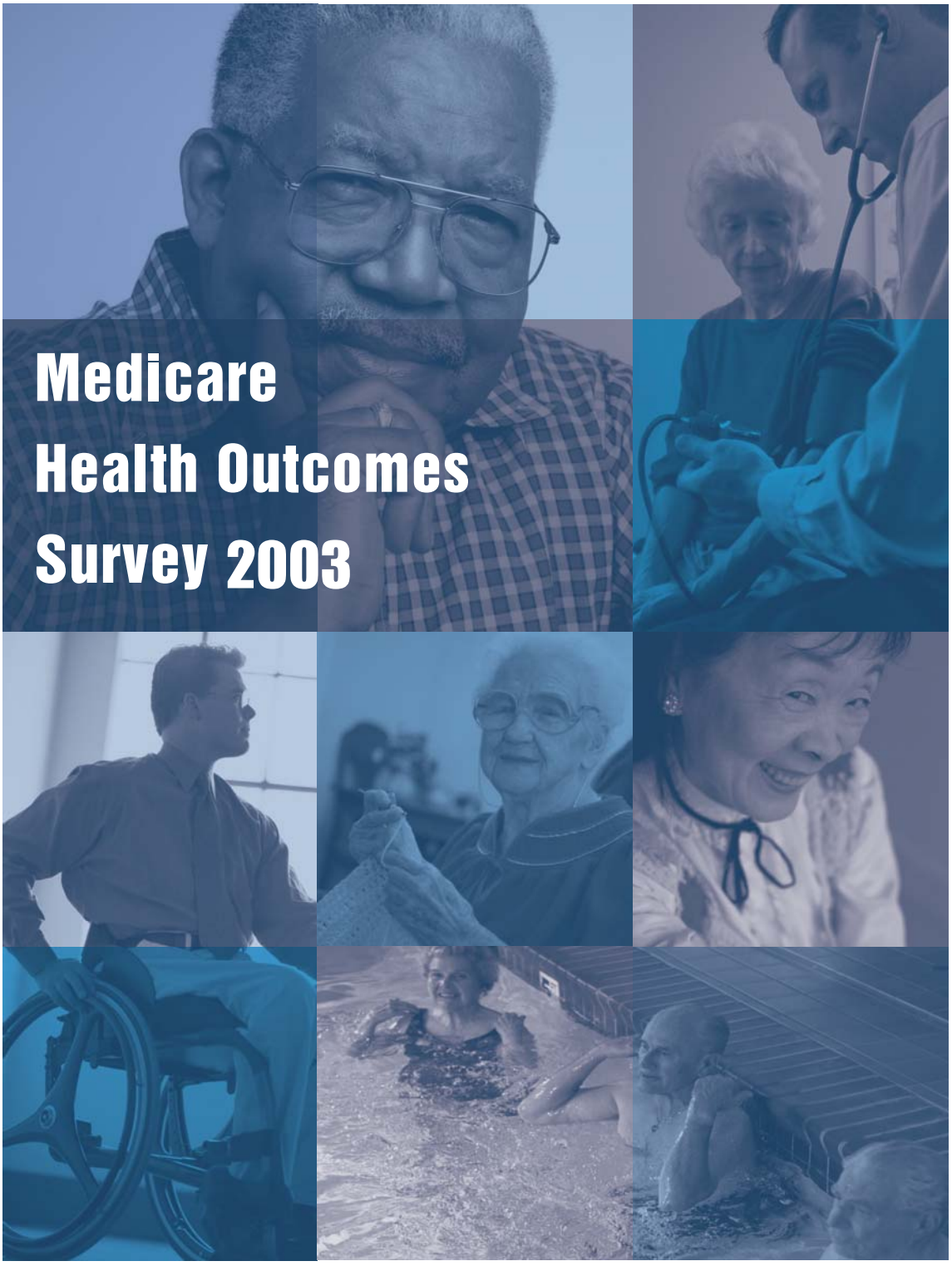
HEDIS® 2003

HEALTH PLAN EMPLOYER DATA & INFORMATION SET

Medicare Health Outcomes Survey 2003



NCQA

Measuring the Quality of America's Health Care

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

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:

  49. Are you male or female?

  ☒ 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 31 or 32 above (that 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].

