#### NOTE about colors in tables:

Colors in the question text, variable name and question number indicate shifts in wording of the question. For each variation of the question, a row was added to show the alternative text in a new color. Color is consistent within a question only and is not meant to be consistent by version or survey year across questions.

#### **ABOUT YOU**

### \*question is at the beginning of survey not in the about you section

						11	S-Only	2000-20	JU7, 200	01-2010														——
	VARIABL	ENAME					_		CAHPS v4.0	)							CAHP	PS v3.0			CAHPS v2.(	)	CAHP	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	ʻ09	ʻ08	'07	'05	'04	'03	'02	'01	'00'	ʻ99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs											Q34	Q33	Q34	Q28									
In general, how would you rate your overall health now?		ghs															Q55	Q56	Q59					
In general, would you say your health is:		ghs																		Q55	Q53			
Compared to one year ago, how would you rate your health in general now?		ghslast															Q56	Q57	Q60	Q56	Q65			
In general, how would you rate your overall mental health?	mhs											Q35	Q34	Q35										
In general, how would you rate your overall mental health now?	mhs	mhs													Q29		Q58	Q59	Q58	Q54	Q71			
We want to know how you feel about your life overall. How would you rate your life now?		life_now															Q87	Q86	Q53					
Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	ds_nointerest											Q36	Q35											
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	ds_depressed											Q37	Q36											
In the <u>last 12 months</u> , have you been a patient in a <u>hospital</u> overnight or longer?		inpat															Q57	Q58	Q54	Q50	Q49			
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the same condition or problem?	cnd_md3time											Q38	Q37	Q36	Q41									
In the last <u>12 months</u> , have you <u>seen a doctor</u> or other health provider <u>more than twice</u> for any of these conditions?		cnd_md3time															Q60	Q61	Q56	Q52	Q51			
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo											Q39	Q38	Q37	Q42									
Do you now have any physical or medical conditions that have lasted for at least 3 months?		cnd_last3mo															Q59	Q60	Q55	Q51	Q50			

#### FFS-Only (2000-2004, 2007-2010)

Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds						Q40	Q39	Q38	Q43							
Have you been taking <u>prescription medicine for at</u> least 3 months for any of these conditions?		cnd_rx4cnd									Q61	Q62	Q57	Q53	Q52		
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo						Q41	Q40	Q39	Q44							
How often do you take a list of all your prescribed medicines to your doctor visits?	rx_medslist							Q41	Q40	Q45							
In the last 6 months, how often was it easy to get the medicines your doctor prescribed? (*Also in Getting Needed Prescription composite)	rx_ezmeds						Q42	Q42									
Are you currently enrolled in Medicaid?		in_medicaid													Q74		
Do you have insurance that pays part or all of the cost of your prescription medicines?	rx_inspay						Q43	Q43									
Do you have any other health insurance that pays at least some of the costs of medicines prescribed by doctors and other health providers?		rx_otherplan									Q46						
Not including Medicare, do you have any other health insurance that pays at least some of the costs of medicine prescribed by doctors and other health providers?		rx_otherplan										Q47					
Do you have insurance in addition to Medicare to pay at least some of the cost of medicines prescribed by doctors and other health providers?		rx_otherplan											Q3*	Q2*	Q77		
Do you have insurance in <u>addition to Medicare</u> to pay at least some of the costs of visits to doctor's offices and clinics?		sup_offvst													Q75		
How many months or years have you had insurance in addition to Medicare to help pay some of the cost of visits to doctor's offices and clinics?		sup_time													Q76		
How many months or years have you had insurance in addition to Medicare to help pay some of the cost of visits to doctor's offices and clinics?		rx_othertime													Q78		
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay						Q44	Q44	Q41	Q46							
In the last 6 months, did you delay getting or did not get prescription medicine that you needed because you felt that you could not afford it?		rx_delay									Q45						

How confident are you that you can identify when it is	knowcare						Q45	Q45	Q42	Q47							
necessary for you to get medical care?							Q40	Q40	Q42	Q47							
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; <u>stroke</u> ; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)						Q49	Q49	Q46								
Have you had a flu shot since September [previous year]?	im_flu1last						Q50	Q50									
Did you get a flu shot last year, from September to December [previous year]	im_flu1last	im_flu1last							Q47	Q51	Q76	Q77	Q79	Q78	Q79		
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum	im_pneum					Q51	Q51	Q48	Q52	Q77	Q78	Q80	Q79	Q80		
In the last 6 months, has a doctor or other health provider encouraged you to exercise?		encrg_exercise									Q78						
In the last 6 months, has a doctor or other health provider encourage you to eat a healthy diet?		encrg_eathealthy									Q79						
In the past 4 weeks, have you walked and/or exercised for more than 20 minutes at a time?		exercise											Q78	Q77			
In the last 12 months, have you had a mammogram (a test to detect breast cancer)?		mammogrm											Q75	Q74			
In the last 12 months, have you had a pap smear (a test to detect cervical cancer in women)?		papsmear											Q76	Q75			
In the last 12 months, have you had a prostate screening or PSA test (a test to detect prostate cancer in men)?		psatest											Q77	Q76			
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow						Q52	Q52									
Do you now <u>smoke cigarettes</u> every day, some days, or not at all?	smokenow	smokenow							Q49	Q53				Q81			
Do <u>you smoke cigarettes</u> every day, some days, or not at all?		smokenow									Q80	Q79	Q81				
Do you now smoke every day, some days, or not at all?		smokenow													Q82		
Have you <u>smoked</u> at least 100 cigarettes in your entire life?		smoke100												Q80	Q81		
How long has it been since you <u>quit smoking</u> cigarettes?		smokequit												Q82	Q83		

