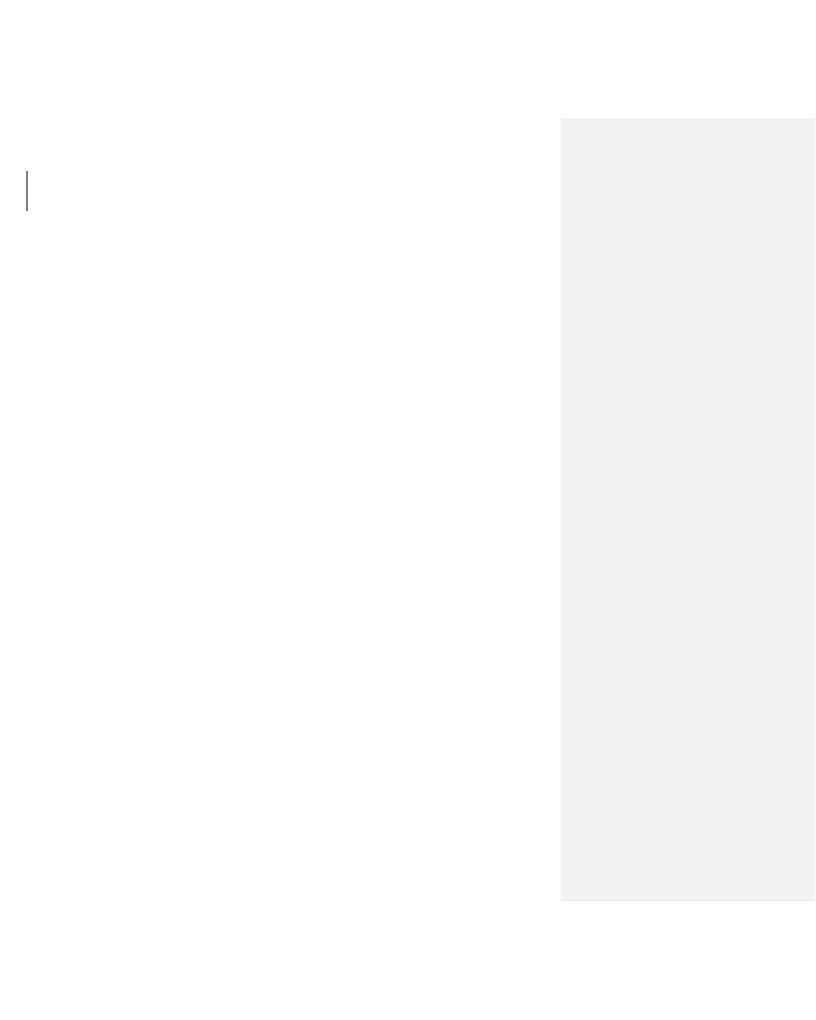
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Medicare Health Outcomes Survey (HOS) Questionnaire (English)

2024HOS 3.1



Medicare Health Outcomes Survey Instructions

This survey asks about you and your health. Answer each question, thinking about <u>yourself</u>. Please take the time to complete this survey. Your answers are very important to us. If you are unable to complete this survey, a family member or "proxy" can fill out the survey about you.

