


If you experience problems accessing any portion of our files,
please contact CMS at HOS@cms.hhs.gov.



**2019 MEDICARE
HEALTH OUTCOMES
SURVEY-MODIFIED**

**DATA USERS
GUIDE**

MEDICARE HEALTH

OUTCOMES SURVEY

**CENTERS
FOR MEDICARE
& MEDICAID
SERVICES**

**HEALTH
SERVICES
ADVISORY
GROUP**



Table of Contents

| | |
|---|-----------|
| Preface | 1 |
| Medicare Health Outcomes Survey | 1 |
| Medicare Health Outcomes Survey-Modified..... | 1 |
| Statutory Authority | 1 |
| Technical Assistance | 2 |
| Methodology and Design | 3 |
| Sampling Methodology | 3 |
| Medicare HOS-M Instrument | 4 |
| Summary Measures | 4 |
| Data File Characteristics | 7 |
| New and Revised Fields | 7 |
| Excluded Fields | 7 |
| Field Overview | 8 |
| Appendix A | 10 |
| Data File Layout by Position | 10 |
| Appendix B (Annotated Survey Form) | 20 |
| 2019 Medicare Health Outcomes Survey–Modified | 20 |

Preface

Medicare Health Outcomes Survey

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by its programs. The overall focus of the Medicare Health Outcomes Survey (HOS) is to gather valid and reliable health status data to assess a Medicare Advantage Organization's (MAO) ability to maintain or improve the physical and mental health of its Medicare beneficiaries over time. Since 1998, baseline data are collected from a new cohort annually with one re-measurement two years later.

Medicare Health Outcomes Survey-Modified

The Medicare Health Outcomes Survey-Modified (HOS-M) was fielded for the first time in 2002 as the Program of All-Inclusive Care for the Elderly (PACE) Health Survey, and was renamed in 2005 as the HOS-M. It is a modified version of the Medicare HOS that is administered annually by CMS to frail elderly and predominantly dual-eligible beneficiaries (i.e., recipients of both Medicare and Medicaid) in PACE organizations for the purpose of adjusting plan payments based on the frailty of their members.

Similar to the HOS, the HOS-M design is based on a randomly selected sample of individuals from each participating PACE organization. Unlike the HOS, the HOS-M is a cross-sectional survey that measures the physical and mental health functioning of beneficiaries at a single point in time without a follow up.

This HOS-M 2019 **Data Users Guide (DUG)** is designed to assist users with the beneficiary level HOS-M data file. The DUG includes an overview of the file organization, an explanation of the derived fields, a table defining the attributes of all fields in the file, and a copy of the survey instrument annotated with the field names in the data file.

Statutory Authority

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) mandates collecting, analyzing, and reporting health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must use the same types of data that were collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the first patient-reported outcomes measure in Medicare managed care, and therefore remains a critical part of assessing MAO quality. In addition, CMS includes the HOS results as a component of the Medicare Plan Finder (www.medicare.gov/plan-compare), a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey components in HOS, as appropriate, in order to provide outcome measures that MAOs can use in quality improvement initiatives.

Technical Assistance

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and the Email Address (hos@hsag.com) are available to provide assistance with questions regarding the data file. Additionally, the CMS HOS website provides general information about the program (www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS). A full description of the program is available at www.HOSonline.org and the Medicare HOS glossary consisting of definitions relevant to the HOS and HOS-M may be accessed from the “Glossary” link at the bottom of site webpages.

Methodology and Design

Sampling Methodology

A total of 123 PACE organizations participated in the HOS-M in 2019. Beneficiaries were defined as eligible for the HOS-M if they were enrolled in a participating PACE plan, resided in the community, did not have End Stage Renal Disease (ESRD), and were age 55 or older. In general, for eligible plans with Medicare populations of 1,200 or more members, a simple random cross-sectional sample of 1,200 members was selected for the survey (i.e., the survey is not a cohort study). For eligible plans with populations of less than 1,200 members, all eligible members were included in the HOS-M sample. Ineligible beneficiaries met one of the following criteria: deceased; not enrolled in the health plan; had a bad address and phone number; had a language barrier; had a bad address and mail-only protocol (*Russian only*); or were removed from the sample due to death, disenrollment, or institutionalization after the sample was drawn.

The definition of a completed survey, and hence the response rate, depends on the context. The definition of a completed survey for the HOS-M report is based on the Veteran's RAND 12-Item Health Survey (VR-12) summary measures, while a completed survey for frailty assessment is based on the Activities of Daily Living (ADL) questions.

For the HOS-M report, a completed survey is defined as one for which a physical component summary (PCS) or mental component summary (MCS) score could be calculated from the VR-12. Participating PACE plans may access their reports from the Quality and Performance/HOS module under HOS-M Feedback Reports on the CMS Health Plan Management System (HPMS). The HOS-M report sample size and response rate information is also available from the HOS-Modified Overview section on the HOS website at www.HOSonline.org. Please refer to the Medicare HOS-M Survey Status Information Table.