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In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq							Q53										
In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?		advsquit_vst							Q53	Q50	Q54	Q81	Q80	Q82	Q83	Q84		
*advsquit_yn is a collapsed form of the response	advsquit_yn*	advsquit_yn*																
What is your age?	age10 – 2008-13 age9 - 2007							Q54	Q54	Q51	Q55							
What is your age now?		age7 – 2002-04 age6old - 2001 age5 - 2000										Q82	Q81	Q83	Q84	Q85		
Are you male or female?	gender	gender						Q55	Q55	Q52	Q56	Q83	Q82	Q84	Q85	Q86		
What is the highest grade or level of school that you have completed?	education	education						Q56	Q56	Q53	Q57	Q84	Q83	Q85	Q86	Q87		
Are you of Hispanic or Latino origin or descent?	race_hisp	race_hisp						Q57	Q57	Q54	Q58	Q85	Q84	Q86	Q87	Q88		
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)						Q58	Q58	Q55	Q59	Q86	Q85	Q87	Q88	Q89		
Did someone help you complete this survey?	proxy	proxy						Q59	Q59	Q56	Q60	Q88	Q87	Q88	Q89	Q90		
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)						Q60	Q60	Q57	Q61	Q89	Q88	Q89	Q90	Q91		
How would you describe your relationship to the person who helped you complete this survey?		pxy_relation											Q89	Q90	Q91	Q92		
Do you live alone?	living_alone							Q61	Q61									
Which of the following best describes your current living arrangement?	living_arr	living_arr								Q58			Q90		Q92			
Please check the box that best describes your current living arrangement.	living_arr	living_arr									Q62	Q90		Q91		Q94		
Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)							Q62	Q62	Q59								

Because of health or physical problem do you have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)								Q63	Q91	Q91					
Because of any impairment or health problem, do you <u>need the help</u> of other persons <u>with your</u> <u>personal care needs</u> , such as eating, dressing, or getting around the house?	helpperscare	helpperscare					Q46	Q46	Q43	Q48	Q62	Q63	Q73	Q72	Q72		
Because of any impairment or health problem, do you <u>need help with your routine needs</u> , such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	helproutine	helproutine					Q47	Q47	Q44	Q49	Q63	Q64	Q74	Q73	Q73		
Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?	lim_modact	lim_modact								Q30	Q65	Q66	Q61	Q57	Q54		
Does <u>your health now limit you</u> in climbing <u>several</u> flights of stairs?	lim_climb	lim_climb								Q31	Q66	Q67	Q62	Q58	Q55		
Do you have a physical or medical condition that seriously <u>interferes with your independence</u> , participation in the community, or quality of life?	lim_physcond	lim_physcond					Q48	Q48	Q45	Q50	Q64	Q65	Q72	Q68	Q66		
In the <u>last 6 months</u> , did Medicare provide <u>all the</u> <u>help, equipment, and services</u> you though you needed to help you have a good quality of life?		provide													Q67		
How much of the time in the past 4 weeks have you felt so down in the dumps that nothing could cheer you up?		sf_downdumps												Q69	Q68		
How much of the time in the past 4 weeks have you been happy?		sf_beenhappy												Q70	Q69		
How much of the time in the past 4 weeks have you been very nervous?		sf_nervous												Q71	Q70		
During the <u>past 4 weeks</u> , have you <u>accomplished</u> less than you would like as a result of your physical health?	lim_acomls	lim_acomls_yn								Q32	Q67	Q68	Q63	Q59	Q56		
During the <u>past 4 weeks</u> , were you limited in the <u>kind</u> of work or other regular daily activities you did as a result of your physical health?	lim_regact	lim_regact_yn								Q33	Q68	Q69	Q64	Q60	Q57		
During the <u>past 4 weeks</u> , have you <u>accomplished</u> <u>less</u> than you would like as a result of any emotional problems, such as feeling depressed or anxious?	lim_acomlsem	lim_acomIsem_yn								Q34	Q69	Q70	Q65	Q61	Q58		

During the <u>past 4 weeks</u> , did you do work or other regular daily activities <u>less carefully</u> than usual as a result of any emotional problems, such feeling depressed or anxious?	lim_regactem	lim_regactem_yn							Q35	Q70	Q71	Q66	Q62	Q59		
During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work, including both work outside the home and housework?	lim_painint	lim_painint							Q36	Q71	Q72	Q67	Q63	Q60		
How much of the time, during the past 4 weeks, have you felt calm and peaceful?	sf_calm	sf_calm							Q37	Q72	Q73	Q68	Q64	Q61		
How much of the time, during the <u>past 4 weeks</u> , did you have a lot of energy?	sf_energy	sf_energy							Q38	Q73	Q74	Q69	Q65	Q62		
How much of the time, during the <u>past 4 weeks</u> , have you felt downhearted and blue?	sf_downblue	sf_downblue							Q39	Q74	Q75	Q70	Q66	Q63		
During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?	lim_socacts	lim_socacts							Q40	Q75	Q76	Q71	Q67	Q64		

### FFS+PDP (2007-2010)

	VARIABL	ENAME							CAHPS v4.	0							CAHF	PS v3.0			CAHPS v2.0	)	CAHF	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	ʻ09	'08	'07	'05	'04	'03	ʻ02	'01	·00	·99	ʻ98	'97
In general, how would you rate your overall health?	ghs											Q61	Q53	Q53	Q43									
In general, how would you rate your overall <u>mental</u> health?	mhs											Q62	Q54	Q54										
In general, how would you rate your overall <u>mental</u> health now?	mhs														Q44									
Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	ds_nointerest											Q63												
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	ds_depressed											Q64												
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?	cnd_md3time											Q65	Q55	Q55	Q56									
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo											Q66	Q56	Q56	Q57									
Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds											Q67	Q57	Q57	Q58									
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo											Q68	Q58	Q58	Q59									