anable to complete and survey, a family member of proxy sum in out the survey about you.	
Please return the survey with your answers in the enclosed postage-paid envelope.	
➤ Answer the questions by putting an 'X' in the box next to the appropriate answer like the example below.	
Are you male or female?	
Male	Formatted: Font: 10 pt, Subscript, Not Raised by / Lowere by
¿ Female	Formatted: Indent: Left: 0.63", Hanging: 0.44"
➤ Be sure to read <u>all</u> the answer choices given before marking a box with an 'X'.	Formatted: Font: 10 pt, Subscript, Not Raised by / Lowere by
You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this:	Formatted: Indent: Left: 0.63", Hanging: 0.44", Tab stops: Not at 5"
Yes → Go to Question 3235	Formatted: Font: 10 pt, Subscript, Not Raised by / Lowere by
No → Go to Question 3336	Formatted: Indent: Left: 0.62", Add space between paragraphs of the same style
If you are filling out this survey for someone else, please answer each question the way you think the person you are helping would answer about him or herself.	Formatted: Font: 10 pt, Subscript, Not Raised by / Lowered by
<u> </u>	Formatted: Indent: Left: 0.62"
All information that would permit identification of any person who completes this survey is protected by	Formatted: Font: 10 pt, Not Bold, Not Highlight
the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA). This information will be used only for purposes permitted by law and will not be disclosed or released for any other	Formatted: Caption, Indent: Left: 0", First line: 0", Line spacing: single, Tab stops: Not at 0.88"
reason. If you have any questions or want to know more about the study, please call [survey vendor	Formatted: Font: Not Bold
name] at [phone number],	Formatted: Font: Not Bold, Not Highlight
"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of	Formatted: Font: 10.5 pt
information that does not display a valid OMB control number. This applies to both mandatory and voluntary	Formatted: Normal
collections of information. The The valid OMB control number for this information collection is 0938-0701. The	Formatted: Font: 10 pt, Not Bold
time required to complete this information collection is estimated to average 20 minutes including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for	Formatted: Border: Top: (No border), Bottom: (No border) Left: (No border), Right: (No border)
improving this form, please write to: CMS, 7500 Security Boulevard, C1-25-05, Baltimore, Maryland 21244-	Formatted: Font: 10 pt, Not Bold
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OMB 0938-0701 Version 02-1 (Expires: <u>5/31/2025</u> XX/XX/XXXX)	Formatted: Font: 10 pt
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[Items 1–9: The VR-12 Health Survey item content was developed and modified from a 36-item health survey.	