OMB 0938-0701 Version 02-1

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Medicare Health Outcomes Survey

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

Excellent	Very good	Good	Fair	Poor
1☐	2☐	3☐	4☐	5☐

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

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
1☐	2☐	3☐	4☐	5☐

3. 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. **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports	1☐	2☐	3☐
b. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1☐	2☐	3☐
c. Lifting or carrying groceries	1☐	2☐	3☐
d. Climbing **several** flights of stairs	1☐	2☐	3☐
e. Climbing **one** flight of stairs	1☐	2☐	3☐
f. Bending, kneeling, or stooping	1☐	2☐	3☐
g. Walking **more than a mile**	1☐	2☐	3☐
h. Walking **several blocks**	1☐	2☐	3☐
i. Walking **one block**	1☐	2☐	3☐
j. Bathing or dressing yourself	1☐	2☐	3☐

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 your physical health?**

	Yes	No
a. Cut down on the **amount of time** you spent on work or other activities	1☐	2☐
b. **Accomplished less** than you would like	1☐	2☐
c. Were limited in the **kind** of work or other activities	1☐	2☐
d. Had **difficulty** performing the work or other activities (*for example*, it took extra effort)	1☐	2☐

5. 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)?

	Yes	No
a. Cut down on the **amount of time** you spent on work or other activities	1☐	2☐
b. **Accomplished less** than you would like	1☐	2☐
c. Didn't do work or other activities as **carefully** as usual	1☐	2☐

6. During the **past 4 weeks,** to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
1☐	2☐	3☐	4☐	5☐

7. How much **bodily** pain have you had during the **past 4 weeks**?

None	Very mild	Mild	Moderate	Severe	Very severe
1☐	2☐	3☐	4☐	5☐	6☐

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

Not at all	A little bit	Moderately	Quite a bit	Extremely
1☐	2☐	3☐	4☐	5☐

9. 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.

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. did you feel full of pep?	1☐	2☐	3☐	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 **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.)?

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☐

11. How TRUE or FALSE is **each** of the following statements for you?

	Definitely true	**Mostly true**	**Don't know**	**Mostly false**	**Definitely false**
a. I seem to get sick a little easier than other people	1☐	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	1☐	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. Because of a health or physical problem, do you have any difficulty doing the following activities? (Please mark one response for each activity.)

	I am unable to do this activity	**Yes, I have difficulty**	**No, I do not have 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☐

These next questions ask about your physical and mental health during the past 30 days.

13. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health not good?

    _____ **days** (If no days, please enter "0" days.)

14. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good?

    _____ **days** (If no days, please enter "0" days.)

15. During the **past 30 days,** for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

    _____ **days** (If no days, please enter "0" days.)

Now we are going to ask some questions about specific medical conditions.

16. During the **past 4 weeks,** how often have you had any of the following problems?

	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☐

17. During the **past 4 weeks,** how often have you felt short of breath under the following conditions?

	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	1☐	2☐	3☐	4☐	5☐

18. During the **past 4 weeks,** how much of the time have you had any of the following problems with your legs and feet? (Mark one response for each item)

	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. Tingling or burning sensation in your feet especially at night	1☐	2☐	3☐	4☐	5☐
c. Decreased ability to feel hot or cold with your feet	1☐	2☐	3☐	4☐	5☐
d. Sores or wounds on your feet that did not heal	1☐	2☐	3☐	4☐	5☐

19a. Have you **ever** had paralysis or weakness on one side of the body?

Yes, I have it	**Yes, but it went away**	**No**
1☐	2☐	3☐

19b. Have you **ever** lost the ability to talk?

Yes, I have lost it	**Yes, but it returned**	**No**
1☐	2☐	3☐

	Yes	**No**
20. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?	1☐	2☐
21. Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?	1☐	2☐
22. Do you have difficulty controlling urination?	1☐	2☐

Has a doctor ever told you that you had:	**Yes**	**No**
23. Hypertension or high blood pressure.....	1☐	2☐
24. Angina pectoris or coronary artery disease	1☐	2☐
25. Congestive heart failure.....	1☐	2☐
26. A myocardial infarction or heart attack	1☐	2☐
27. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	1☐	2☐
28. A stroke	1☐	2☐
29. Emphysema, or asthma, or COPD (Chronic Obstructive Pulmonary Disease)	1☐	2☐
30. Crohn's disease, ulcerative colitis, or inflammatory bowel disease	1☐	2☐

