

Attachment D. Crosswalk of Item Differences by Questionnaire Version

This attachment crosswalks the survey item differences between the existing 2025 Medicare Health Outcomes Survey Instrument and the proposed HOS Field Test Questionnaires Version A and Version B.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>1. In general, would you say your health is:</p> <p>1 <input type="checkbox"/> Excellent</p> <p>2 <input type="checkbox"/> Very good</p> <p>3 <input type="checkbox"/> Good</p> <p>4 <input type="checkbox"/> Fair</p> <p>5 <input type="checkbox"/> Poor</p>	No change	No change	N/A
<p>2. The following items are about activities you might do during a typical day. Does your health <u>now</u> limit you in these activities? If so, how much?</p> <p>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</p> <p>1 <input type="checkbox"/> Yes, limited a lot</p> <p>2 <input type="checkbox"/> Yes, limited a little</p> <p>3 <input type="checkbox"/> No, not limited at all</p>	No change	<p>2. The following items are about activities you might do during a typical day. Does your health <u>now</u> limit you in these activities? If so, how much?</p> <p>a. Moderate activities, such as moving a table, pushing a vacuum cleaner, or walking at a brisk pace</p> <p>1 <input type="checkbox"/> Yes, limited a lot</p> <p>2 <input type="checkbox"/> Yes, limited a little</p> <p>3 <input type="checkbox"/> No, not limited at all</p>	Revised, testing alternate functional activity as a potential replacement for less inclusive activities (bowling and golf).
<p>b. Climbing several flights of stairs</p> <p>1 <input type="checkbox"/> Yes, limited a lot</p> <p>2 <input type="checkbox"/> Yes, limited a little</p> <p>3 <input type="checkbox"/> No, not limited at all</p>	No change	No change	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p> <p>a. Accomplished less than you would like as a result of your physical health?</p> <p>1 <input type="checkbox"/> No, none of the time</p> <p>2 <input type="checkbox"/> Yes, a little of the time</p> <p>3 <input type="checkbox"/> Yes, some of the time</p> <p>4 <input type="checkbox"/> Yes, most of the time</p> <p>5 <input type="checkbox"/> Yes, all of the time</p>	No change	No change	N/A
<p>b. Were limited in the kind of work or other activities as a result of your physical health?</p> <p>1 <input type="checkbox"/> No, none of the time</p> <p>2 <input type="checkbox"/> Yes, a little of the time</p> <p>3 <input type="checkbox"/> Yes, some of the time</p> <p>4 <input type="checkbox"/> Yes, most of the time</p> <p>5 <input type="checkbox"/> Yes, all of the time</p>	No change	No change	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</p> <p>a. Accomplished less than you would like as a result of any emotional problems</p> <p>1 <input type="checkbox"/> No, none of the time</p> <p>2 <input type="checkbox"/> Yes, a little of the time</p> <p>3 <input type="checkbox"/> Yes, some of the time</p> <p>4 <input type="checkbox"/> Yes, most of the time</p> <p>5 <input type="checkbox"/> Yes, all of the time</p>	No change	No change	N/A
<p>b. Didn't do work or other activities as carefully as usual as a result of any emotional problems</p> <p>1 <input type="checkbox"/> No, none of the time</p> <p>2 <input type="checkbox"/> Yes, a little of the time</p> <p>3 <input type="checkbox"/> Yes, some of the time</p> <p>4 <input type="checkbox"/> Yes, most of the time</p> <p>5 <input type="checkbox"/> Yes, all of the time</p>	No change	No change	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> A little bit</p> <p>3 <input type="checkbox"/> Moderately</p> <p>4 <input type="checkbox"/> Quite a bit</p> <p>5 <input type="checkbox"/> Extremely</p>	No change	No change	N/A
<p>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</p> <p>6. How much of the time during the past 4 weeks:</p> <p>a. Have you felt calm and peaceful?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	No change	<p>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</p> <p>6. How much of the time during the past 4 weeks:</p> <p>a. Have you felt calm and peaceful?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> A little of the time</p> <p>5 <input type="checkbox"/> None of the time</p>	Revised, testing a 5-item response option as a simpler alternative to the current 6-item response option and to align with the second item in this set (Q7).