For frailty assessment, a completed survey is defined as one in which all six ADL questions are answered. Responses and ADL distributions considered for payment purposes are reported separately for PACE plans on the HPMS. Participating PACE plans may access their frailty results from the HPMS Risk Adjustment module under Survey Results for Frailty Adjustment.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2019, Volume 6: Specifications for the Medicare Health Outcomes Survey manual.^{1,2}

¹ National Committee for Quality Assurance. *HEDIS® 2019, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2019. Available at: https://hosonline.org/globalassets/hos-online/survey-administration/hos_hedis_volume6_2019.pdf. Accessed on: Mar 5, 2020.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Medicare HOS-M Instrument

The HOS-M instrument contains ADL items as the core items used to calculate the frailty adjustment factor.³ The HOS-M instrument also contains the VR-12 to further assess the physical and mental health functioning of each PACE organization's members.^{4,5} The HOS-M includes questions about the following: lifting or carrying objects as heavy as 10 pounds; walking a quarter mile; health or physical problems interfering with daily activities; receiving help with ADLs; physical and emotional health compared to one year ago; memory loss; urinary incontinence; and a question on whether the survey was self-completed or completed by a proxy. If the participant received assistance completing the survey, the proxy respondent was asked information about his/her relationship to the participant.

Detailed information about the Medicare HOS-M instrument can be found in the NCQA HEDIS 2019, Volume 6: Specifications for the Medicare Health Outcomes Survey manual. The manual is available online for download from the Survey Administration section on the Program page of the HOS website (www.HOSonline.org).¹ The manual may be obtained by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 or via NCQA's Publications Center (<https://store.ncqa.org/>). The 2019 HOS-M questionnaire may also be downloaded from the Survey page of the HOS website (www.HOSonline.org).

Summary Measures

The key component of the HOS-M for assessment of the physical and mental health functioning is the VR-12 Health Survey.⁶ The VR-12 consists of 14 items, 12 of which are used in the calculation of the eight health domains and the two summary measures: the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the 36-item health survey: 1) Physical Functioning, 2) Role-Physical, 3) Role-Emotional, 4) Bodily Pain, 5) Social Functioning, 6) Mental Health, 7) Vitality, and 8) General Health. Each domain aggregates one or two items and all eight domains are used to calculate the two summary measures, as illustrated in the VR-12 mapping model on the following page. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix "M22VR" in the data file.

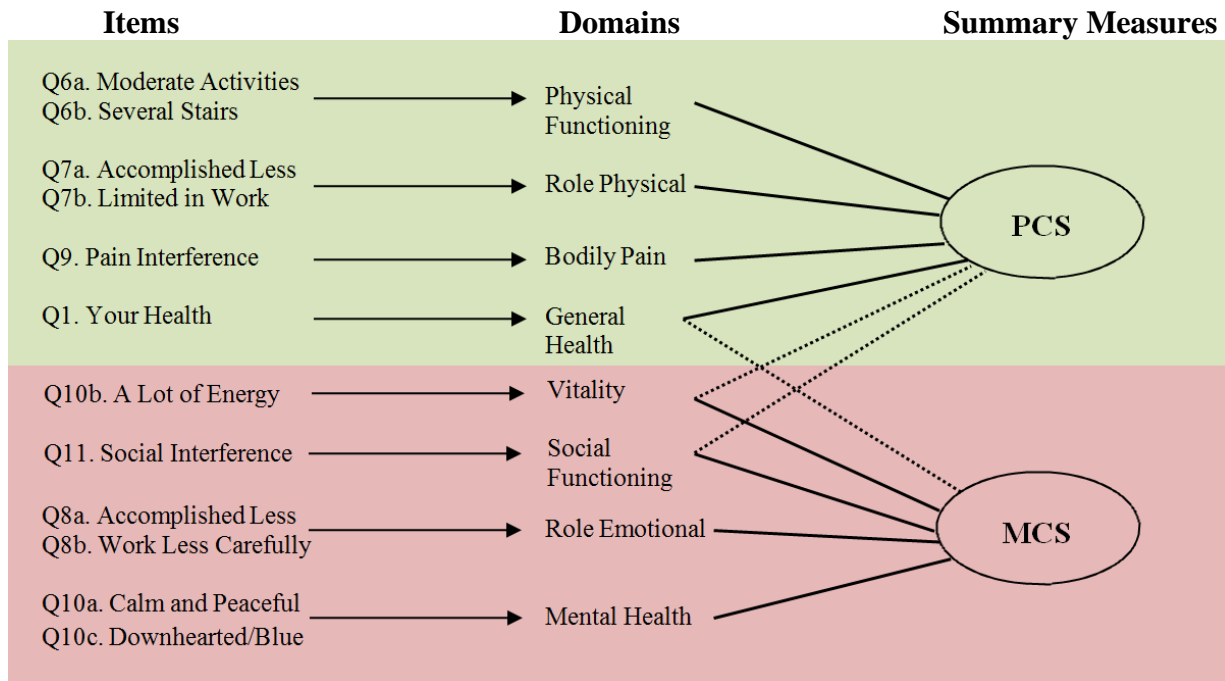
³ Walsh EG, Khatustsky G, Johnson L. Functional impairment levels in PACE enrollees. *Health Care Financing Review*. Summer 2008. Volume 29(4): 81-88. Available at: www.cms.gov/Research-Statistics-Data-and-Systems/Research/HealthCareFinancingReview/downloads/2008Summerpg81.pdf. Accessed on: Mar 5, 2020.