Medicare Health (Outcomes Survey	Formatted: Space After: 12 pt
	Jacomee Carrey	Formatted: Indent: Left: 0", Hanging: 0.19", Space Before: 6 pt
In general, would you say your health is:		Formatted: Font: 10 pt, Not Raised by / Lowered by
Excellent	- Was a limited in the Line of the second se	Formatted: Space After: 3 pt, Line spacing: single
2 Very good	b. Were limited in the kind of work or other activities as a result of your physical	Formatted: Font: 10 pt, Not Raised by / Lowered by
3 Good	health?	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Font: 10 pt, Not Raised by / Lowered by
₄ Fair	No, none of the time	Formatted
Poor	Yes, a little of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
	yes, some of the time	Formatted: Not Raised by / Lowered by
The following items are about activities you	Yes, most of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
might do during a typical day. Does your health now limit you in these activities? If	Yes, all of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
so, how much?	s res, all of the time	Formatted: Not Raised by / Lowered by
•	A Desire the great Assessed by heavy was had	Formatted: Font: 10 pt, Not Raised by / Lowered by
Moderate activities, such as moving a table, pushing a vacuum cleaner,	 During the past 4 weeks, have you had any of the following problems with your 	Formatted: Font: 5 pt
bowling, or playing golf	work or other regular daily activities as a	Formatted
	result of any emotional problems (such	Formatted: Font: 10 pt, Not Raised by / Lowered by
Yes, limited a lot	as feeling depressed or anxious)?	Formatted
2 Yes, limited a little	a. Accomplished less than you would like	Formatted: Not Raised by / Lowered by
₃ No, not limited at all	as a result of any emotional problems	Formatted: Font: 10 pt, Not Raised by / Lowered by
b. Climbing several flights of stairs	No, none of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted
Yes, limited a lot	Yes, a little of the time	Formatted: Not Raised by / Lowered by
Yes, limited a little	Yes, some of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
ار No, not limited at all	Yes, most of the time	Formatted
	yes, all of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
3. During the past 4 weeks , have you had	i res, an or the time	Formatted: Not Raised by / Lowered by
any of the following problems with your	b. Didn't do work or other activities as	Formatted: Not Raised by / Lowered by
work or other regular daily activities as a	carefully as usual as a result of any	Formatted: Font: 10 pt, Not Raised by / Lowered by
result of your physical health?	emotional problems	Formatted: Font: 10 pt, Not Raised by / Lowered by
a. Accomplished less than you would like	No, none of the time	Formatted
as a result of your physical health?	Yes, a little of the time	Formatted: Font: 5 pt
No, none of the time		Formatted: Indent: Left: 0", Space After: 0 pt
Yes, a little of the time	Yes, some of the time	Formatted: Font: 10 pt, Not Raised by / Lowered by
<u></u>	Yes, most of the time	Formatted
Yes, some of the time	Yes, all of the time	Formatted: Not Raised by / Lowered by
Yes, most of the time		Formatted: Font: 10 pt, Not Raised by / Lowered by
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Doming the grant Assessment becomes the did		
During the past 4 weeks, how much did pain interfere with your normal work		
(including both work outside the home and housework)?		
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hings have been with you during the 4 weeks. For each question, please give he answer that comes closest to the way ave been feeling. w much of the time during the past 4 eks: Have you felt calm and peaceful? All of the time A good bit of the time	Have you felt downhearted and blue? All of the time Most of the time A good bit of the time A little of the time None of the time	Formatted: Indent: Left: 0", Hanging: 0.19" Formatted: Font: 10 pt, Not Raised by / Lowered by Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left Formatted: Not Raised by / Lowered by Formatted: Indent: Left: 0", Hanging: 0.19", Space Before: 9 pt Formatted: Font: 10 pt, Not Raised by / Lowered by Formatted: Not Raised by / Lowered by
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2 Most of the time		
	None of the time	Formatted: Not Raised by / Lowered by
A good bit of the time		
		Formatted: Font: 10 pt, Not Raised by / Lowered by
Some of the time	\'	Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left
A little of the time		Formatted: Font: 10 pt, Not Raised by / Lowered by
None of the time		Formatted: Font: 10 pt, Not Raised by / Lowered by
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Did you have a let of anarmy?	1/	Formatted: Font: 10 pt, Not Raised by / Lowered by
Did you have a lot of energy?	\	Formatted: Not Raised by / Lowered by
All of the time	4	Formatted: Font: 10 pt, Not Raised by / Lowered by
Most of the time		Formatted: Font: 10 pt, Not Raised by / Lowered by
A good bit of the time		Formatted: Font: 5 pt, Not Highlight
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5 A little of the time	\	Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left