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>b. Did you have a lot of energy?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	No change	<p>b. Did you have a lot of energy?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> A little of the time</p> <p>5 <input type="checkbox"/> None of the time</p>	Revised, testing a 5-item response option as a simpler alternative to the current 6-item response option and to align with the second item in this set (Q7).
<p>c. Have you felt downhearted and blue?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> A good bit of the time</p> <p>4 <input type="checkbox"/> Some of the time</p> <p>5 <input type="checkbox"/> A little of the time</p> <p>6 <input type="checkbox"/> None of the time</p>	No change	<p>c. Have you felt downhearted and blue?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> A little of the time</p> <p>5 <input type="checkbox"/> None of the time</p>	Revised, testing a 5-item response option as a simpler alternative to the current 6-item response option and to align with the second item in this set (Q7).
<p>7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</p> <p>1 <input type="checkbox"/> All of the time</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> A little of the time</p> <p>5 <input type="checkbox"/> None of the time</p>	No change	No change	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>Now, we'd like to ask you some questions about how your health may have changed.</p> <p>8. Compared to <u>one year ago</u>, how would you rate your physical health in general now?</p> <p>1 <input type="checkbox"/> Much better</p> <p>2 <input type="checkbox"/> Slightly better</p> <p>3 <input type="checkbox"/> About the same</p> <p>4 <input type="checkbox"/> Slightly worse</p> <p>5 <input type="checkbox"/> Much worse</p>	Item removed	Item removed	Removing because this item is no longer being considered as a quality measure for Star Ratings and to reduce the number of questions on the survey.
<p>9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed, or irritable) in general now?</p> <p>1 <input type="checkbox"/> Much better</p> <p>2 <input type="checkbox"/> Slightly better</p> <p>3 <input type="checkbox"/> About the same</p> <p>4 <input type="checkbox"/> Slightly worse</p> <p>5 <input type="checkbox"/> Much worse</p>	Item removed	Item removed	Removing because this item is no longer being considered as a quality measure for Star Ratings and to reduce the number of questions on the survey.
<p>Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.</p>	No change	No change	N/A
<p>10. Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</p>	No change but renumbered (Q8)	<p>8. Because of a health or physical problem, do you have any difficulty doing the following activities without help from another person?</p>	Testing revised item stem to be more inclusive of those who use assistive devices and potentially enhance Physical Function Activities of Daily Living (PFADL) measure.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>a. Bathing</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p> <p>b. Dressing</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p> <p>c. Eating</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p> <p>d. Getting in or out of chairs</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p> <p>e. Walking</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p> <p>f. Using the toilet</p> <p>1 <input type="checkbox"/> No, I do not have difficulty</p> <p>2 <input type="checkbox"/> Yes, I have difficulty</p> <p>3 <input type="checkbox"/> I am unable to do this activity</p>	No change	No change	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
New item	9. Are you able to walk briskly for 20 minutes without stopping to rest? 5 <input type="checkbox"/> Without any difficulty 4 <input type="checkbox"/> With a little difficulty 3 <input type="checkbox"/> With some difficulty 2 <input type="checkbox"/> With much difficulty 1 <input type="checkbox"/> Unable to do	9. Are you able to walk briskly for 20 minutes without stopping to rest? 5 <input type="checkbox"/> Without any difficulty 4 <input type="checkbox"/> With a little difficulty 3 <input type="checkbox"/> With some difficulty 2 <input type="checkbox"/> With much difficulty 1 <input type="checkbox"/> Unable to do	New item set; Patient-Reported Outcomes Measurement Information System (PROMIS) items being tested as a potential replacement for existing physical function items, to evaluate a wider range of impairment and potentially enhance the PFADL measure.
New item	10. Are you able to climb up 5 flights of stairs? 5 <input type="checkbox"/> Without any difficulty 4 <input type="checkbox"/> With a little difficulty 3 <input type="checkbox"/> With some difficulty 2 <input type="checkbox"/> With much difficulty 1 <input type="checkbox"/> Unable to do	10. Are you able to climb up 5 flights of stairs? 5 <input type="checkbox"/> Without any difficulty 4 <input type="checkbox"/> With a little difficulty 3 <input type="checkbox"/> With some difficulty 2 <input type="checkbox"/> With much difficulty 1 <input type="checkbox"/> Unable to do	New item set; PROMIS items being tested as a potential replacement for existing physical function items, to evaluate a wider range of impairment and potentially enhance the PFADL measure.