⁴ Jones D, Kazis LE, Lee A, et al. Health status assessments using the Veterans SF-36 and SF-12. Methods for evaluating outcomes in the Veterans Health Administration. *Journal of Ambulatory Care Management*. 2001; 24(3):1-19.

⁵ Iqbal SU, Rogers W, Selim A, et al. *The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used*. 2007. Available at: https://hosonline.org/globalassets/hos-online/publications/veterans_rand_12_item_health_survey_vr-12_2007.pdf. Accessed on: Mar 5, 2020.

⁶ Boston University School of Public Health. VR-36, VR-12 and VR-6D Overview. Available at: www.bu.edu/sph/about/departments/health-law-policy-and-management/research/vr-36-vr-12-and-vr-6d/. Accessed on: Mar 5, 2020.

Mapping of HOS-M VR-12 to 8 Health Domains and 2 Summary Measures



Note: Domains contributing the most to each summary measure are indicated by a solid line. Domains contributing to a lesser degree are indicated by a broken line. However, all domains contribute to some extent to the scoring of both summary measures (PCS and MCS).

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and imputation of missing data.⁵ The MRE is a general method for obtaining scale scores for the eight domains in the context of missing data. The MRE uses complete cases to estimate a regression equation where only those items that are present are used.

For those beneficiaries with complete responses across the VR-12, the following steps⁷ were taken to calculate PCS and MCS:

- **Step One:** New variables were created for each response level choice with one level omitted. Using the 59 total response categories across the VR-12 questions, 47 indicator variables were created.
- **Step Two:** Aggregate PCS and MCS scores were created separately from a regression equation that weighted each of the 47 indicator variables. The weights were derived from the Veterans SF-36 PCS and MCS Scales using the 1999 Large Health Survey of Veteran Enrollees.

⁷ Spiro A, Rogers WH, Qian S, Kazis L. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004. Available at: https://hosonline.org/globalassets/hos-online/publications/hos_veterans_12_imputation.pdf. Accessed on: Mar 5, 2020.

- Step Three: A constant was added to each of the estimates obtained from Step Two. The scores were then standardized using normative values from a 1990 U.S. general population. Therefore, a mean score of 50 represents the national average, a 10-point difference above and below the mean score is one standard deviation, and, with few exceptions, the scores have a range of 0 through 100 (higher being better).
- When a beneficiary had missing data across the VR-12 items, PCS and MCS scores were imputed using the MRE. With the use of the MRE algorithm, PCS and MCS scores can be calculated in as many as 90% of the cases in which one or more VR-12 responses are missing.⁸ Depending on the pattern of missing item responses for a beneficiary, a different set of regression weights was required to compute that individual's PCS and/or MCS scores.⁷ For each combination of missing data, the beneficiaries' data were merged with the stored regression weights and the PCS or MCS scores were computed and then standardized using the normative values from MRE Step Three.
- Beneficiary PCS and MCS results were mode adjusted for the impact of telephone administration compared with the reference mode of mail administration. Comparisons across the VR-12 of matched HOS and Veterans Administration surveys for the same respondents showed that PCS and MCS scores were, on average, 1.9 and 4.5 points greater respectively for telephone compared to mail administered surveys.⁹ Therefore, for telephone surveys, 1.9 points were subtracted from the PCS score and 4.5 points were subtracted from the MCS score.
- For the physical health summary measure, very high scores indicate no physical limitations, disabilities, or decline in well-being; high energy level; and a rating of health as "excellent."
- For the mental health summary measure, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

For the HOS-M report, the PCS and MCS scores were *not* adjusted for case mix variables, i.e., demographic characteristics.

⁸ Selim A, Iqbal SU, Rogers W, et al. *Medicare Health Outcomes Survey: An Alternative Case-Mix Methodology*. Technical Report prepared by: Center for Health Quality, Outcomes, and Economic Research, VA Medical Center, Bedford, Massachusetts 2007. Available at: https://hosonline.org/globalassets/hos-online/publications/hos_case_mix_final_technical_report.pdf. Accessed on: Mar 5, 2020.

⁹ Rogers WH, Gandek B, Sinclair SJ. *Calculating Medicare Health Outcomes Survey Performance Measurement Results*. Technical Report prepared by: Health Assessment Lab, Waltham, MA, The Health Institute, Department of Clinical Care Research, New England Medical Center, Boston, MA. 2004. Available at: https://hosonline.org/globalassets/hos-online/publications/hos_calculating_pm_results.pdf. Accessed on: Mar 5, 2020.

Data File Characteristics

The file is a Comma Separated Value (CSV) file and was generated using PROC EXPORT with the DBMS=CSV option in SAS^{®10} Version 9.4. The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to ensure that character fields will not be truncated.

The 2019 HOS-M data file contains 101 fields. Field names contain the prefix M22, which indicates the corresponding round of HOS data collection. The only field without a prefix is the Health Insurance Claim number **HICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file.

Note that selected field attributes (i.e., field name, type, length, and/or label) may have been modified for some fields included in the 2019 HOS-M data file when compared to the same fields included in previous HOS-M data files. You may refer to Appendix A for detailed information regarding all field attributes contained in the 2019 HOS-M data file.