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Fadina in the common sector of the	44 December of a backle or observed making	
Earlier in the survey you were asked to	41. Because of a health or physical problem, do you have any difficulty doing the	Formatted: Font: 11 pt
indicate whether you have any limitations in your activities. We are now going to ask a few	following activities?	Formatted: Normal, Space After: 0 pt, Line spacing: Multiple 1.04 li
additional questions in this area.	a. Preparing meals	
10. Because of a health or physical problem,	No. I do not have difficulties	Formatted: Space After: 12 pt, Line spacing: Multiple 1.04
do you have any difficulty doing the	No, I do not have difficulty	li
following activities without special	₂ Yes, I have difficulty	
equipment or help from another person?	<u>₃ I den't de this activity</u>	
person	•	
a. Bathing	b. Managing money	
No, I do not have difficulty	No. I do not have difficulty	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Yes, I have difficulty	Yes. I have difficulty	Formatted: Indent: Hanging: 0.06", Space After: 3 pt
₃ I am unable to do this activity	Yes, I have difficulty	Formatted: Not Raised by / Lowered by
i am anabie to do ano douvity	I don't do this activity	Formatted: Font: 10 pt, Not Raised by / Lowered by
b. Dressing		
No, I do not have difficulty	c. Taking medication as prescribed	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Yes, I have difficulty	No, I do not have difficulty	Formatted: Indent: Hanging: 0.06", Space After: 3 pt
<u> </u>	Yes, I have difficulty	Formatted: Not Raised by / Lowered by
₃ I am unable to do this activity		Formatted: Font: 10 pt, Not Raised by / Lowered by
c. Eating	a I don't do this activity	
₁ No, I do not have difficulty	These next questions ask about your physical	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Yes, I have difficulty	and mental health during the past 30 days.	Formatted: Indent: Hanging: 0.06", Space After: 3 pt
	12. Now, thinking about your physical health,	Formatted: Not Raised by / Lowered by
ا I am unable to do this activity	which includes physical illness and injury,	Formatted: Font: 10 pt, Not Raised by / Lowered by
d. Getting in or out of chairs	f or how many days during the <u>past 30</u> days was your physical health not	
	good?	Format Land Control 10 at Not Deiend by / Languard by
No, I do not have difficulty	Please enter a number between "0" and	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Yes, I have difficulty	"30" days. If no days, please enter "0"	Formatted: Indent: Hanging: 0.06", Space After: 3 pt Formatted: Not Raised by / Lowered by
₃ I am unable to do this activity	days. Your best estimate would be fine.	Formatted: Not Raised by / Lowered by Formatted: Font: 10 pt, Not Raised by / Lowered by
		Torridated Forth To pe, not reased by 7 Lowered by
e. Walking	days	
₁ No, I do not have difficulty	* *	Formatted: Font: 10 pt, Not Raised by / Lowered by
Yes, I have difficulty	13. Now, thinking about your mental health,	Formatted: Indent: Hanging: 0.06", Space After: 3 pt
I am unable to do this activity	which includes stress, depression, and	Formatted: Not Raised by / Lowered by
all this activity	problems with emotions, for how many days during the past 30 days was your	Formatted: Font: 10 pt, Not Raised by / Lowered by
f. Using the toilet	mental health not good?	Formatted: Font: 10 pt, Not Raised by / Lowered by
₁☐ No, I do not have difficulty	Please enter a number between "0" and	Formatted: Indent: Left: 0.44", Hanging: 0.06", Space After: 3 pt
Yes, I have difficulty	"30" days. If no days, please enter "0" days. Your best estimate would be fine.	Formatted: Not Raised by / Lowered by
3 I am unable to do this activity	uays. Your pest estimate would be tine.	Formatted: Font: 10 pt, Not Raised by / Lowered by
i and unable to do this activity	days	Formatted: Font: 11 pt, Not Highlight
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14 During the past 20 days for shout how	10. In the next month, how often did moment	
14. During the past 30 days, for about how many days did poor physical or mental	19. In the past month , how often did memory problems interfere with your daily activities?	
health keep you from doing your usual	Every day (7 days a week)	Formatted: Font: 10 pt, Not Raised by / Lowered by
activities, such as self care, work, or recreation?	2 Most days (5-6 days a week)	Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left
Please enter a number between "0" and	Some days (2-4 days a week)	Formatted: Not Raised by / Lowered by
"30" days. If no days, please enter "0"	Rarely (once a week or less)	Formatted: Font: 10 pt, Not Raised by / Lowered by
days. Your best estimate would be fine.		Formatted: Not Raised by / Lowered by
dave	s Never	Formatted: Font: 10 pt, Not Raised by / Lowered by
	Has a doctor <u>ever</u> told you that you had:	
Now we are going to ask some questions about specific medical conditions.	16. 20. Hypertension or high blood pressure	
1145. Are you blind or do you have serious	1 Yes	Formatted: Font: 10 pt, Not Raised by / Lowered by
difficulty seeing, even when wearing glasses?	₂ No	Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left + Not at 0.5"