New item	11. Does your health limit you in bending, kneeling, or stooping? 5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do	11. Does your health limit you in bending, kneeling, or stooping? 5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do	New item set; PROMIS items being tested as a potential replacement for existing physical function items, to evaluate a wider range of impairment and potentially enhance the PFADL measure.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
New item	<p>12. Does your health limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>	<p>12. Does your health limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, or walking at a brisk pace?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>	New item set; PROMIS items being testing as a potential replacement for existing physical function item, to evaluate a wider range of impairment and potentially enhance the PFADL measure. Testing 2 versions.
New item	<p>13. Does your health now limit you in doing heavy work around the house like moving heavy furniture?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>	<p>13. Does your health now limit you in doing heavy work around the house like moving heavy furniture?</p> <p>5 <input type="checkbox"/> Not at all 4 <input type="checkbox"/> Very little 3 <input type="checkbox"/> Somewhat 2 <input type="checkbox"/> Quite a lot 1 <input type="checkbox"/> Cannot do</p>	New item set; PROMIS items being tested as a potential replacement for existing physical function items, to evaluate a wider range of impairment and potentially enhance the PFADL measure.
<p>Now we are going to ask some questions about specific medical conditions.</p> <p>11. Are you blind or do you have serious difficulty seeing, even when wearing glasses?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	No change but renumbered (Q14)	No change but renumbered (Q14)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>12. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	No change but renumbered (Q15)	No change but renumbered (Q15)	N/A
<p>13. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	No change but renumbered (Q16)	No change but renumbered (Q16)	N/A
<p>14. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	No change but renumbered (Q17)	No change but renumbered (Q17)	N/A
<p>15. In the past month, how often did memory problems interfere with your daily activities?</p> <p>1 <input type="checkbox"/> Every day (7 days a week)</p> <p>2 <input type="checkbox"/> Most days (5-6 days a week)</p> <p>3 <input type="checkbox"/> Some days (2-4 days a week)</p> <p>4 <input type="checkbox"/> Rarely (once a week or less)</p> <p>5 <input type="checkbox"/> Never</p>	No change but renumbered (Q18)	No change but renumbered (Q18)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
Has a doctor <u>ever</u> told you that you had: 16. Hypertension or high blood pressure 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	No change but renumbered (Q19)	No change but renumbered (Q19)	N/A
17. Angina pectoris or coronary artery disease 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	No change but renumbered (Q20)	No change but renumbered (Q20)	N/A
18. Congestive heart failure 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.
19. A myocardial infarction or heart attack 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.
20. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
21. A stroke 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.
22. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	No change but renumbered (Q21)	No change but renumbered (Q21)	N/A
23. Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.
24. Osteoporosis, sometimes called thin or brittle bones 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing had a negligible impact on case-mix adjustment.
25. Diabetes, high blood sugar, or sugar in the urine 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	No change but renumbered (Q22)	No change but renumbered (Q22)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
26. Depression 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	No change but renumbered (Q23)	No change but renumbered (Q22)	N/A
27. Any cancer (other than skin cancer) 1 <input type="checkbox"/> Yes → <i>Go to Question 28</i> 2 <input type="checkbox"/> No → <i>Go to Question 29</i>	24. Any cancer (other than skin cancer) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	24. Any cancer (other than skin cancer) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Removed skip pattern because follow-up question (Q28) was removed.