New and Revised Fields

There was one **new** field and there were two revised fields in the 2019 HOS-M data file compared with the 2018 HOS-M data file:

- MBIDNUM - New Medicare Beneficiary Identifier, an 11-digit alphanumeric variable.
- SRVDSP - Survey Disposition, was revised to add a new category (M24) for bad address and mail-only protocol (*Russian only*).
- SVLANG - Survey Language, was revised to add a new category (R) for Russian survey language.

Excluded Fields

The following fields were **excluded** in the 2019 HOS-M data file compared with the 2018 HOS-M data file:

- LVINFAC - Participant Lives in Facility, removed from sample file
- SHAREPH - Participant Shares a Phone, removed from sample file

¹⁰ SAS[®] is a registered trademark of the SAS Institute Inc., Cary, NC

Field Overview

The following is a general description of fields included in the HOS-M data file. The fields are listed in the order they appear in the file.

Identifier Fields (Fields 1 - 11)

This section contains the HICNUM, which is the unique alphanumeric identifier previously discussed. It also contains a unique beneficiary link key ID (M22BLKEY), Medicare Beneficiary Identifier (M22MBIDNUM), end stage renal disease indicator (M22ESRD), institutional status (M22INSTUT), hospice status (M22HOSPICE), Medicaid status (M22MEDICAID), Dual status (M22DUAL), an anonymous beneficiary ID (M22PATID), an anonymous plan ID (M22PLAN), and the survey measurement year (M22RPTYR).

Sample File Fields (Fields 12 - 34)

This section contains contact, demographic, and other member level data for the sampled beneficiaries submitted in the Sample File by the survey vendor. These fields are obtained from the CMS Medicare Databases. None are obtained from the survey instrument. The plan name (M22PLANNM) and plan ID (M22PLANID) represent each member's plan assignment at the time of sampling in 2019. The Plan Benefit Package (PBP) number, M22PBPID, identifies the PBP to which the beneficiary belongs. A PACE plan may have one or more PBPs.

Survey Instrument Fields (Fields 35 - 77)

This section contains the member level responses collected from the 19 questions in the survey instrument. The following fields from the VR-12 survey are used to compute the PCS and MCS scores: M22VRGENHHTH, M22VRMACT, M22VRSTAIR, M22VRPACCL, M22VRPWORK, M22VRMACCL, M22VRMWORK, M22VRPAIN, M22VRCALM, M22VREENERGY, M22VRDOWN, and M22VRSACT. Two items, M22VRPHCMP and M22VRMHCMP, are contained in the VR-12 survey but are not used to calculate the PCS and MCS scores.

Vendor Generated Fields (Fields 78 - 82)

This section contains member level survey administration fields generated by the survey vendor, e.g., the survey disposition code (M22SRVDSP), survey language (M22SVLANG), and survey date (M22SVDATE).

Derived Fields (Fields 83 - 94)

This section contains the following fields: flag to indicate completed surveys, flag to indicate ineligible surveys, dates in SAS date format, age, age and race categories, PCS and MCS scores, and a flag to indicate membership in the analytic sample. Age is calculated by counting the number of months between the SAS date fields for date of birth (M22TDOB) and survey date with missing values imputed (M22TSVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.

Plan Level Fields (Fields 95 - 101)

This section contains the Plan type, Plan organization name, and Plan parent organization name obtained from the May 2019 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans from the CMS website at: www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/. The Plan state, Plan tax status, and Plan CMS region are obtained from the August 2019 HPMS Plan Contract List.