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How often do you take a list of all your prescribed medicines to your doctor visits?	rxmedslist								Q59	Q59	Q60					
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay							Q69	Q60	Q60	Q61					
How confident are you that you can identify when it is necessary for you to get medical care?	knowcare							Q70	Q61	Q61	Q62					
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; stroke; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)							Q74	Q65	Q65						
Have you had a flu shot since September [previous year]?	im_flu1last							Q75	Q66							
Did you get a flu shot last year, from September to December [previous year]	im_flu1last									Q66	Q66					
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum							Q76	Q67	Q67	Q67					
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow							Q77								
Do you now <u>smoke cigarettes</u> every day, some days, or not at all?	smokenow								Q68	Q68	Q68					
In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq							Q78								
In the last 6 months, on how many visits were you advised to guit smoking by a doctor or other health provider?	advsquit_yn								Q69	Q69						
In the last 6 months, were you advised <u>to quit</u> by a doctor or other health provider in your plan?	advsquit_yn										Q69					
What is your age?	age10 – 2008-13 age9 - 2007							Q79	Q70	Q70	Q70					
Are you male or female?	gender							Q80	Q71	Q71	Q71					
What is the highest grade or level of school that you have completed?	education							Q81	Q72	Q72	Q72					
Are you of Hispanic or Latino origin or descent?	race_hisp							Q82	Q73	Q73	Q73					

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	race_white (a)														
	race_black (b)														
What is your race?	race_asian (c)						Q83	Q74	Q74	Q74					
	race_pacific (d)														
	race_natamer (e)														
Did someone help you complete this survey?	proxy						Q84	Q75	Q75	Q75					
	pxy_read (a)														
	pxy_writ (b)														
How did that person help you?	pxy_answ (c)						Q85	Q76	Q76	Q76					
	pxy_tran (d)														
	pxy_othr (e)														
Do you live alone?	living_alone						Q86	Q77							
Which of the following best describes your current living arrangement	living_arr								Q77	Q77					
	lim_bathing (a)														
Because of a health or physical problem are you	lim_dressing (b)														
unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out	lim_eating (c) lime_chairs (d)						Q87	Q78	Q78	Q78					
of chairs; walking; using toilet	lim_walking (e)														
Because of any impairment or boolth problems, do	lim_toilet (f)														
Because of any impairment or health problems, do you <u>need the help</u> of other persons with your	helpperscare						Q71	Q62	Q62	Q63					
personal care needs, such as eating, dressing, or getting around the house?							QU I	QUL	Q02	200					
Because of any impairment of health problem, do															
you need help with your routine needs, such as everyday household chores, doing necessary	helproutine						Q72	Q63	Q63	Q64					
business, shopping, getting around for other	no.produno						S(12	0,00	QUU	QU I					
purposes?															
Does your health now limit you in doing moderate															
activities, such as moving a table, pushing a vacuum	lim_modact									Q45					
cleaner, bowling, or playing golf? If so, how much?															
Does your health now limit you in climbing several flights of stairs?	lim_climb									Q46					
Do you have a physical or medical condition that															
seriously interferes with your independence, participation in the community, or quality of life?	lim_physcond						Q73	Q64	Q64	Q65					
During the past 4 weeks, have you accomplished															
less than you would like as a result of your physical	lim_acomls									Q47					
health?															

During the <u>past 4 weeks</u> , were you limited in the <u>kind</u> of work or other regular daily activities you did as a result of your physical health?	lim_regact							Q48					
During the <u>past 4 weeks</u> , have you <u>accomplished</u> less than you would like as a result of any emotional problems, such as feeling depressed or anxious?	lim_acomlsem							Q49					
During the past 4 weeks, did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such feeling depressed or anxious?	lim_regactem							Q50					
During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work, including both work outside the home and housework?	lim_painint							Q51					
How much of the time, during the <u>past 4 weeks</u> , have you felt calm and peaceful?	sf_calm							Q52					
How much of the time, during the <u>past 4 weeks</u> , did you have a lot of energy?	sf_energy							Q53					
How much of the time, during the <u>past 4 weeks</u> , have you felt downhearted and blue?	sf_downblue							Q54					
During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?	lim_socacts							Q55					

FFS	(2011-2019)	
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	VARIABL	E NAME							CAHPS v4.	D							CAHF	°S v3.0			CAHPS v2.	D	CAHF	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	ʻ09	'08	'07	'05	'04	·03	'02	'01	'00	ʻ99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs		Q43	Q43	Q43	Q61	Q61	Q61	Q56	Q53	Q42													
In general, how would you rate your overall <u>mental or</u> <u>emotional</u> health?	mhs		Q44	Q44	Q44	Q62	Q62	Q62	Q57															
In general, how would you rate your overall <u>mental</u> health?	mhs									Q54	Q43													
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the same condition or problem?	cnd_md3time					Q63	Q63	Q63	Q58	Q55	Q44													
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo					Q64	Q64	Q64	Q59	Q56	Q45													
Do you now need or take <u>any</u> medicine prescribed by a doctor for any condition?	cnd_rxmeds					Q65	Q65	Q65	Q60															
Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds									Q57	Q46													

Is this to treat a condition that has lasted for at least					0.00	0.00	0.00	001	050	0.17							
3 months?	cnd_meds3mo				Q66	Q66	Q66	Q61	Q58	Q47							
In the last 6 months, how often was it easy to get the medicines your doctor prescribed? (*Also in Getting Needed Prescription composite)	rx_ezmeds	Q46	Q46	Q46	Q67	Q67	Q67	Q62	Q59	Q48							
Do you have insurance that pays part or all of the cost of your prescription medicines?	rx_inspay	Q47	Q47	Q47	Q68	Q68	Q68	Q63	Q60	Q49							
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay	Q48	Q48	Q48	Q69	Q69	Q69	Q64	Q61	Q50							
Are you currently enrolled in a Medicare Part D plan (prescription drug plan)?	mtm_enroll	Q49	Q49	Q49	Q70	Q70	Q70										
Are you enrolled in a Medicare Part D Medication Therapy Management program?	mtm_enrollprog	Q50	Q50	Q50	Q71	Q71	Q71										
Did a health care provider, such as a pharmacist, call or meet with you to review your medications and answer your questions about your medications?	mtm_medansr	Q51	Q51	Q51	Q72	Q72	Q72										
Did the review increase your understanding of your medications and how to use them?	mtm_meduse	Q52	Q52	Q52	Q73	Q73	Q73										
A printed summary of the review includes a letter, a medication action plan, and a personal medication list. Did you receive a printed summary of the review?	mtm_summ	Q53	Q53	Q53	Q74	Q74	Q74										
How satisfied were you with the information in the printed summary of the review?	mtm_info	Q54	Q54	Q54	Q75	Q75	Q75										
Overall, how satisfied are you with the Medication Therapy Management program provided by your Medicare Part D plan?	mtm_prog	Q55	Q55	Q55	Q76	Q76	Q76										
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; hypertension or high blood pressure; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_hypertnsn (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)	Q56	Q56	Q56	Q77	Q77	Q77										
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; stroke; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)							Q65	Q62	Q51							
Have you had a flu shot since July 1, [previous year]?	im_flu1last	Q57	Q57	Q57	Q78	Q78	Q78										
Have you had a flu shot since September [previous year]?	im_flu1last							Q66	Q63	Q52							