28. Are you currently under treatment for: a. Colon or rectal cancer 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Lung cancer 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Breast cancer 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No d. Prostate cancer 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No e. Other cancer (other than skin cancer) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item removed	Item removed	Removing to limit the number of survey questions. Removing this and other items in this section had a negligible impact on case-mix adjustment.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>29. In the past 7 days, how much did pain interfere with your day to day activities?</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> A little bit</p> <p>3 <input type="checkbox"/> Somewhat</p> <p>4 <input type="checkbox"/> Quite a bit</p> <p>5 <input type="checkbox"/> Very much</p>	Item renumbered (Q25)	Item renumbered (Q25)	N/A
<p>30. In the past 7 days, how often did pain keep you from socializing with others?</p> <p>1 <input type="checkbox"/> Never</p> <p>2 <input type="checkbox"/> Rarely</p> <p>3 <input type="checkbox"/> Sometimes</p> <p>4 <input type="checkbox"/> Often</p> <p>5 <input type="checkbox"/> Always</p>	Item renumbered (Q26)	Item renumbered (Q26)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>31. Over the past 2 weeks, how often have you been bothered by any of the following problems?</p> <p>a. Little interest or pleasure in doing things</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>b. Feeling down, depressed, or hopeless</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p>	<p>27. Over the past 2 weeks, how often have you been bothered by any of the following problems?</p> <p>a. Feeling nervous, anxious or on edge</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>b. Not being able to stop or control worrying</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>c. Little interest or pleasure in doing things</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>d. Feeling down, depressed, or hopeless</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p>	<p>27. Over the past 2 weeks, how often have you been bothered by any of the following problems?</p> <p>a. Feeling nervous, anxious or on edge</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>b. Not being able to stop or control worrying</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>c. Little interest or pleasure in doing things</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p> <p>d. Feeling down, depressed, or hopeless</p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Several days</p> <p>3 <input type="checkbox"/> More than half the days</p> <p>4 <input type="checkbox"/> Nearly every day</p>	<p>Revised, testing expanded item to assess a broader array of mental health conditions using the PHQ-4.</p>

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>32. In general, compared to other people your age, would you say that your health is:</p> <p>1 <input type="checkbox"/> Excellent</p> <p>2 <input type="checkbox"/> Very good</p> <p>3 <input type="checkbox"/> Good</p> <p>4 <input type="checkbox"/> Fair</p> <p>5 <input type="checkbox"/> Poor</p>	Item removed	Item removed	Removing to reduce the number of survey questions. This item is not used for case-mix adjustment.
<p>33. Many people experience leakage of urine, also called urinary incontinence. In the <u>past six months</u>, have you experienced leaking of urine?</p> <p>1 <input type="checkbox"/> Yes → <i>Go to Question 34</i></p> <p>2 <input type="checkbox"/> No → <i>Go to Question 37</i></p>	Item renumbered (Q28)	Item renumbered (Q28)	N/A
<p>34. During the <u>past six months</u>, how much did leaking of urine make you change your daily activities or interfere with your sleep?</p> <p>1 <input type="checkbox"/> A lot</p> <p>2 <input type="checkbox"/> Somewhat</p> <p>3 <input type="checkbox"/> Not at all</p>	Item renumbered (Q29)	Item renumbered (Q29)	N/A
<p>35. Have you <u>ever</u> talked with a doctor, nurse, or other health care provider about leaking of urine?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Item renumbered (Q30)	Item renumbered (Q30)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>36. 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?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Item renumbered (Q31)	Item renumbered (Q31)	N/A
<p>37. In the past 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.</p> <p>1 <input type="checkbox"/> Yes → <i>Go to Question 38</i></p> <p>2 <input type="checkbox"/> No → <i>Go to Question 38</i></p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months → <i>Go to Question 39</i></p>	Item renumbered (Q32)	Item renumbered (Q32)	N/A
<p>38. In the past 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.</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Item renumbered (Q33)	Item renumbered (Q33)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>39. A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	Item renumbered (Q34)	Item renumbered (Q34)	N/A
<p>40. Did you fall in the past 12 months?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Item renumbered (Q35)	Item renumbered (Q35)	N/A
<p>41. In the past 12 months, have you had a problem with balance or walking?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Item renumbered (Q36)	Item renumbered (Q36)	N/A
<p>42. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</p> <ul style="list-style-type: none"> • Suggest that you use a cane or walker. • Suggest that you do an exercise or physical therapy program. • Suggest a vision or hearing test. <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	Item renumbered (Q37)	Item renumbered (Q37)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
N/A	<p>38. In the past 12 months, has a doctor or other health professional talked with you about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	<p>38. In the past 12 months, has a doctor or other health professional provided advice about your diet or eating habits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	New item; adapted from the Behavioral Risk Factor Surveillance System (BRFSS) as a potential cross-sectional quality measure.