Has a doctor ever told you that you had:	**Yes**	**No**
31. Arthritis of the hip or knee	1☐	2☐
32. Arthritis of the hand or wrist	1☐	2☐
33. Sciatica (pain or numbness that travels down your leg to below your knee)	1☐	2☐
34. Diabetes, high blood sugar, or sugar in the urine	1☐	2☐
35. Any cancer (other than skin cancer)	1☐	2☐

If you answered "yes" to questions 31 or 32 above (that you have arthritis),

36. During the **past 4 weeks**, how would you describe the arthritis pain you usually had? (Mark one answer.)

None	**Very Mild**	**Mild**	**Moderate**	**Severe**
1☐	2☐	3☐	4☐	5☐

If you answered "yes" to question 35 above (that you have had cancer),

37. Are you currently under treatment for:

	Yes	**No**
a. Colon or rectal cancer	1☐	2☐
b. Lung cancer	1☐	2☐
c. Breast cancer	1☐	2☐
d. Prostate cancer	1☐	2☐

38. In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?

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☐

	Yes	No
39. In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?	1☐	2☐
40. In the past **year**, have you felt depressed or sad much of the time?.....	1☐	2☐
41. Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?	1☐	2☐

42. In general, compared to other people your age, would you say that your health is:

1☐ Excellent
2☐ Very good
3☐ Good
4☐ Fair
5☐ Poor

43. Do you now smoke every day, some days, or not at all?

1☐ Every day
2☐ Some days
3☐ Not at all
4☐ Don't know

44. Many people experience problems with urinary incontinence, the leakage of urine. In the **last 6 months**, have you accidentally leaked urine?

1☐ Yes **➔Go to Question 45**
2☐ No **➔Go to Question 48**

45. How much of a problem, if any, was the urine leakage for you?

1☐ A big problem **➔Go to Question 46**
2☐ A small problem **➔Go to Question 46**
3☐ Not a problem **➔Go to Question 48**

46. Have you talked with your current doctor or other health provider about your urine leakage problem?

1 ☐ Yes **➔Go to Question 47**

2 ☐ No **➔Go to Question 48**

47. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

1 ☐ Yes

2 ☐ No

48. In what **year** were you born? Please provide your **year of birth** only. For example, if your date of birth is January 1, 1935, please answer "1935."

49. Are you male or female?

1 ☐ Male

2 ☐ Female

50. Are you of Hispanic or Spanish family background?

1 ☐ Yes

2 ☐ No

51. How would you describe your race?

1 ☐ American Indian or Alaskan Native

2 ☐ Asian or Pacific Islander

3 ☐ Black or African American

4 ☐ White

5 ☐ Another race or multiracial

52. What is your current marital status?

1 ☐ Married

2 ☐ Divorced

3 ☐ Separated

4 ☐ Widowed

5 ☐ Never married

53. What is the highest grade or level of school that you have completed?

1 ☐ 8th grade or less

2 ☐ Some high school, but did not graduate

3 ☐ High school graduate or GED

4 ☐ Some college or 2 year degree

5 ☐ 4 year college graduate

6 ☐ More than a 4 year college degree

54. Is the house or apartment you currently live in:

1 ☐ Owned or being bought by you

2 ☐ Owned or being bought by someone in your family other than you

3 ☐ Rented for money

4 ☐ Not owned and one in which you live without payment of rent

5 ☐ None of the above

55. Who completed this survey form?

1 ☐ Person to whom survey was addressed **➔Go to Question 57**

2 ☐ Family member or relative of person to whom the survey was addressed

3 ☐ Friend of person to whom the survey was addressed

4 ☐ Professional caregiver of person to whom the survey was addressed

56. What is the name of the person who completed this survey form? Please **print** clearly.

First Name

Middle Name

Last Name

57. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?

1 ☐ Less than $5,000

2 ☐ $5,000–$9,999

3 ☐ $10,000–$19,999

4 ☐ $20,000–$29,999

5 ☐ $30,000–$39,999

6 ☐ $40,000–$49,999

7 ☐ $50,000–$79,999

8 ☐ $80,000–$99,999

9 ☐ $100,000 or more

10 ☐ Don’t know

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

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