## **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.

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
category like this:

43. Are you male or female?								
X	Male		Female					

- ➤ Be sure to read <u>all</u> the answer choices given before marking a box with an 'X'.
- You are sometimes told to answer some questions in this survey only when you have answered a previous question. When this happens, you will see an *italicized* instruction like the one below:

If you answered "Yes" to question 29 or 30 above, (you have arthritis), answer the next question.

All information that would permit identification of any person who completes this survey will be kept strictly confidential. This information will be used only for the purposes of this study and will not be disclosed or released for any other purposes without your permission.

If you have any questions or want to know more about the study, please call [vendor name] at [toll-free number].

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## **Medicare Health Outcomes Survey**

1.	In (	general, would	you say your health	is:			
		Excellent	Very good	Good <sub>3</sub>	Fai	<b>r</b> ]	Poor <sub>5</sub>
2.	Со	mpared to on	e year ago, how wo	uld you rate your h	ealth in ger	neral <b>now</b> ?	
		Much better ow than one year ago	Somewhat better now than one year ago	About the same as one year ago	Some worse no one yea	ow than	Much worse now than one year ago
3.		•	ms are about activit you in these activiti	, ,		oical day. D	Ooes <b>your</b>
	AC	TIVITIES			Yes, limited a lot	Yes, limited a little	No, not limited at all
	a.	heavy object	etivities, such as run s, participating in ports		1	2	3
	b.	table, pushin	ctivities, such as mo g a vacuum cleaner, lf	bowling,	1	2	3
	c.	Lifting or car	rying groceries		1	2	3
	d.	Climbing sev	veral flights of stairs.		1	2	3
	e.	Climbing one	e flight of stairs		1	2	3
	f.	Bending, kne	eeling, or stooping		1	2	3
	g.	Walking <b>mor</b>	re than a mile		1	2	3
	h.	Walking <b>sev</b> e	eral blocks		1	2	3
	i.	Walking <b>one</b>	block		1	2	3
	j.	Bathing or dr	essing yourself		1	2	3

4.	During the <b>past 4 weeks</b> , have you had any of the following problems with your work or other regular daily activities <b>as a result of your physical health</b> ?							
						Yes	No	
	a.		on the <b>amount of t</b> ner activities					
		WOIK OF OU	iei activities			1	2	
	b.	Accomplis	shed less than you	ı would like		1	2	
	C.	Were limite	ed in the <b>kind</b> of w	ork or other a	activities	1	2	
	d.		<b>Ilty</b> performing the <i>le</i> , it took extra effo			1	2	
5.	oth	• .	t 4 weeks, have yeally activities as an anxious)?	•		• .		
						Yes	No	
	a.		on the <b>amount of t</b> ner activities			1	2	
	b.	Accomplis	shed less than you	u would like		1	2	
	C.		ork or other activit		•	1	2	
6.		•	t <b>4 weeks</b> , to what your normal social	•			•	
		Not at all	Slightly	Mode	erately	Quite a bit	Extremely	
		1	2	3[		4	5	
7.	Но	w much <b>bod</b>	<b>ily</b> pain have you l	had during th	e <b>past 4 we</b> e	eks?		
		None	Very mild	Mild	Moderate	e Severe	Very severe	
		1	2	3	4	5	6	
8.			t 4 weeks, how m de the home and h		interfere with	n your normal wo	rk (including	
		Not at all	A little bit	Mode	erately	Quite a bit	Extremely	
		1	2	3[		4	5	