N/A	<p>39. In the past 12 months, has a doctor or other health professional talked with you about your alcohol use?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	<p>39. In the past 12 months, has a doctor or other health professional provided advice about your alcohol use?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I had no visits in the past 12 months</p>	New item; adapted from the Behavioral Risk Factor Surveillance System (BRFSS) as a potential cross-sectional quality measure.
<p>43. 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.)</p> <p>1 <input type="checkbox"/> Less than 5 hours</p> <p>2 <input type="checkbox"/> 5 – 6 hours</p> <p>3 <input type="checkbox"/> 7 – 8 hours</p> <p>4 <input type="checkbox"/> 9 or more hours</p>	Item renumbered (Q40)	Item renumbered (Q40)	N/A

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>44. During the past month, how would you rate your overall sleep quality?</p> <p>1 <input type="checkbox"/> Very Good</p> <p>2 <input type="checkbox"/> Fairly Good</p> <p>3 <input type="checkbox"/> Fairly Bad</p> <p>4 <input type="checkbox"/> Very Bad</p>	Item renumbered (Q41)	Item renumbered (Q41)	N/A
<p>45. How much do you weigh in pounds (lbs.)?</p> <p><input type="text"/><input type="text"/><input type="text"/> lbs.</p>	Item renumbered (Q42)	Item renumbered (Q42)	N/A
<p>46. 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).</p> <p><input type="text"/> feet <input type="text"/><input type="text"/> Inches</p>	Item renumbered (Q43)	Item renumbered (Q43)	N/A
<p>47. Are you of Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)</p> <p>1 <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin</p> <p>2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a</p> <p>3 <input type="checkbox"/> Yes, Puerto Rican</p> <p>4 <input type="checkbox"/> Yes, Cuban</p> <p>5 <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin</p>	Item removed	Item removed	Question removed as per SPD-15. We plan to implement the updated SPD-15 race and ethnicity question. We are using this to ensure comparability of responses across mail, telephone, and web administrations in particular for an older population.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>48. What is your race? (One or more categories may be selected)</p> <p>01 <input type="checkbox"/> White</p> <p>02 <input type="checkbox"/> Black or African American</p> <p>03 <input type="checkbox"/> American Indian or Alaska Native</p> <p>04 <input type="checkbox"/> Asian Indian</p> <p>05 <input type="checkbox"/> Chinese</p> <p>06 <input type="checkbox"/> Filipino</p> <p>07 <input type="checkbox"/> Japanese</p> <p>08 <input type="checkbox"/> Korean</p> <p>09 <input type="checkbox"/> Vietnamese</p> <p>10 <input type="checkbox"/> Other Asian</p> <p>11 <input type="checkbox"/> Native Hawaiian</p> <p>12 <input type="checkbox"/> Guamanian or Chamorro</p> <p>13 <input type="checkbox"/> Samoan</p> <p>14 <input type="checkbox"/> Other Pacific Islander</p>	<p>44. What is your race or ethnicity? Please mark one or more.</p> <p>01 <input type="checkbox"/> American Indian or Alaska Native</p> <p>02 <input type="checkbox"/> Asian</p> <p>03 <input type="checkbox"/> Black or African American</p> <p>04 <input type="checkbox"/> Hispanic or Latino</p> <p>05 <input type="checkbox"/> Middle Eastern or North African</p> <p>06 <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p>07 <input type="checkbox"/> White</p>	<p>44. What is your race or ethnicity? Please mark one or more.</p> <p>01 <input type="checkbox"/> American Indian or Alaska Native</p> <p>02 <input type="checkbox"/> Asian</p> <p>03 <input type="checkbox"/> Black or African American</p> <p>04 <input type="checkbox"/> Hispanic or Latino</p> <p>05 <input type="checkbox"/> Middle Eastern or North African</p> <p>06 <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p>07 <input type="checkbox"/> White</p>	<p>Updated according to SPD-15. We plan to implement the updated SPD-15 race and ethnicity question. We are using this to ensure comparability of responses across mail, telephone, and web administrations in particular for an older population.</p>