Appendix A

Data File Layout by Position

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 1 | <i>HICNUM</i> HIC Number | Char | 12 | | Unique beneficiary identifier Obtained from Sample File |
| 2 | <i>M22BLKEY</i> Beneficiary Link Key | Char | 13 | | Obtained from Sample File |
| 3 | <i>M22MBIDNUM</i> Medicare Beneficiary ID Number | Char | 11 | | Medicare beneficiary identifier Obtained from Sample File |
| 4 | <i>M22ESRD</i> ESRD Indicator | Num | 3 | 0 = No ESRD 1 = ESRD | Obtained from CMS data |
| 5 | <i>M22INSTUT</i> Institutional Status | Num | 3 | 0 = Out of Institution 1 = Institutionalized | Obtained from CMS data |
| 6 | <i>M22HOSPICE</i> Hospice Status | Num | 3 | 0 = No hospice start date present 1 = Hospice start date present | Obtained from CMS data |
| 7 | <i>M22MEDICAID</i> Medicaid Status | Num | 3 | 0 = Out of Medicaid 1 = In Medicaid (Full or Partial Benefit in March) | Obtained from CMS data |
| 8 | <i>M22DUAL</i> Dual Status | Num | 3 | 0 = Not Dual Status 1 = Dual Status (Full Benefit any time during year) | Obtained from CMS data |
| 9 | <i>M22PATID</i> Anonymous Beneficiary ID | Num | 8 | | Derived field Could be used as a database key if personally identifiable fields (e.g., HICNUM) were removed. |
| 10 | <i>M22PLAN</i> Anonymous Plan ID | Num | 8 | | Derived field Could be used as a database key if plan identifiable fields (e.g., M22PLANID) were removed. |
| 11 | <i>M22RPTYR</i> Report Year | Num | 8 | | HOS-M survey measurement year |
| 12 | <i>M22PLANNM</i> Plan Name | Char | 60 | | Obtained from Sample File |
| 13 | <i>M22PLANTYPE</i> Plan Type | Char | 8 | | Obtained from Sample File |
| 14 | <i>M22PLANID</i> Plan ID | Char | 5 | | Obtained from Sample File |
| 15 | <i>M22PBPID</i> Plan Benefit Package Number | Char | 3 | | Obtained from Sample File 3-digit number filled with leading zeros |
| 16 | <i>M22FNAME</i> Member First Name | Char | 30 | | Obtained from Sample File |
| 17 | <i>M22MIDINIT</i> Member Middle Initial | Char | 1 | | Obtained from Sample File |
| 18 | <i>M22LNAME</i> Member Last Name | Char | 35 | | Obtained from Sample File |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 19 | M22ADDRS1 Address 1 | Char | 25 | | Obtained from Sample File Address fields M22ADDRS1- M22ADDRS6 from CMS Medicare Databases. |
| 20 | M22ADDRS2 Address 2 | Char | 25 | | Obtained from Sample File |
| 21 | M22ADDRS3 Address 3 | Char | 25 | | Obtained from Sample File |
| 22 | M22ADDRS4 Address 4 | Char | 25 | | Obtained from Sample File |
| 23 | M22ADDRS5 Address 5 | Char | 25 | | Obtained from Sample File |
| 24 | M22ADDRS6 Address 6 | Char | 25 | | Obtained from Sample File |
| 25 | M22DOB Date of Birth | Char | 10 | | Obtained from Sample File |
| 26 | M22GENDER Gender | Num | 8 | 1 = Male 2 = Female | Obtained from Sample File |
| 27 | M22RACE Race | Num | 8 | 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native | Obtained from Sample File |
| 28 | M22ADDRSS Participant Street | Char | 65 | | Obtained from Sample File Address Fields: M22ADDRSS, M22CITY, M22STATE, and M22ZIP originated from the Contact Data File developed by small plans, which may be more up to date than the CMS Medicare Databases. |
| 29 | M22CITY Participant City | Char | 25 | | Obtained from Sample File |
| 30 | M22STATE Participant State | Char | 20 | | Obtained from Sample File |
| 31 | M22ZIP Participant Zip Code | Char | 20 | | Obtained from Sample File |
| 32 | M22BENELANG Participant Primary Language | Char | 35 | | Obtained from Sample File |
| 33 | M22RCVOMAIL Participant Receives Own Mail | Char | 35 | | Obtained from Sample File |
| 34 | M22PACECTR PACE Center, Care System, or Center Attended | Char | 55 | | Obtained from Sample File |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 35 | M22VRGENHTH Q1 General Health | Num | 8 | 1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor | Entered from the survey (See Appendix B) |
| 36 | M22DIFCARRY Q2 Difficulty Lifting 10 Pounds | Num | 8 | 1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it | Entered from the survey (See Appendix B) |
| 37 | M22DIFBLKS Q3 Difficulty Walking 2-3 Blocks | Num | 8 | 1 = No difficulty at all 2 = A little difficulty 3 = Some difficulty 4 = A lot of difficulty 5 = Not able to do it | Entered from the survey (See Appendix B) |
| 38 | M22ADLBTH Q4a Difficulty Bathing | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 39 | M22ADLDRS Q4b Difficulty Dressing | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 40 | M22ADLEAT Q4c Difficulty Eating | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 41 | M22ADLCHR Q4d Difficulty In/Out Chairs | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 42 | M22ADLWLK Q4e Difficulty Walking | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 43 | M22ADLTLT Q4f Difficulty Using Toilet | Num | 8 | 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity | Entered from the survey (See Appendix B) |
| 44 | M22HLPBTH Q5a Receive Help Bathing | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |
| 45 | M22HLPDRE Q5b Receive Help Dressing | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |
| 46 | M22HLPEAT Q5c Receive Help Eating | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |
| 47 | M22HLPCHR Q5d Receive Help In/Out Chairs | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |
| 48 | M22HLPWLK Q5e Receive Help Walking | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|--|
| 49 | <i>M22HLP</i> TLT Q5f Receive Help Using Toilet | Num | 8 | 1 = Yes, I receive help 2 = No, I do not receive help 3 = I do not do this activity | Entered from the survey (See Appendix B) |
| 50 | <i>M22VRMACT</i> Q6a Limited Moderate Activities | Num | 8 | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | Entered from the survey (See Appendix B) |
| 51 | <i>M22VRSTAIR</i> Q6b Limited Climbing Several Stairs | Num | 8 | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | Entered from the survey (See Appendix B) |
| 52 | <i>M22VRPACCL</i> Q7a Physical Health Accomplished Less | Num | 8 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix B) |
| 53 | <i>M22VRPWORK</i> Q7b Physical Health Limited Work Activities | Num | 8 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix B) |
| 54 | <i>M22VRMACCL</i> Q8a Emotional Problems Accomplished Less | Num | 8 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix B) |
| 55 | <i>M22VRMWORK</i> Q8b Emotional Problems Work Not Careful | Num | 8 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix B) |
| 56 | <i>M22VRPAIN</i> Q9 Pain Interfere Past 4 Weeks | Num | 8 | 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely | Entered from the survey (See Appendix B) |
| 57 | <i>M22VRCALM</i> Q10a Past 4 Weeks Felt Calm/Peaceful | Num | 8 | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | Entered from the survey (See Appendix B) |
| 58 | <i>M22VREENERGY</i> Q10b Past 4 Weeks A Lot of Energy | Num | 8 | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | Entered from the survey (See Appendix B) |
| 59 | <i>M22VRDOWN</i> Q10c Past 4 Weeks Blue or Sad | Num | 8 | 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|---|
| 60 | M22VRSACT Q11 Past 4 Weeks Phys or Emot Interfere Social Activities | Num | 8 | 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time | Entered from the survey (See Appendix B) |
| 61 | M22VRPHCMP Q12 Physical Health Compared with One Year Ago | Num | 8 | 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse | Entered from the survey (See Appendix B) |
| 62 | M22VRMHCMP Q13 Emotional Health Compared with One Year Ago | Num | 8 | 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse | Entered from the survey (See Appendix B) |
| 63 | M22MEMLOSS Q14 Memory Loss Interferes with Daily Activities | Num | 8 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 64 | M22EVERURN Q15 How Often Difficulty Controlling Urination | Num | 8 | 1 = Never 2 = Less than once a week 3 = Once a week or more often 4 = Daily 5 = Catheter | Entered from the survey (See Appendix B) |
| 65 | M22CMPWHO Q16 Who Completed Survey Form | Num | 8 | 1 = Medicare participant 2 = Family member, relative, or friend of Medicare Participant 3 = Nurse or other health professional | Entered from the survey (See Appendix B) |
| 66 | M22PROXRSN1 Q17 Reason Filled Out Due to Physical Problems | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 67 | M22PROXRSN2 Q17 Reason Filled Out Due to Memory Loss or Mental Problems | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 68 | M22PROXRSN3 Q17 Reason Filled Out Due to Unable to Speak/Read English | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 69 | M22PROXRSN4 Q17 Reason Filled Out Due to Person Not Available | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 70 | M22PROXRSN5 Q17 Reason Filled Out Due to Other | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 71 | M22PROXHOW1 Q18 Helped Read Questions to the Person | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 72 | M22PROXHOW2 Q18 Helped Write Down Answers | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 73 | M22PROXHOW3 Q18 Helped Answer Based on Experience with Person | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 74 | M22PROXHOW4 Q18 Helped By Using Medical Records to Fill Out Survey | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 75 | M22PROXHOW5 Q18 Helped Translate the Survey | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 76 | M22PROXHOW6 Q18 Helped Other | Num | 8 | 0 = No 1 = Yes 7 = Appropriately skipped | Entered from the survey (See Appendix B) |
| 77 | M22CAREPOS Q19 Staff/Caregivers Position | Num | 8 | 1 = Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant 2 = Nurse (RN, LPN, or NP) 3 = Social Worker or Case Manager 4 = Adult Foster Care, Adult Day Care, Assisted Living, or Residential Care Staff 5 = Interpreter 6 = Other 7 = Appropriately skipped | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|------------------------------------|------------|--------------|---|---|
| 78 | M22SRVDSP Disposition of Survey | Char | 3 | M10/T10 = Complete survey (Q4a-f answered) M11/T11 = Non-response: partial complete survey (one or more of Q4a-f missing) Ineligible: M20/T20 = deceased M21/T21 = not enrolled in health plan M23/T23 = language barrier M24 = bad address and mail-only protocol (<i>Russian only</i>) T24 = bad address AND phone number M25/T25 = removed from sample by RTI M26/T26 = Duplicate: beneficiary listed twice in sample Non-response: M32/T32 = refusal by member M33/T33 = unavailable M34/T34 = physically or mentally incapacitated M35/T35 = institutionalized M36/T36 = after maximum attempts M37/T37 = refusal by proxy M38/T38 = gatekeeper refusal | Generated by the survey vendor (M=Mail and T=Telephone) |
