     
	6	 

[illegible][illegible]

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XXXXXXXXXXXXXXXXXXXX

Centers for Medicare & Medicaid Services c/o

Survey Processing
[Insert Survey Vendor Return
Address Here]

XXXXXXXXXXXXXXXXXXXX Medicare XXXXXXXXXX[survey
vendor phone number] XXXX[survey vendor email]