<p>49. What language do you mainly speak at home?</p> <p>1 <input type="checkbox"/> English</p> <p>2 <input type="checkbox"/> Spanish</p> <p>3 <input type="checkbox"/> Chinese</p> <p>4 <input type="checkbox"/> Russian</p> <p>7 <input type="checkbox"/> Some other language (please specify)</p> <p>_____</p>	<p>No change but renumbered (Q45)</p>	<p>No change but renumbered (Q45)</p>	<p>N/A</p>

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>50. What is your current marital status?</p> <p>1 <input type="checkbox"/> Married</p> <p>2 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Widowed</p> <p>5 <input type="checkbox"/> Never married</p>	No change but renumbered (Q46)	No change but renumbered (Q46)	N/A
<p>51. What is the highest grade or level of school that you have completed?</p> <p>1 <input type="checkbox"/> 8th grade or less</p> <p>2 <input type="checkbox"/> Some high school, but did not graduate</p> <p>3 <input type="checkbox"/> High school graduate or GED</p> <p>4 <input type="checkbox"/> Some college or 2-year degree</p> <p>5 <input type="checkbox"/> 4-year college graduate</p> <p>6 <input type="checkbox"/> More than a 4-year college degree</p>	No change but renumbered (Q47)	No change but renumbered (Q47)	N/A
<p>52. Do you live alone or with others? (One or more categories may be selected)</p> <p>1 <input type="checkbox"/> Alone</p> <p>2 <input type="checkbox"/> With spouse/significant other</p> <p>3 <input type="checkbox"/> With children/other relatives</p> <p>4 <input type="checkbox"/> With non-relatives</p> <p>5 <input type="checkbox"/> With paid caregiver</p>	Item removed	Item removed	Removing item because some stakeholders and respondents have noted they are uncomfortable divulging information that may affect their personal security. This item is not used for case-mix adjustment.

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>53. Where do you live?</p> <p>1 <input type="checkbox"/> House, apartment, condominium, or mobile home <input type="checkbox"/> Go to Question 54</p> <p>2 <input type="checkbox"/> Assisted living or board and care home <input type="checkbox"/> Go to Question 54</p> <p>3 <input type="checkbox"/> Nursing home <input type="checkbox"/> Go to Question 55</p> <p>4 <input type="checkbox"/> Other <input type="checkbox"/> Go to Question 55</p>	Item removed	Item removed	<p>Removing to limit the number of survey questions.</p> <p>Removing the items had a negligible impact on case-mix adjustment.</p>
<p>54. Is the house or apartment you currently live in:</p> <p>1 <input type="checkbox"/> Owned or being bought by you</p> <p>2 <input type="checkbox"/> Owned or being bought by someone in your family other than you</p> <p>3 <input type="checkbox"/> Rented for money</p> <p>4 <input type="checkbox"/> Not owned and one in which you live without payment of rent</p> <p>5 <input type="checkbox"/> None of the above</p>	Item removed	Item removed	<p>Removing to limit the number of survey questions.</p> <p>Removing the item had a negligible impact on case-mix adjustment.</p>
<p>55. Who completed this survey form?</p> <p>1 <input type="checkbox"/> Person to whom survey was addressed <input type="checkbox"/> STOP HERE</p> <p>2 <input type="checkbox"/> Family member or relative of person to whom the survey was addressed <input type="checkbox"/> Go to Question 56</p> <p>3 <input type="checkbox"/> Friend of person to whom the survey was addressed <input type="checkbox"/> Go to Question 56</p> <p>4 <input type="checkbox"/> Professional caregiver of person to whom the survey was addressed <input type="checkbox"/> Go to Question 56</p>	Item removed	Item removed	<p>Removing to limit the number of survey questions.</p> <p>Removing the item had a negligible impact on case-mix adjustment.</p>

2025 Health Outcomes Survey	Field Test Version A	Field Test Version B	Reason for Change
<p>56. Did someone help you complete this survey? If so, please fill in that person's name.</p> <p>DO NOT enter the name of the person to whom this survey was addressed.</p> <p>Please print clearly.</p> <p>First Name: _____</p> <p>Last Name: _____</p>	Item removed	Item removed	<p>Removing item because survey vendors noted the instruction is frequently ignored by respondents and questionnaires are returned with unneeded PII.</p>