1 Yes	_	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Font: 10 pt, Not Raised by / Lowered by
2 No		Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left + Not at 0.38"
1246. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?		Formatted: Font: 10 pt, Not Raised by / Lowered by
₁ Yes		Formatted: Font: 10 pt, Not Raised by / Lowered by
₂ No		Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left + Not at 0.38"
1317. Because of a physical, mental, or		Formatted: Font: 10 pt, Not Raised by / Lowered by
emotional condition, do you have		Formatted: Line spacing: Multiple 1.04 li
serious difficulty concentrating, remembering, or making decisions?		
₁ Yes	_	Formatted: Font: 10 pt, Not Raised by / Lowered by
∠ No		Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left +
		Not at 0.5"
1418. Because of a physical, mental, or	<u> </u>	Formatted: Font: 10 pt, Not Raised by / Lowered by Formatted: Line spacing: Multiple 1.04 li
emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		Pormatted: Line spacing. Multiple 1.04 ii
₁ Yes	_	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 No		Formatted: Q1-First Level Question, Indent: Left: 0.38", Hanging: 0.44", Space After: 3 pt, Tab stops: 0.81", Left + Not at 0.25"
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<u>17.</u>	25. 29. Diabetes, high blood sugar, or sugar	
21. Angina pectoris or coronary artery	in the urine Formatted: Q1-First Level Question, Indent: Left:	0.38",
disease	Yes Not at 0.5"	, Leit i
₁ Yes	Pormatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₂ No	Formatted	
<u> </u>	26. 30. Depression Formatted: Font: 10 pt, Not Raised by / Lowered b	y
18. 22. Congestive heart failure	Yes Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
₁ <u> </u>	2 No Formatted	<u></u>
2 No	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	27. 31. Any cancer (other than skin cancer) Formatted	<u></u>
19. 23. A myocardial infarction or heart attack	Yes → Go to Question 2832 Formatted: Font: 10 pt, Not Raised by / Lowered by	ıy
₁ Yes	No	ıy
<u> </u>	Formatted: Indent: Left: 0", First line: 0"	
₂ No	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	28. 32. Are you currently under treatment for:	<u></u>
20. 24. Other heart conditions, such as	aColon or rectal cancer	
problems with heart valves or the rhythm of your heartbeat	Yes Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	No Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
ı Yes	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₂ No	bLung cancer Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	Yes Formatted: Space After: 3 pt	
21. 25. A stroke	No Formatted: Not Raised by / Lowered by	
	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
₁ Yes	Formatted	
<u>2</u> No	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
A	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
Has a doctor ever told you that you had:	Formatted: Space After: 3 pt	
22. 26. Emphysema, or asthma, or COPD	Formatted: Not Raised by / Lowered by	
(chronic obstructive pulmonary disease)	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₁ Yes	Formatted	<u></u>
	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₂ No	Formatted: Font: 5 pt	
	Formatted: Indent: Left: 0", First line: 0"	
2327. Crohn's disease, ulcerative colitis, or	\\ Formatted	
inflammatory bowel disease	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
1Yes	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₂ No	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
	Formatted	
24. 28. Osteoporosis, sometimes called thin	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
or brittle bones	Formatted: Font: 10 pt, Not Raised by / Lowered b	y
Ves	Formatted	
ıYes	Formatted: Font: 10 pt, Not Raised by / Lowered b	ıy
₂ No	Formatted: Font: 9 pt	
	Formatted: Font: 9 pt	
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1 Yes	33. In the past 7 days, how much did pain	Formatted: Font: 10 pt, Not Raised by / Lowered by
	interfere with your day to day activities?	Formatted: Space After: 3 pt
2 No	₁ Not at all	Formatted: Not Raised by / Lowered by
Prostate cancer		Formatted: Font: 10 pt, Not Raised by / Lowered by
₁ Yes	A little bit	Formatted: Space After: 3 pt, Tab stops: 0.5", Left
	3 Somewhat	Formatted: Not Raised by / Lowered by
₂ No	Quite a bit	Formatted: Font: 10 pt, Not Raised by / Lowered by
Other cancer (other than skin cancer)		Formatted: Space After: 3 pt
₁ Yes	₅ Very much	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 No	30. 34. In the past 7 days, how often did	Formatted: Not Raised by / Lowered by
2 NO	pain keep you from socializing with	Formatted: Not Raised by / Lowered by
	others?	Formatted: Font: 10 pt, Not Raised by / Lowered by
	₁☐ Never	Formatted: Indent: Left: 0.5", First line: 0", Space 3 pt, Tab stops: 0.5", Left
	Rarely	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Space After: 3 pt
	Sometimes	Formatted: Font: 5 pt
	.₄ Often	Formatted: Tab stops: 0.25", Left
	₅ Always \	Formatted: Not Raised by / Lowered by
		Formatted: Font: 10 pt, Not Raised by / Lowered by
	<u>31.</u>	Formatted: Space After: 3 pt, Tab stops: 0.5", Left
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OMB 0938-0701 (Expires: 05/31/2025 XX/XX/XX)