9.	These questions are about how yo past 4 weeks. For each question, way you have been feeling.			•		•	•
	w much of the time during 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.	did you feel full of pep?	1	2	$_{\mathtt{g}} \square$	4	5	6
b.	have you been a very nervous person?	1	2	3	4	5	6
C.	have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d.	have you felt calm and peaceful?	1	2	3	4	5	6
e.	did you have a lot of energy?	1	2	3	4	5	6
f.	have you felt downhearted and blue?	1	2	3	4	5	6
g.	did you feel worn out?	1	2	3	4	5	6
h.	have you been a happy person?	1	2	3	4	5	6
i.	did you feel tired?	1	2	3	4	5	6
10.	During the <b>past 4 weeks</b> , how much <b>problems</b> interfered with your social						
	All of Most of the time		ome of ne time		ittle of time		one of e time
11.	How TRUE or FALSE is each of the	e followin	g statem	ents for you	ı?		
		Defini tru	-	•	on't now	Mostly false	Definitely false
a.	I seem to get sick a little easier than other people		]	2 3		4	5
b.	I am as healthy as anybody I know	1	]	2 3		4	5
C.	I expect my health to get worse	1	]	2 3		4	5
d.	My health is excellent		]	2 3		4	5

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.

12.

12.	<ol><li>Because of a health or physical problem, do you have any difficulty doing the following activities? (Please mark one response for each activity.)</li></ol>						
			am unable to this activity	Yes, I h difficu		o, I do not ve difficulty	
a.	Bathing		1	2		3	
b.	Dressing		1	2		3	
c.	Eating		1	2		$_3$	
d.	Getting in or out of chairs		1	2		$_3$	
e.	Walking		1	2		$_3$	
f.	Using the toilet		1	2		3	
Now 13.	we are going to ask some quest During the past 4 weeks, ho		•			s?	
		All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a.	Chest pain or pressure when you exercise	1	2	3	4	5	
b.	Chest pain or pressure when resting	1	2	3	4	5	
14.	During the past 4 weeks, he conditions?	now often h	ave you felt s	hort of breat	h under the t	following	
		All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a.	When lying down flat	1	2	3	4	5	
b.	When sitting or resting	1	2	3	4	5	
C.	When walking less than one block	1	2	3	4	5	
d.	When climbing one flight of stairs	,	2			_	

	problems with your legs and	feet? (Mark	one respons	e for each ite	m.)	
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Numbness or loss of feeling in your feet	1	2	$_3$	4	5
b.	Ankles or legs that swell as the day goes on	1	2	3	4	5
C.	Tingling or burning sensation in your feet especially at night	1	2	3	4	5
d.	Decreased ability to feel hot or cold with your feet	1	2	3	4	5
e.	Sores or wounds on your feet that did not heal	1	2	3	4	5
16a.	Have you <b>ever</b> had paralysis	s or weaknes	s on one side	e of the body	?	
	Yes, I have it	Yes, but it went away	Ne	0		
	1	2	3			
16b.	Have you <b>ever</b> lost the abilit	y to talk?				
	Yes, I have lost it	Yes, but it returned	No 3	<b>o</b>		
					Yes	No
17.	Can you see well enough to print (with your glasses or co you see best)?	ontacts if that	's how		1	2
18.	Can you hear <b>most</b> of the the (with a hearing aid if that's h				1	2
19.	Do you now have acid indige	estion or hea	rtburn?		1	2
20.	Do you have difficulty contro	olling urination	n?			

During the past 4 weeks, how much of the time have you had any of the following

15.

Has a	doctor ever told yo	ou that you had:		Yes	No		
21.	Hypertension or high	gh blood pressure			2		
22.	Angina pectoris or	coronary artery dise	ease		2		
23.	Congestive heart fa	ailure			2		
24.	A myocardial infarc	ction or heart attack			2		
25.		ons, such as proble rhythm of your hea	ms with rtbeat	. 1	2		
26.	A stroke				2		
27.		thma, or COPD (Ch	ronic Obstructive	. 1	2		
28.		cerative colitis, or ir	nflammatory bowel	. 1	2		
Has a	doctor ever told yo	ou that you had:		Yes	No		
29.	Arthritis of the hip of	or knee			2		
30.	Arthritis of the hand	d or wrist			2		
31.		ımbness that travels our knee)	s down	. 1	2		
32.	Diabetes, high bloo	od sugar, or sugar ir	n the urine	. 1	2		
33.	Any cancer (other	than skin cancer)			2		
If you	If you answered "yes" to questions 29 or 30 above (that you have arthritis),						
34.	During the <b>past 4</b> (Mark one answer)	weeks, how would	you describe the a	arthritis pain you usu	ally had?		
	None	Very Mild	Mild	Moderate	Severe		
	1	2	3	4	5		