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum	im_pneum	Q58	Q58	Q58	Q79	Q79	Q79	Q67	Q64	Q53							
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow		Q59	Q59	Q59	Q80	Q80	Q80	Q68	Q65	Q54							
In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq		Q60	Q60	Q60	Q81	Q81	Q81	Q69	Q66	Q55							
What is your age?	age10 - 2008-13 age9 - 2007								Q70	Q67	Q56							
Are you male or female?	gender	gender							Q71	Q68	Q57							
What is the highest grade or level of school that you have completed?	education	education	Q61	Q61	Q61	Q82	Q82	Q82	Q72	Q69	Q58							
Are you of Hispanic or Latino origin or descent?	race_hisp	race_hisp	Q62	Q62	Q62	Q83	Q83	Q83	Q73	Q70	Q59							
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	Q63	Q63	Q63	Q84	Q84	Q84	Q74	Q71	Q60							
Did someone help you complete this survey?	proxy	proxy	Q69	Q69	Q69	Q88	Q88	Q88	Q75	Q72	Q61							
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	Q70	Q70	Q70	Q89	Q89	Q89	Q76	Q73	Q62							
How many people live in your household now, including yourself?	living_numinhh		Q64	Q64	Q64	Q85	Q85	Q85	Q77									
Do you live alone?	living_alone									Q74	Q63							
Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)		Q65	Q65	Q65	Q86	Q86	Q86	Q78	Q75	Q64							

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	prob_errands	Q66	Q66	Q66										
Do you ever use the internet at home?	web_at_home	Q67	Q67	Q67										

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	VARIABL	ENAME							CAHPS v4.0	)							CAHF	PS v3.0			CAHPS v2.(	J	CAHP	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	ʻ09	ʻ08	ʻ07	'05	ʻ04	'03	'02	'01	'00	·99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs		Q10	Q10	Q10	Q25	Q25	Q25	Q25	Q24	Q21													
In general, how would you rate your overall mental or emotional health?	mhs		Q11	Q11	Q11	Q26	Q26	Q26	Q26															
In general, how would you rate your overall mental health?	mhs									Q25	Q22													
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?	cnd_md3time					Q27	Q27	Q27	Q27	Q26	Q23													
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo					Q28	Q28	Q28	Q28	Q27	Q24													
Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u> ?	cnd_rxmeds					Q29	Q29	Q29	Q29															
Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds									Q28	Q25													
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo					Q30	Q30	Q30	Q30	Q29	Q26													
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay		Q13	Q13	Q13	Q31	Q31	Q31	Q31	Q30	Q27													
Did you receive any mail order medicines that you did not request?	rxmailunreq		Q14	Q14	Q14	Q32	Q32	Q32																
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; hypertension or high blood pressure; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_hypertnsn (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)		Q15	Q15	Q15	Q33	Q33	Q33																

### Prescription Drug Plan (2011-2019)

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Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; <u>stroke</u> ; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)							Q32	Q31	Q28							
Have you had a flu shot since July 1, [previous year]?	im_flu1last					Q34	Q34										
Have you had a flu shot since September [previous year]?	im_flu1last							Q33	Q32	Q29							
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum					Q35	Q35	Q34	Q33	Q30							
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow					Q36	Q36	Q35	Q34	Q31							
In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq					Q37	Q37	Q36	Q35	Q32							
What is your age?	age10 - 2008-13 age9 - 2007							Q37	Q36	Q33							
Are you male or female?	gender							Q38	Q37	Q34							
Do you have serious difficulty walking or climbing stairs?	prob_walking	Q16	Q16	Q16													
Do you have difficulty dressing or bathing?	prob_dressing	Q17	Q17	Q17													
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone	prob_errands	Q18	Q18	Q18													
What is the highest grade or level of school that you have completed?	education	Q19	Q19	Q19	Q34	Q38	Q38	Q39	Q38	Q35							
Are you of Hispanic or Latino origin or descent?	race_hisp	Q20	Q20	Q20	Q35	Q39	Q39	Q40	Q39	Q36							
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	Q21	Q21	Q21	Q36	Q40	Q40	Q41	Q40	Q37							
Did someone help you complete this survey?	proxy	Q25	Q25	Q25	Q39	Q43	Q43	Q42	Q41	Q38							
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	Q26	Q26	Q26	Q40	Q44	Q44	Q43	Q42	Q39							

How many people live in your household now, including yourself?	living_numinhh	Q22	Q22	Q22	Q37	Q41	Q41	Q44									
Do you live alone?	living_alone								Q43	Q40							
Do you ever use the internet at home?	web_at_home	Q23	Q23	Q23													