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<u>33.</u>	35. 40. Have you <u>ever</u> talked with a doctor,	
38. Many people experience leakage of urine,	nurse, or other health care provider about leaking of urine?	Formatted: Line spacing: Multiple 1.04 li, Tab stops: 0.25", Left + Not at 0.5"
also called urinary incontinence. In the		Formatted: Font: 10 pt, Not Raised by / Lowered by
<pre>past six months, have you experienced leaking of urine?</pre>	Yes	Formatted: Space After: 3 pt
leaking of utilite?	₂ No	Formatted: Not Raised by / Lowered by
₁ Yes → Go to Question 3439		Formatted: Font: 10 pt, Not Raised by / Lowered by
No → Go to Question 3742	36. 41. There are many ways to control or	Formatted: Space After: 3 pt
	manage the leaking of urine, including	Formatted: Font: 5 pt, Highlight
34. 39. During the past six months, how	bladder training exercises, medication,	Formatted: Tab stops: Not at 0.5"
much did leaking of urine make you	and surgery. Have you ever talked with a	Formatted: Not Raised by / Lowered by
change your daily activities or interfere	doctor, nurse, or other health care	Formatted: Font: Italic
with your sleep?	provider about any of these approaches?	Formatted: Line spacing: Multiple 1.04 li
₁ A lot	₁ Yes	Formatted: Font: 5 pt
	2 No	Formatted: Tab stops: Not at 0.5"
Somewhat	<u> </u>	Formatted: Font: 10 pt, Not Raised by / Lowered by
Not at all	37.	Formatted: Space After: 3 pt
	31.	Formatted: Font: 10 pt, Not Raised by / Lowered by
12. In the past 12 months, did you talk with a	38.	Formatted: Space After: 3 pt
doctor or other health provider about your		Formatted: Not Raised by / Lowered by
level of exercise or physical activity? For	43. In the past 12 months , did a doctor or other health provider advise you to start.	Formatted: Not Raised by / Lowered by
example, a doctor or other health provider	increase or maintain your level of exercise	Formatted: Not Raised by / Lowered by
may ask if you exercise regularly or take	or physical activity? For example, in order	Formatted: Font: 5 pt
part in physical exercise.	to improve your health, your doctor or	Formatted: Tab stops: Not at 0.5"
₁ Yes → Go to Question 3843	other health provider may advise you to	Formatted: Line spacing: Multiple 1.04 li
No → Go to Question 3843	start taking the stairs, increase walking	Formatted: Line spacing: Multiple 1.04 li
	from 10 to 20 minutes every day or to	Formatted: Font: 10 pt, Not Raised by / Lowered by
I had no visits in the past 12	maintain your current exercise program.	Formatted: Space After: 3 pt
months → Go to Question 3944	1 Yes	
	₂ No	Formatted: Not Raised by / Lowered by
	<u> </u>	Formatted: Font: Italic
	0044	Formatted: Not Raised by / Lowered by
	3944. A fall is when your body goes to the ground without being pushed. In the past	Formatted: Indent: Left: 0.5", Hanging: 0.31", Space After: 3 pt
	12 months, did you talk with your doctor	Formatted: Font: 10 pt, Not Raised by / Lowered by
	or other health provider about falling or	Formatted: Space After: 3 pt
	problems with balance or walking?	Formatted: Not Raised by / Lowered by
	₁ Yes	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Space After: 3 pt
	2 No	Formatted: Not Raised by / Lowered by
	I had no visits in the past 12	Formatted: Not Raised by / Lowered by
	months	Formatted: Indent: Left: 0.5", Hanging: 0.31", Space After: 3 pt
	4045. Did you fall in the past 12 months?	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Space After: 3 pt
	1 Yes	Formatted: Not Raised by / Lowered by
	2 No	Formatted: Font: 9 pt
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1. 46. In the past 12 months , have you had	43.	
a problem with balance or walking?	48. During the past month , on average, how ←	Formatted: Line spacing: Multiple 1.04 li
₁ Yes	many hours of actual sleep did you get at	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 No.	night? (This may be different from the	Formatted: Space After: 3 pt