## If you answered "yes" to question 33 above (that you have had cancer),

35.	Are you currently	under treatment for	:		
	a Calan an want	-1		Yes	No
	a. Colon or recta	ai cancer		1	2
	b. Lung cancer.			1	2
	c. Breast cance	r		1	2
	d. Prostate cand	cer		1	2
36.	<del>-</del>	eeks, how often ha	as low back pain inte )?	rfered with your	usual daily
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	1	2	3	4	5
37.	<del>-</del>	<b>eks</b> , how often did d below your knee?	l you have pain, numb	oness or tingling	that travels
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	1	2	3	4	5
38.	during which you to when you lost inte	nave you had 2 wee felt sad, blue or dep rest or pleasure in	oressed; or things that	Yes	No
				1	2
39.		nave you felt depres	ssed or sad	1	2
40.	when you felt dep	d 2 years or more ressed or sad most metimes?		1	2

41.	n general, compared to other people your age, would you say that your health is:	44.	smoking cigarettes?
	Excellent		Less than 6 months → Go to Question 45
	₂ Very good Good		2 6 months or more → Go to Question 46
	₃— ₄☐ Fair		Don't know → Go to Question 46
42.	Poor  Have you ever <u>smoked</u> at least 100 cigarettes in your entire life?	45.	In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?
	Yes → Go to Question 43  No → Go to Question 46  Don't know→ Go to		None  None  I visit  To 4 visits  To 5 to 9 visits
43.	Question 46  Do you now smoke every day, some days, or not at all?		10 or more visits  I had no visits in the last 6 months
	Every day → Go to Question 45  Some days → Go to Question 45  Not at all → Go to Question 44  Don't know → Go to Question 46	46. 47.	In what year were you born?  Are you male or female?  Male  Female
		48.	Are you of Hispanic or Spanish family background?   Yes  No

49.	How wou	ıld you describe your race?	52.	Is the hoc currently	use or apartment you live in:
	1	American Indian or			
		Alaskan Native		1	Owned or being bought by
	2	Asian or Pacific Islander			you
		Black or African American		2	Owned or being bought by
	3	White			someone in your family other than you
	<u>-</u>	Another race or multiracial		3	Rented for money
	5	Another race of multiracial			Not owned and one in
				4	which you live without
50.	What is y	your current marital status?			payment of rent
	1	Married			
	2	Divorced	53.	retiremer	use or apartment in a nt community, building or
	3	Separated		complex	?
	4	Widowed		1	Yes
	5	Never married		2	No
51.		the highest grade or level of late you have completed?	If you		ed "yes" to question 53
	1	8th grade or less	above	<del>-</del> ,	
	· 	Some high school, but did	54.		s retirement
	2	not graduate		medical s	ty/building/ facility provide services?
	3	High school graduate or			Yes
		GED		1—	N
	4	Some college or 2 year degree		2	No
		4 year college graduate			
	5	7 year college graduate			
	6	More than a 4 year			
		college degree			

55.	Who cor	npleted this survey form?	57.	Which of the following categories best represents the <b>combined</b>			
	1	Person to whom survey		income for all family members in			
	•	was addressed <b>→ Go to Question 57</b>		your household for the past 12 months?			
	2	Family member or relative			Less than \$5,000		
		of person to whom the survey was addressed		1 🗀			
		Friend of person to whom		2	\$5,000 - \$9,999		
	3—	the survey was addressed		3	\$10,000 - \$19,999		
	4	Professional caregiver of		4	\$20,000 - \$29,999		
		person to whom the survey was addressed		5	\$30,000 - \$39,999		
				6	\$40,000 - \$49,999		
56.	What is the name of the person who completed this survey form?			7	\$50,000 - \$79,999		
			_	8	\$80,000 - \$99,999		
		NAME		9	\$100,000 or more		
				40	Don't know		

## YOU HAVE COMPLETED THE SURVEY. THANK YOU.

"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0701. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of Management and Budget, Washington, D.C. 20503."

Exp. Date: 12/31/00