# Medicare Advantage Only (MA-Only; 1997-2005, 2007-2019)

	VARIABL	E NAME							CAHPS v4.0								CAHP	°S v3.0			CAHPS v2.0	)	CAHF	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	ʻ17	'16	'15	'14	'13	'12	'11	'10	ʻ09	ʻ08	'07	'05	ʻ04	·03	·02	'01	ʻ00ʻ	ʻ99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs		Q41	Q41	Q41	Q57	Q57	Q57	Q56	Q53	Q44	Q50	Q36	Q37	Q31									
In general, how would you rate your overall health now?		ghs														Q70	Q70	Q72	Q67	Q65	Q65	Q57	Q57	Q78
Compared to one year ago, how would you rate your health in general now?		ghslast														Q71	Q71	Q73	Q68	Q66	Q66	Q58	Q58	
In general, how would you rate your overall mental or emotional health?	mhs		Q42	Q42	Q42	Q58	Q58	Q58	Q57															
In general, how would you rate your overall mental health?	mhs									Q54	Q45	Q51	Q37	Q38										
How would you rate your overall mental health now?	mhs	mhs													Q32	Q73	Q73	Q75	Q73	Q71				
Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	ds_nointerest											Q52												
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	ds_depressed											Q53	Q38											
In the last 12 months, have you been a patient in a hospital overnight or longer?		inpat														Q72	Q72	Q74	Q69	Q67	Q67	Q59	Q59	Q58
During the past <u>12 months</u> , how many times have you visited a doctor or other health professional in your plan (not counting overnight hospital visits)?		ca_vstmd_12																						Q76
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the <u>same</u> condition or problem?	cnd_md3time					Q59	Q59	Q59	Q58	Q55	Q46	Q54	Q39	Q39	Q44									
In the <u>last 12 months</u> , have you <u>seen a doctor</u> or other health provider <u>more than twice</u> for any of these conditions?		cnd_md3time														Q75	Q75	Q77	Q71	Q69	Q69	Q61	Q61	Q60
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo					Q60	Q60	Q60	Q59	Q56	Q47	Q55	Q40	Q40	Q45									
Do you now have any physical or medical conditions that have lasted for <u>at least 3 months</u> ?		cnd_last3mo														Q74	Q74	Q76	Q70	Q68	Q68	Q60	Q60	Q59
Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u> ?	cnd_rxmeds					Q61	Q61	Q61	Q60															

Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds									Q57	Q48	Q56	Q41	Q41	Q46									
Have you been taking prescription medicine for at least 3 months for any of these conditions?		cnd_rx4cnd														Q76	Q76	Q78	Q72	Q70	Q70	Q62	Q62	Q61
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo					Q62	Q62	Q62	Q61	Q58	Q49	Q57	Q42	Q42	Q47									
How often do you take a list of all your prescribed medicines to your doctor visits?	rx_medslist												Q43	Q43	Q48									
In the last 6 months, how often was it easy to get the medicines your doctor prescribed? (*Also in Getting Needed Prescription composite)	rx_ezmeds		Q44	Q44	Q44	Q63	Q63	Q63	Q62	Q59	Q50	Q58	Q44											
Do you have insurance that pays part or all of the cost of your prescription medicines?	rx_inspay		Q45	Q45	Q45	Q64	Q64	Q64	Q63	Q60	Q51	Q59	Q45											
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay		Q46	Q46	Q46	Q65	Q65	Q65	Q64	Q61	Q52	Q60	Q46	Q44	Q49									
How confident are you that you can identify when it is necessary for you to get medical care?	knowcare											Q61	Q47	Q45	Q50									
In the last 6 months, did you receive any mail order medicines that you did not request?	rxmailunreq		Q47	Q47	Q47	Q66	Q66	Q66																
Has a doctor ever told you that you had any of the following conditions: heat attack; angina or coronary heart disease; hypertension or high blood pressure; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_hypertnsn (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)		Q48	Q48	Q48	Q67	Q67	Q67																
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; stroke; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)								Q65	Q62	Q53	Q65	Q51	Q49										
Has a doctor ever told you that you had heart disease?		cnd_heart																			Q71	Q63	Q63	Q62
Has a doctor ever told you that you had cancer?		cnd_cancer																			Q72	Q64	Q64	Q63
Has a doctor ever told you that you had a stroke?		cnd_stroke																			Q73	Q65	Q65	Q64
Has a doctor ever told you that you had COPD?		cnd_copd																			Q74	Q66	Q66	Q65

															-									
Has a doctor ever told you that you had diabetes?		cnd_diabet																			Q75	Q67	Q67	Q66
Do you have serious difficulty walking or climbing stairs?	prob_walking		Q49	Q49	Q49																			
Do you have difficulty dressing or bathing?	prob_dressing		Q50	Q50	Q50																			
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone	prob_errands		Q51	Q51	Q51																			
surch as hisiting a doctor's office or shopping? Have you had a flu shot since July 1, [previous year]?	im_flu1last		Q52	Q52	Q52	Q68	Q68	Q68																
Have you had a flu shot since September [previous year]?	im_flu1last								Q66	Q63	Q54	Q66	Q52											
Did you get a flu shot last year, from September to December [previous year]	im_flu1last	im_flu1last												Q50	Q54		Q80	Q82	Q81	Q79	Q80	Q72	Q72	
Did you get a flu shot this fall or winter?		im_flu1last														Q80								
Did you get a flu shot this year, from September to December [current year]		im_flu2this																				Q74	Q74	
In the last 12 months, did you get a flu shot?		im_flu1last_12																						Q71
Did you get that flu shot either through your plan or from your personal doctor?	im_flu1plan	im_flu1plan											Q53	Q51										
Did you get that flu shot either through your health plan or from your personal doctor?	im_flu1plan	im_flu1plan													Q55									
Did you get that flu shot either through your Medicare health plan or from your personal doctor?		im_flu1plan														Q81	Q81	Q83		Q80	Q81			
Did you get that flu shot either through the Sterling Life Insurance Company or from your personal doctor?		im_flu1plan																	Q82					
Did you get that flu shot either through your Medicare health plan or from your personal doctor [Sep to Dec of previous year]?		im_flu1plan (last)																				Q73	Q73	
Did you get that flu shot either through your Medicare health plan or from your personal doctor [Sep to Dec of this year]?		im_flu2plan (this)																				Q75	Q75	
Did you get that flu shot either through your health plan or from your personal doctor?		im_flu1plan_12																						Q72
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum	im_pneum	Q53	Q53	Q53	Q69	Q69	Q69	Q67	Q64	Q55	Q67	Q54	Q52	Q56	Q82	Q82	Q84	Q83	Q81	Q82			