<u> </u>	number of hours you spent in bed.)	Formatted: Not Raised by / Lowered by
2. 47. Has your doctor or other health	Less than 5 hours	Formatted: Font: Not Bold
provider done anything to help prevent	₂ 5 – 6 hours	Formatted: Font: 10 pt, Not Raised by / Lowered by
falls or treat problems with balance or		Formatted: Space After: 3 pt
walking? Some things they might do	7 – 8 hours	Formatted: Space Before: 6 pt, After: 6 pt
include:	9 or more hours	Formatted: Not Raised by / Lowered by
Suggest that you use a cane or		Formatted: Font: 10 pt, Not Raised by / Lowered by
walker.	44.	Formatted: Not Raised by / Lowered by
 Suggest that you do an exercise or physical therapy program. 	49. During the past month , how would you rate your overall sleep quality?	Formatted: Indent: Left: 0", Hanging: 0.25", Space Before: 6 pt, After: 6 pt, Tab stops: 0.25", Left + Not at
 Suggest a vision or hearing test. 	rate your overall sleep quality?	Formatted: Space Before: 6 pt, After: 6 pt
₁ Yes	1 Very Good	Formatted: Font: 10 pt, Not Raised by / Lowered by
	Fairly Good	Formatted: Space After: 3 pt
₂ No	a Fairly Bad	Formatted: Font: 10 pt, Not Raised by / Lowered by
I had no visits in the past 12		Formatted: Normal, Indent: Left: 0.5", Space After: 3 pt
months	₄ Very Bad	Formatted: Not Raised by / Lowered by
	45.50 Hammark da managiak in namada	Formatted: Not Raised by / Lowered by
	45. 50. How much do you weigh in pounds (lbs.)?	Formatted: Font: 10 pt, Not Raised by / Lowered by
	(1997).	Formatted: Not Raised by / Lowered by
	lbs.	Formatted: Normal, Indent: Left: 0.5", Hanging: 0.31", Space After: 3 pt, Tab stops: 0.81", Left + Not at 0.88"
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	46. Ibs.	Formatted: Font: 5 pt
	_	Formatted: Tab stops: 0.25", Left + Not at 0.88"
	51. How tall are you without shoes	
	on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up). feet inches inches	Formatted: Indent: Left: 0", Hanging: 0.25"
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52. Are you male or female?	49 What is your race? (One or more	
₁ Male	categories may be selected)	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Female	ρ ₁ White	Formatted: Indent: Hanging: 0.06", Space After: 3 pt
Z T OTHERS	ρ2 Black or African American	Formatted: Font: 10 pt, Not Raised by / Lowered by
4853. Are you Hispanic, Latino/a or	ρ₃ American Indian or Alaska Native	Formatted: Indent: Left: 0.44", Hanging: 0.06", Space After: 3 pt, Tab stops: 0.5", Left
Spanish origin? (One or more categories may be selected)	ρ₄ Asian Indian	Formatted: Not Raised by / Lowered by
may be selected)	ρ ₅ Chinese	Formatted: Not Raised by / Lowered by
No, not of Hispanic, Latino/a, or		Formatted: Font: 5 pt
Spanish origin	ρε Filipino	Formatted: Indent: Left: 0", Hanging: 0.25", Space Before: 6 pt, After: 6 pt, Tab stops: 0.25", Left + Not at
₂ Yes, Mexican, Mexican American, Chicano/a	րշ Japanese	Formatted: Font: 10 pt, Not Raised by / Lowered by
	րջ Korean	Formatted: Not Raised by / Lowered by
Yes, Puerto Rican	Vietnamese	Formatted: Font: 10 pt, Not Raised by / Lowered by
₄ Yes, Cuban	Other Asian	Formatted: Font: 10 pt, Not Raised by / Lowered by
₅ Yes, another Hispanic, Latino/a, or	Native Hawaiian	Formatted: Indent: Hanging: 0.31", Space After: 3 pt
Spanish origin		Formatted: Font: 10 pt, Not Raised by / Lowered by
<u> </u>	Guamanian or Chamorro	Formatted: Not Raised by / Lowered by
54.	Samoan 4	Formatted: Spanish (United States), Not Raised by / Lowered by
	Other Pacific Islander	Formatted: Spanish (Spain)
		Formatted: Font: 10 pt, Not Raised by / Lowered by
	<u>50.</u>	Formatted: Font: 10 pt, Not Raised by / Lowered by
		Formatted: Indent: Left: 0.44", Hanging: 0.06", Space After: 3 pt, Tab stops: 0.5", Left
		Formatted: Not Raised by / Lowered by
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		Formatted: Font: 9 pt