| 79 | M22RNDNUM Survey Round | Char | 3 | M1 = 1 st Mailing M2 = 2 nd Mailing T1 = 1 st Telephone T2 = 2 nd Telephone T3 = 3 rd Telephone T4 = 4 th Telephone T5 = 5 th Telephone T6 = 6 th Telephone T7 = 7 th Telephone T8 = 8 th Telephone T9 = 9 th Telephone T10 = 10 th Telephone T11 = 11 th Telephone T12 = 12 th Telephone MT = Partially completed by mail and converted to complete by telephone NC = Not completed | Generated by the survey vendor |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 80 | <i>M22PCTANS</i> Percentage of Survey Questions Answered | Num | 8 | | Generated by the survey vendor Based on the 31 responses for M22VRGENHTH (field 35) to M22CMPWHO (field 65) and the survey disposition M22SRVDSP (field 78). If M22SRVDSP = M10, T10, M11, or T11 then M22PCTANS = (number answered)/31*100; otherwise M22PCTANS=0. |
| 81 | <i>M22SVLANG</i> Survey Language | Char | 1 | C = Chinese E = English O = Other S = Spanish R = Russian | Generated by the survey vendor |
| 82 | <i>M22SVDATE</i> Date Survey Was Completed | Char | 8 | | Generated by the survey vendor Date mail survey received or date of telephone interview by survey vendor. Displayed as MMDDYYYY |
| 83 | <i>M22CMPSRV</i> Completed Survey (All ADLs Q4a-f answered) | Num | 8 | 0 = Incomplete Survey 1 = Completed Survey | Derived field Based on the six ADL questions ADLBTH (field 38) to ADLTLT (field 43). If all six ADLs are answered then M22CMPSRV = 1; otherwise M22CMPSRV = 0. |
| 84 | <i>M22INVSrv</i> Ineligible Survey Flag | Num | 8 | 0 = Eligible 1 = Ineligible | Derived field Ineligible survey includes these members: deceased, not enrolled in the health plan, had a bad address and phone number, had a language barrier, had a bad address and mail-only protocol (<i>Russian only</i>), or were removed from sample due to death, disenrollment, or institutionalization. |
| 85 | <i>M22TDOB</i> Date of Birth (SAS Date) | Num | 8 | | Derived SAS date field SAS date equivalent of M22DOB. MMDDYY10. format. |
| 86 | <i>M22TSVDATE</i> Date of Survey (SAS Date) | Num | 8 | | Derived SAS date field SAS date equivalent of M22SVDATE. MMDDYY10. format. |
| 87 | <i>M22TSVDATIM</i> Date of Survey (SAS Date with Missing Values Imputed) | Num | 8 | | Derived SAS date field If M22TSVDATE is missing, then M22TSVDATIM = 04/25/2019; otherwise M22TSVDATIM = M22TSVDATE MMDDYY10. format. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|--|
| 88 | <i>M22TDOELMT</i> Date of Accretion Limit - 03/01/2019 (SAS Date) | Num | 8 | | Derived SAS date field 03/01/2019 for all records. MMDDYY10. format. |
| 89 | <i>M22AGE</i> Age (Exact Calculation) | Num | 8 | | Derived field Calculated from M22TDOB and M22TSVDATIM |
| 90 | <i>M22AGECAT</i> Age Groups (6 Categories from Calculated AGE) | Num | 8 | 1 = 55 to 64 years 2 = 65 to 69 years 3 = 70 to 74 years 4 = 75 to 79 years 5 = 80 to 84 years 6 = 85 years or older | Derived field Obtained from M22AGE |
| 91 | <i>M22RACECAT</i> Race Groups (3 Categories from CMS Race) | Num | 8 | 1 = White 2 = Black 3 = Other | Derived field Obtained from M22RACE |
| 92 | <i>M22PCS</i> Physical Component Summary Score | Num | 8 | | Derived field Unadjusted PCS score. |
| 93 | <i>M22MCS</i> Mental Component Summary Score | Num | 8 | | Derived field Unadjusted MCS score. |
| 94 | <i>M22ANALYT</i> Analytic Sample Indicator | Num | 8 | 0 = Not included in analytic sample 1 = Included in analytic sample | Derived field |
| 95 | <i>M22PLTYPE</i> Plan Type - source CMS 05/19 | Char | 39 | | Obtained from the May 2019 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 96 | <i>M22PLORGNM</i> Plan Organization Name - source CMS 05/19 | Char | 50 | | Obtained from the May 2019 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 97 | <i>M22PLPTORG</i> Plan Parent Organization Name-source CMS 05/19 | Char | 50 | | Obtained from the May 2019 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 98 | <i>M22PLANSTN</i> Plan State - source HPMS 08/19 | Char | 2 | | Obtained from the August 2019 HPMS Plan Contract List. |
| 99 | <i>M22PLTAXST</i> Plan Tax Status - source HPMS 08/19 | Char | 25 | | Obtained from the August 2019 HPMS Plan Contract List. |
| 100 | <i>M22PLNDCT</i> Duration of Plan Contract Categories | Num | 8 | 1 = less than 1 year 2 = 1 to 4 years 3 = 5 to 9 years 4 = 10 years or more | Obtained from the August 2019 HPMS Plan Contract List. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|-------------------------------------|------------|--------------|---|--|
| 101 | M22PLREGCDE Plan CMS Region Code | Num | 3 | 1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NJ, NY, PR, VI) 3 = Region 3 - Philadelphia (DC, DE, MD, PA, VA, WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, TX) 7 = Region 7 - Kansas City (IA, KS, MO, NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10 = Region 10 - Seattle (AK, ID, OR, WA) | Derived from the August 2019 HPMS Plan Contract List |