						-												-			-			
Have you ever had a pneumonia vaccination?	im_pneum	im_pneum																			Q82			
Have you ever had a pneumonia vaccination? This shot was first made available in 1977 and is usually given once in a person's lifetime.	im_pneum	im_pneum																				Q76	Q76	
In the last 6 months, has a doctor or other health provider encouraged you to exercise?		encrg_exercise														Q83	Q83							
In the last 6 months, has a doctor or other health provider encouraged you to eat a healthy diet?		encrg_eathealthy														Q84	Q84							
In the 4 weeks, how often have you walked and/or exercised for more than 20 minutes at a time?		exercise																	Q79	Q77				
In the last 12 months, have you had a mammogram (a test to detect breast cancer in women)?		mammogrm																	Q74	Q72				
In the last 12 months, have you had a pap smear (a test to detect cervical cancer in women)?		papsmear																	Q75	Q73				
In the last 12 months, have you had a prostate screening or PSA test (a test to detect prostate cancer in men)?		psatest																	Q76	Q74				
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow		Q54	Q54	Q54	Q70	Q70	Q70	Q68	Q65	Q56	Q68												
Do you now <u>smoke cigarettes</u> every day, some days, or not at all?	smokenow	smokenow											Q55	Q53	Q57	Q85								
Do you now smoke every day, some days, or not at all?		smokenow															Q86	Q86	Q85	Q83	Q84	Q78	Q78	Q74
Have you smoked at least 100 cigarettes in your entire life?		smoke100															Q85	Q85	Q84	Q82	Q83	Q77	Q77	Q73
In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq		Q55	Q55	Q55	Q71	Q71	Q71	Q69	Q66	Q57	Q69												
In the last 6 months, on how many visits were you advised to quit smoking by a doctor or health provider?	advsquit_yn												Q56	Q54	Q58		Q88	Q88	Q87	Q85	Q86	Q80	Q80	
*advsquit_yn is a collapsed form of the response.		advsquit_vst advsquit_yn*																						
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?		advsquit_yn*														Q86								
*ONLY advsquit_yn is available this year																								
On how many of these visits were you <u>advised to</u> <u>quit</u> smoking by a doctor or health professional in your plan?		advsquit_vst advsquit_yn*																						Q77
*advsquit_yn is a collapsed form of the response.																								

How long has it been since you <u>quit smoking</u> cigarettes?		smokequit															Q87	Q87	Q86	Q84	Q85	Q79	Q79	Q75
What is your age?	age10 – 2008-13 age9 - 2007								Q70	Q67	Q58	Q70	Q57	Q55	Q59									
What is your age now?		age7 – 2003-2005 age6 - 2002 age5 – 1997-2001														Q87	Q89	Q89	Q88	Q86	Q87	Q81	Q81	Q79
Are you male or female?	gender	gender							Q71	Q68	Q59	Q71	Q58	Q56	Q60	Q88	Q90	Q90	Q89	Q87	Q88	Q82	Q82	Q80
What is the highest grade or level of school that you have completed?	education	education	Q56	Q56	Q56	Q72	Q72	Q72	Q72	Q69	Q60	Q72	Q59	Q57	Q61	Q89	Q91	Q91	Q90	Q88	Q89	Q83	Q83	Q81
Are you of Hispanic or Latino origin or descent?	race_hisp	race_hisp	Q57	Q57	Q57	Q73	Q73	Q73	Q73	Q70	Q61	Q73	Q60	Q58	Q62	Q90	Q92	Q92	Q91	Q89	Q90	Q84	Q84	Q82
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	Q58	Q58	Q58	Q74	Q74	Q74	Q74	Q71	Q62	Q74	Q61	Q59	Q63	Q91	Q93	Q93	Q92	Q90	Q91	Q85	Q85	Q83
Did someone help you complete this survey?	proxy	proxy	Q62	Q62	Q62	Q77	Q77	Q77	Q75	Q72	Q63	Q75	Q62	Q60	Q64	Q92	Q94	Q94	Q93	Q91	Q92	Q86	Q86	Q84
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	Q63	Q63	Q63	Q78	Q78	Q78	Q76	Q73	Q64	Q76	Q63	Q61	Q65	Q93	Q95	Q95	Q94	Q92	Q93	Q87	Q87	
Which answer best describes the help that was given?	p/ <u>}_</u> 0011 (0/	pxy_help																						Q85
How many people live in your household now, including yourself?	living_numinhh		Q59	Q59	Q59	Q75	Q75	Q75	Q77															
Do you live alone?	living_alone									Q74	Q65	Q77	Q64											
Which of the following best describes your current living arrangement?	living_arr													Q62	Q66									
Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)										Q78	Q65	Q63	Q67									
Because of any impairment or health problem, do you <u>need the help</u> of other persons <u>with your</u> <u>personal care needs</u> , such as eating, dressing, or getting around the house?	helpperscare	helpperscare										Q62	Q48	Q46	Q51	Q77	Q77	Q79	Q77	Q75	Q76	Q68	Q68	Q67

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Because of any impairment of health problem, do you <u>need help with your routine needs</u> , such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	helproutine	helproutine							Q63	Q49	Q47	Q52	Q78	Q78	Q80	Q78	Q76	Q77	Q69	Q69	Q68
Does <u>your health now limit you i</u> n doing <u>moderate</u> <u>activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?	lim_modact	lim_modact										Q33									
Does <u>your health now limit you</u> in climbing <u>several</u> flights of stairs?	lim_climb											Q34									
Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?	lim_physcond								Q64	Q50	Q48	Q53	Q79	Q79	Q81	Q80	Q78	Q78	Q70	Q70	Q69
In the <u>last 6 months</u> , did Medicare provide <u>all the</u> <u>help. equipment, and services</u> you though you needed to help you have a good quality of life?		provide																Q79	Q71	Q71	Q70
During the <u>past 4 weeks</u> , have you <u>accomplished</u> <u>less</u> than you would like as a result of your physical health?	lim_acomls											Q35									
During the <u>past 4 weeks</u> , were you limited in the <u>kind</u> of work or other regular daily activities you did as a result of your physical health?	lim_regact											Q36									
During the <u>past 4 weeks</u> , have you <u>accomplished</u> <u>less</u> than you would like as a result of any emotional problems, such as feeling depressed or anxious?	lim_acomlsem											Q37									
During the <u>past 4 weeks</u> , did you do work or other regular daily activities <u>less carefully</u> than usual as a result of any emotional problems, such feeling depressed or anxious?	lim_regactem											Q38									
During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work, including both work outside the home and housework?	lim_painint											Q39									
How much of the time, during the <u>past 4 weeks</u> , have you felt calm and peaceful?	sf_calm											Q40									
How much of the time, during the <u>past 4 weeks</u> , did you have a lot of energy?	sf_energy											Q41									
How much of the time, during the <u>past 4 weeks</u> , have you felt downhearted and blue?	sf_downblue											Q42									
During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?	lim_socacts											Q43									