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55. What language do you mainly speak at home?	<u>52.</u> <u>57.</u> What is the highest grade or level of school that you have completed?	
English	8 th grade or less	Formatted: Font: 10 pt, Not Raised by / Lowered by
2 Spanish	2 Some high school, but did not	Formatted: Indent: Hanging: 0.19", Space After: 3 pt
	graduate	Formatted: Font: 10 pt, Not Raised by / Lowered by
Chinese	3 High school graduate or GED	Formatted: Indent: Left: 0.31", Hanging: 0.19", Space
A Russian		After: 3 pt, Line spacing: single Formatted: Not Raised by / Lowered by
☑ Some other language (please	Some college or 2-year degree	Formatted: Not Raised by / Lowered by Formatted: Not Raised by / Lowered by
specify)	4-year college graduate	Formatted: Indent: Hanging: 0.32", Space After: 3 pt,
	More than a 4-year college degree	Line spacing: single
	-	Formatted: Font: 10 pt, Not Raised by / Lowered by
56. What is your current marital status?	5358. Do you live alone or with others? (One	Formatted: Font: 10 pt, Not Raised by / Lowered by
Married	or more categories may be selected)	Formatted: Indent: Left: 0.31", Hanging: 0.19", Space After: 3 pt, Line spacing: single
Divorced	Alone	Formatted: Font: 10 pt, Not Raised by / Lowered by
3 Separated	With spouse/significant other	Formatted: Not Raised by / Lowered by
	3 With children/other relatives	Formatted: Not Raised by / Lowered by
4 Widowed	4 With non-relatives	Formatted: Indent: Hanging: 0.32", Space After: 3 pt
Never married		Formatted: Font: 10 pt
	<u>₅</u> With paid caregiver -	Formatted: Font: 10 pt
		Formatted: Font: 5 pt
		Formatted: Tab stops: 0.25", Left
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50			
59.	5664. Who completed this survey form?		Formatted: Font: 5 pt
5 <u>4.</u> Where do you live?	Person to whom survey was		Formatted: Font: 10 pt, Not Raised by / Lowered by
House, apartment, condominium, or	addressed → STOP HERE → End		Formatted: Indent: Left: 0.31", Hanging: 0.31", Space After: 3 pt
mobile home → Go to Question		1	Formatted: Font: 10 pt, Not Raised by / Lowered by
<u>55</u> 60	pamily member or relative of person to whom the survey was addressed	. \	Formatted: Indent: Left: 0.31", Hanging: 0.31", Space
Assisted living or board and care	→ Go to Question 57		After: 3 pt
home → Go to Question 5560	Friend of person to whom the survey		Formatted: Font: 10 pt, Not Raised by / Lowered by
Nursing home → Go to Question	was addressed → Go to Question 57	1	Formatted: Font: 10 pt, Not Raised by / Lowered by
<u>56</u> 64	Professional caregiver of person to	//	Formatted: Font: 10 pt, Not Raised by / Lowered by Formatted: Indent: Left: 0.31", Hanging: 0.31", Right:
d Other → Go to Question 5664	whom the survey was addressed	$^{\prime}/$	-0.13", Space After: 3 pt
. 60Is the house or apartment you	→ Go to Question 57	Ν,	Formatted: Font: 10 pt, Not Raised by / Lowered by
currently live in:		/ //	Formatted: Font: 10 pt, Not Raised by / Lowered by
Owned or being bought by you	<u>57.</u>	M	Formatted: Indent: Left: 0.31", Hanging: 0.31", Space After: 3 pt
2 Owned or being bought by someone		\	Formatted: Font: 10 pt, Not Raised by / Lowered by
in your family other than you	, \	()	Formatted: Font: 5 pt, Not Bold, Not Italic
Rented for money		M	Formatted: Indent: Left: 0", Hanging: 0.25", Space Before: 6 pt, After: 6 pt, Tab stops: 0.25", Left
₄ Not owned and one in which you live		\\\'	Formatted: Space Before: 0 pt
without payment of rent	\	\	Formatted: Font: 10 pt, Not Raised by / Lowered by
None of the above		$\backslash \backslash \backslash$	Formatted: Indent: Left: 0.31", Hanging: 0.31", Space After: 3 pt
	**	, \\'	Formatted: Font: 10 pt, Not Raised by / Lowered by
		////	Formatted: Font: 10 pt, Not Raised by / Lowered by
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62. Did someone help you complete this survey? If so, please fill in that person's name.

DO NOT enter the name of the person to whom this survey was addressed.

Please print clearly.

First Name:

Last Name:

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

Please use the enclosed prepaid envelope to mail your completed survey to:

Centers for Medicare & Medicaid Services

C/o Survey Processing
Insert Survey Vendor
Return Address
Contact Information, Here

If you have questions about this survey, please contact the survey organization working with Medicare at [survey vendor phone number] or [survey vendor email].

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