Appendix B (Annotated Survey Form)

2019 Medicare Health Outcomes Survey–Modified

1. In general, would you say your health is:

M22VRGENHTH

| | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

2. How much difficulty, if any, do you have lifting or carrying objects as heavy as 10 pounds, such as a sack of potatoes?

M22DIFCARRY

| | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| No difficulty at all | A little difficulty | Some difficulty | A lot of difficulty | Not able to do it |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

3. How much difficulty, if any, do you have walking a quarter of a mile—that is about 2 or 3 blocks?

M22DIFBLKS

| | | | | |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| No difficulty at all | A little difficulty | Some difficulty | A lot of difficulty | Not able to do it |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

4. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?**

| | No, I do not have difficulty | Yes, I have difficulty | I am unable to do this activity |
|---------------------------------|--------------------------------------|-------------------------------|--|
| a. Bathing | M22ADLBTH 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Dressing | M22ADLDRS 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Eating | M22ADLEAT 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Getting in or out of chairs. | M22ADLCHR 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Walking | M22ADLWLK 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Using the toilet | M22ADLTLT 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

5. Do you receive **help from another person** with any of these activities?

| | Yes, I receive help | No, I do not receive help | I do not do this activity |
|---------------------------------|---|------------------------------|------------------------------|
| a. Bathing | 1 <input type="checkbox"/> M22HLPBTH | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Dressing | 1 <input type="checkbox"/> M22HLPDRE | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Eating | 1 <input type="checkbox"/> M22HLPEAT | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Getting in or out of chairs. | 1 <input type="checkbox"/> M22HLPCHR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Walking | 1 <input type="checkbox"/> M22HLPWLK | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Using the toilet | 1 <input type="checkbox"/> M22HLPTLT | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

6. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

| ACTIVITIES | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|--|--|-----------------------------|------------------------------|
| a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 <input type="checkbox"/> M22VRMACT | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Climbing several flights of stairs. | 1 <input type="checkbox"/> M22VRSTAIR | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

7. **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**? (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions).

| | No, none of the time | Yes, a little of the time | Yes, some of the time | Yes, most of the time | Yes, all of the time |
|--|--|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Accomplished less than you would like | 1 <input type="checkbox"/> M22VRPACCL | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Were limited in the kind of work or other activities.. | 1 <input type="checkbox"/> M22VRPWORK | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

8. **During the past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (If you are not able to do work or regular daily activities, please answer 'yes, all of the time' to both questions.)

| | No, none of the time | Yes, a little of the time | Yes, some of the time | Yes, most of the time | Yes, all of the time |
|---|----------------------------|---------------------------------|-----------------------------|-----------------------------|----------------------------|
| a. Accomplished less than you would like M22VRMACCL | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Didn't do work or other activities as carefully as usual..... M22VRMWORK | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

9. **During the past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? M22VRPAIN

| Not at all | A little bit | Moderately | Quite a bit | Extremely |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

These questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

10. How much of the time **during the past 4 weeks**:

| | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|--|----------------------------|----------------------------|------------------------------|----------------------------|----------------------------|----------------------------|
| a. have you felt calm and peaceful ?..... M22VRCALM | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| b. did you have a lot of energy ? M22VRENERGY | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| c. have you felt downhearted and blue ?... M22VRDOWN | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

11. **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.)? M22VRSACT

| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Now, we'd like to ask you some questions about how your health may have changed.

12. Compared to **one year ago**, how would you rate your **physical health** in general **now**?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | About the same | | |
| Much better | Slightly better | same | Slightly worse | Much worse |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

M22VRPHCMP

13. Compared to **one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | About the same | | |
| Much better | Slightly better | same | Slightly worse | Much worse |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

M22VRMHCMP

14. Do you experience memory loss that interferes with daily activities?

Yes
 No

M22MEMLOSS

15. How often, if ever, do you have difficulty controlling urination (bladder accidents)?

| | | | | |
|--------------------------|------------------------------|----------------------------------|--------------------------|--------------------------|
| | | Once a week or more often | | |
| Never | Less than once a week | Once a week or more often | Daily | Catheter |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

M22EVERURN

16. Who completed this survey form?

Medicare Participant
 Family member, relative, or friend of Medicare Participant
 Nurse or other health professional

M22CMPWHO

→ STOP HERE

→ Go to Question 17

→ Go to Question 17

17. What was the reason you filled out this survey for someone else? (Please answer **ALL** that apply.)

1 Physical problems

M22PROXRSN1

2 Memory loss or mental problems

M22PROXRSN2

3 Unable to speak or read English

M22PROXRSN3

4 Person not available

M22PROXRSN4

5 Other

M22PROXRSN5

18. How did you help complete this survey? (Please answer **ALL** that apply.)

1 Read the questions to the person

M22PROXHOW1

2 Wrote down the person's answers

M22PROXHOW2

3 Answered the questions based on my experience with the person

M22PROXHOW3

4 Used medical records to fill out the survey

M22PROXHOW4

5 Translated the survey questions

M22PROXHOW5

6 Other

M22PROXHOW6

FOR PROFESSIONAL STAFF (CAREGIVERS) ONLY

19. Which of the following **best describes** your position? (Please choose **one** answer.)

1 Home Health Aide, Personal Care Attendant, or Certified Nursing Assistant

2 Nurse (RN, LPN, or NP)

M22CAREPOS

3 Social Worker or Case Manager

4 Adult Foster Care/Adult Day Care/Assisted Living/Residential Care Staff

5 Interpreter

6 Other

YOU HAVE COMPLETED THE SURVEY. THANK YOU.