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# Medicare Advantage Prescription Drug Plan (MA-PD; 2007-2019)

	VARIABL	E NAME							CAHPS v4.0								CAHP	°S v3.0			CAHPS v2.0	)	CAHF	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	ʻ09	ʻ08	'07	'05	'04	ʻ03	ʻ02	'01	'00	ʻ99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs		Q48	Q48	Q48	Q76	Q76	Q76	Q75	Q71	Q62	Q72	Q54	Q54	Q46									
In general, how would you rate your overall mental or emotional health?	mhs		Q49	Q49	Q49	Q77	Q77	Q77	Q76															
How would you rate your overall mental health?	mhs									Q72	Q63	Q73	Q55	Q55										
How would you rate your overall mental health now?	mhs														Q47									
Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	ds_nointerest											Q74												
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	ds_depressed											Q75												
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the same condition or problem?	cnd_md3time					Q78	Q78	Q78	Q77	Q73	Q64	Q76	Q56	Q56	Q59									
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo					Q79	Q79	Q79	Q78	Q74	Q65	Q77	Q57	Q57	Q60									
Do you now need or take <u>any</u> medicine prescribed by a doctor <u>for any condition</u> ?	cnd_rxmeds					Q80	Q80	Q80	Q79															
Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds									Q75	Q66	Q78	Q58	Q58	Q61									
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo					Q81	Q81	Q81	Q80	Q76	Q67	Q79	Q59	Q59	Q62									
How often do you take a list of all your prescribed medicines to your doctor visits?	rx_medslist												Q60	Q60	Q63									
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay		Q51	Q51	Q51	Q82	Q82	Q82	Q81	Q77	Q68	Q80	Q61	Q61	Q64									
How confident are you that you can identify when it is necessary for you to get medical care?	knowcare											Q81	Q62	Q62	Q65									
Did you receive any mail order medicines that you did not request?	rxmailunreq		Q52	Q52	Q52	Q83	Q83	Q83																

			-												 				
Has a doctor <u>ever</u> told you that you had any of the following conditions: heat attack; angina or coronary heart disease; hypertension or high blood pressure; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_hypertnsn (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f) cnd_badattack (a)	Q53	Q53	Q53	Q84	Q84	Q84												
Has a doctor ever told you that you had any of the following conditions: heat attack; angina or coronary heart disease; stroke; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)							Q82	Q78	Q69	Q85	Q66	Q66						
Do you have serious difficulty walking or climbing stairs?	prob_walking	Q54	Q54	Q54															
Do you have difficulty dressing or bathing?	prob_dressing	Q55	Q55	Q55															
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone surch as hisiting a doctor's office or shopping?	prob_errands	Q56	Q56	Q56															
Have you had a flu shot since July 1, [previous year]?	im_flu1last	Q57	Q57	Q57	Q85	Q85	Q85												
Have you had a flu shot since September [previous year]?	im_flu1last							Q83	Q79	Q70	Q86	Q67	Q67						
Did you get a flu shot last year, from September to December [previous year]	im_flu1last													Q69					
Did you get that flu shot either through your plan or from your personal doctor?	im_flu1plan											Q68	Q68						
Did you get that flu shot either through your health plan or from your personal doctor?	im_flu1plan													Q70					
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum	Q58	Q58	Q58	Q86	Q86	Q86	Q84	Q80	Q71	Q87	Q69	Q69	Q71					
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow	Q59	Q59	Q59	Q87	Q87	Q87	Q85	Q81	Q72	Q88								
Do you now <u>smoke cigarettes</u> every day, some days, or not at all?	smokenow											Q70	Q70	Q72					
In the last 6 months, how often were you <u>advised to</u> <u>guit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq	Q60	Q60	Q60	Q88	Q88	Q88	Q86	Q82	Q73	Q89								
In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider?	advsquit_yn											Q71	Q71	Q73					
What is your age?	age10 - 2008-13 age9 - 2007							Q87	Q83	Q74	Q90	Q72	Q72	Q74					

Are you male or female?	gender							Q88	Q84	Q75	Q91	Q73	Q73	Q75					
What is the highest grade or level of school that you have completed?	education	Q61	Q61	Q61	Q89	Q89	Q89	Q89	Q85	Q76	Q92	Q74	Q74	Q76					
Are you of Hispanic or Latino origin or descent?	race_hisp	Q62	Q62	Q62	Q90	Q90	Q90	Q90	Q86	Q77	Q93	Q75	Q75	Q77					
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)	Q63	Q63	Q63	Q91	Q91	Q91	Q91	Q87	Q78	Q94	Q76	Q76	Q78					
Did someone help you complete this survey?	proxy	Q67	Q67	Q67	Q94	Q94	Q94	Q92	Q88	Q79	Q95	Q77	Q77	Q79					
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)	Q68	Q68	Q68	Q95	Q95	Q95	Q93	Q89	Q80	Q96	Q78	Q78	Q80					
How many people live in your household now, including yourself?	living_numinhh	Q64	Q64	Q64	Q92	Q92	Q92	Q94											
Do you live alone?	living_alone								Q90	Q81	Q97	Q79							
Which of the following best describes your current living arrangement?	living_arr												Q79	Q81					
Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)										Q98	Q80	Q80	Q82					
Because of any impairment or health problem, do you <u>need the help</u> of other persons <u>with your</u> <u>personal care needs</u> , such as eating, dressing, or getting around the house?	helpperscare										Q82	Q63	Q63	Q66					
Because of any impairment of health problem, do you <u>need help with your routine needs</u> , such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	helproutine										Q83	Q64	Q64	Q67					
Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?	lim_modact													Q48					
Does your health now limit you in climbing several flights of stairs?	lim_climb													Q49					

Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?	lim_physcond							Q84	Q65	Q65	Q68					
During the past <u>4 weeks</u> , have you <u>accomplished</u> less than you would like as a result of your physical health?	lim_acomls										Q50					
During the <u>past 4 weeks</u> , were you limited in the <u>kind</u> of work or other regular daily activities you did as a result of your physical health?	lim_regact										Q51					
During the <u>past 4 weeks</u> , have you <u>accomplished</u> <u>less</u> than you would like as a result of any emotional problems, such as feeling depressed or anxious?	lim_acomlsem										Q52					
During the past 4 weeks, did you do work or other regular daily activities <u>less carefully</u> than usual as a result of any emotional problems, such feeling depressed or anxious?	lim_regactem										Q53					
During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work, including both work outside the home and housework?	lim_painint										Q54					
How much of the time, during the <u>past 4 weeks</u> , have you felt calm and peaceful?	sf_calm										Q55					
How much of the time, during the <u>past 4 weeks</u> , did you have a lot of energy?	sf_energy										Q56					
How much of the time, during the <u>past 4 weeks</u> , have you felt downhearted and blue?	sf_downblue										Q57					
During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?	lim_socacts										Q58					
Do you ever use the internet at home?	web_at_home	Q65	Q65	Q65												

# Medicare Advantage Preferred Provider Organization (PPO; 2009-2012)

	VARIABL	E NAME							CAHPS v4.0	)							CAHF	PS v3.0			CAHPS v2.0	)	CAHP	PS v1.0
COMPOSITE ITEMS: CMS survey	2007-2019	1997-2005	'19	'18	'17	'16	'15	'14	'13	'12	'11	'10	·09	ʻ08	'07	'05	'04	'03	·02	'01	·00	·99	ʻ98	ʻ97
In general, how would you rate your overall health?	ghs									Q75	Q66	Q70	Q57											
In general, how would you rate your overall mental health?	mhs									Q76	Q67	Q71	Q58											

Question last 2 weeks how that have seen															
Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?	ds_nointerest							Q72							
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	ds_depressed							Q73							
In the past 12 months, have your seen a doctor or other health provider 3 or more times for the same condition or problem?	cnd_md3time					Q77	Q68	Q74	Q59						
Is this a condition or problem that has lasted for at least 3 months?	cnd_last3mo					Q78	Q69	Q75	Q60						
Do you now need or take medicine prescribed by a doctor?	cnd_rxmeds					Q79	Q70	Q76	Q61						
Is this to treat a condition that has lasted for at least 3 months?	cnd_meds3mo					Q80	Q71	Q77	Q62						
How often do you take a list of all your prescribed medicines to your doctor visits?	rx_medslist								Q63						
In the last 6 months, did you ever delay or not fill a prescription because you felt that you could not afford it?	rx_delay					Q81	Q72	Q78	Q64						
How confident are you that you can identify when it is necessary for you to get medical care?	knowcare							Q79	Q65						
Has a doctor ever told you that you had any of the following conditions: heat attack; angina or coronary heart disease; stroke; cancer, other than skin cancer; emphysema, asthma or COPD; any kind of diabetes or high blood sugar?	cnd_heartattack (a) cnd_angina (b) cnd_stroke (c) cnd_cancer (d) cnd_copd (e) cnd_diabetes (f)					Q82	Q73	Q83							
Have you had a flu shot since September [previous year]?	im_flu1last					Q83	Q74	Q84	Q69						
Did you get that flu shot either through your plan or from your personal doctor?	im_flu1plan								Q70						
Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	im_pneum					Q84	Q75	Q85	Q71						
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	smokenow					Q85	Q76	Q86							
Do you now <u>smoke cigarettes</u> every day, some days, or not at all?	smokenow								Q72						
In the last 6 months, how often were you <u>advised to</u> <u>quit</u> smoking or using tobacco by a doctor or other health provider?	advsquit_frq					Q86	Q77	Q87							
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?	advsquit_yn								Q73						

What is your age?	age10 – 2008-12			 		Q87	Q78	Q88	Q74				 		
Are you male or female?	gender					Q88	Q79	Q89	Q75						
What is the highest grade or level of school that you have completed?	education					Q89	Q80	Q90	Q76						
Are you of Hispanic or Latino origin or descent?	race_hisp					Q90	Q81	Q91	Q77						
What is your race?	race_white (a) race_black (b) race_asian (c) race_pacific (d) race_natamer (e)					Q91	Q82	Q92	Q78						
Did someone help you complete this survey?	proxy					Q92	Q83	Q93	Q79						
How did that person help you?	pxy_read (a) pxy_writ (b) pxy_answ (c) pxy_tran (d) pxy_othr (e)					Q93	Q84	Q94	Q80						
Do you live alone?	living_alone					Q94	Q85	Q95	Q81						
Because of a health or physical problem are you unable to do or have any difficulty doing the following activities? Bathing; dressing; eating; getting in or out of chairs; walking; using toilet	lim_bathing (a) lim_dressing (b) lim_eating (c) lime_chairs (d) lim_walking (e) lim_toilet (f)							Q96	Q82						
Because of any impairment or health problem, do you <u>need the help</u> of other persons <u>with your</u> <u>personal care needs</u> , such as eating, dressing, or getting around the house?	helpperscare							Q80	Q66						
Because of any impairment of health problem, do you <u>need help with your routine needs</u> , such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	helproutine							Q81	Q67						
Do you have a physical or medical condition that seriously interferes with your independence, participation in the community, or quality of life?	lim_physcond							Q82	Q68						