APPENDIX O:

XML DATA FILE LAYOUT FOR DISPROPORTIONATE STRATIFIED RANDOM SAMPLING

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XML DATA FILE LAYOUT FOR DISPROPORTIONATE STRATIFIED RANDOM SAMPLING HOME HEALTH CARE CAHPS SURVEY

DSRS HEADER RECORD

The following section defines the format of the header record.

NOTE: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

DSRS HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Type of Header Record **<header-type>** This header element should only occur once per file. **Example: <header-type>2</header-type>**	Type of Header Record	2 = DSRS Header Record	Numeric	1	Yes
Provider Name **<provider-name>** This header element should only occur once per file. **Example: <provider-name>Sample Home Health Agency</provider-name>**	Name of Home Health Agency		Alphanumeric character	100	Yes
Provider ID **<provider-id>** This header element should only occur once per file. **Example: <provider-id>123456 </provider-id>**	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	No Dashes or spaces Valid 6 digit CMS Certification Number	Alphanumeric character	6	Yes

DSRS HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
NPI **\<npi\>** This header element should only occur once per file. This is an optional data element at this time but may be required in the future. **Example: \<npi\>1234567890\</npi\>**	National Provider ID Number	No Dashes or spaces Valid 10 digit National Provider Identifier	Alphanumeric character	10	No
Sample Month **\<sample-month\>** This header element will occur again as an administration data element in the patient level data record. **Example: \<sample-month\>12** **\</sample-month\>**	Home Health Care CAHPS Survey sampling month	MM (1 – 12 = January – December)	Numeric	2	Yes
Sample Year **\<sample-yr\>** This header element will occur again as an administration data element in the patient level data record. **Example: \<sample-yr\>2009\</sample-yr\>**	Year of sample month	YYYY (2009 or greater)	Numeric	4	Yes
Survey Mode **\<survey-mode\>** **This header element should only occur once per file.** "5-Exception" is not a valid value. **Note: The Survey Mode must be the same for all three months within a quarter. The Survey Mode should not be coded as "Exception," as it is an invalid answer value.** **Example: \<survey-mode\>1\</survey-mode\>**	Mode of Survey Administration.	1 – Mail only 2 – Telephone only 3 – Mixed mode Note: the Survey Mode must be the same for all 3 months in quarter	Numeric	1	Yes

DSRS HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Type of Sampling **\<sample-type\>** This header element should only occur once per file. **Example: \<sample-type\>4\</sample-type\>**	Type of sampling used	4=Disproportionate sampling (DSRS) Note: Sample Type must be the same for all three months in each quarter.	Numeric	1	Yes

DSRS Strata
\<dsrs-strata\>
This header element should occur once per stratum.
Example:
\<dsrs-strata\>
  \<stratum-name\>Eastern Branch
  \</stratum-name\>
  \<patients-hha\>50\</patients-hha\>
  \<dsrs-vendor-submitted\>40
  \</dsrs-vendor-submitted\>
  \<dsrs-eligible\>30\</dsrs-eligible\>
  \<dsrs-samplesize\>20\</dsrs-samplesize\>
\</dsrs-strata\>
	The DSRS Strata subsection should occur once per stratum. There is a minimum of two Stratum required.
	Each DSRS-Strata element must contain the following five data elements:
	  Stratum Name
	  # Patients Served
	  # Patients on File
	  # Eligible Patients
	  # Sampled Patients
		n/a	n/a	n/a	Yes

DSRS Stratum Name **\<stratum-name\>** This header element should occur once per stratum. **This element should only be included in the XML file if the sampling type utilized is DSRS.** **Example: \<stratum-name\>Eastern Branch\</stratum-name\>**	Stratum Name	If DSRS, then at least 2 strata must be defined. Strata names must be the same within a quarter. Names or numbers may be used.	Alphanumeric characters	45	Yes, if DSRS

DSRS HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
No. of Patients Served for the Stratum **<patients-hha>** This header element should only occur once per stratum. **Example: <patients-hha>600 </patients-hha>**	Total Number of Patients the HHA Served during the sample month for this stratum	0 – 999,999 M = Unknown/Missing	Alphanumeric characters	6	Yes
DSRS No. of Patients on file submitted to Vendor **<dsrs-vendor-submitted>** This header element should only occur once per stratum. **Example: <dsrs-vendor-submitted>595 </dsrs-vendor-submitted>**	Include the total number of patients on the file(s) submitted by the HHA for this stratum. Note that HHAs will exclude from the files they submit to survey vendors patients who are deceased, those who requested that their name not be released to anyone else, patients who received home health visits for routine maternity care, those currently receiving hospice care, and patients who have certain conditions or diseases and live in states with regulations or laws that restrict the release of patient information for patients with those conditions and diseases.	0 – 999,999	Numeric	6	Yes
DSRS No. of Patients Eligible **<dsrs-eligible>** This header element should only occur once per stratum. **Example: <dsrs-eligible>500</dsrs-eligible>**	Number of patients eligible within the stratum	0 – 999,999	Numeric	6	Yes

DSRS HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
DSRS No. of Patients Sampled **<dsrs-samplesize>** This header element should only occur once per stratum. **Example: <dsrs-samplesize>450** **</dsrs-samplesize>**	This is the number of sampled patients within the stratum. This variable will be used to weight the data.	10 – 999,999 Must be a minimum of 10 sampled patients in every stratum in every month.	Numeric	6	Yes

PATIENT ADMINISTRATIVE DATA RECORD

The following section defines the format of the patient level data record.

NOTE: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

XML Element	Description	Valid Values	Data Type	Field Size	Data Element Required
PATIENT ADMINISTRATIVE DATA RECORD					
Provider ID **<provider-id>** This administration element also occurs in the previous header record. **Example: <provider-id>123456 </provider-id>**	CMS Certification Number (CCN, formerly known as the Medicare Provider ID Number)	No Dashes or spaces. Valid 6 digit CMS Certification Number	Alphanumeric character	6	Yes
NPI <npi> This administration element also occurs in the previous header record. **Example: <npi>1234567890</npi>**	National Provider Identifier	No Dashes or spaces. Valid 10 digit National Provider Identifier	Alphanumeric character	10	No
Sample Month **<sample-month>** This administration element also occurs in the previous header record. **Example: <sample-month>12 </sample-month>**	Home Health Care CAHPS Survey sampling month	MM (1 – 12 = January – December)	Numeric	2	Yes
Sample Year **<sample-year>** **Example: <sample-yr>2009</sample-yr>**	Year of sample month	YYYY (2009 or greater)	Numeric	4	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
DSRS Stratum Name **\<stratum-name\>** **Example: \<stratum-name\>Eastern Branch\</stratum-name\>**	If DSRS is used, this field is required. This is the name of the stratum the patient was assigned to and should match one of the stratum names provided in the header record.		Alphanumeric character	45	Yes, if DSRS
Sample ID No. **\<sample-id\>** **Example: \<sample-id\>12345\</sample-id\>**	Survey vendors will assign a unique de-identified sample identification number (SID) to each patient. The SID number will be used to track the survey status of the patient throughout the survey administration process and to designate sample patients on the data file submitted to the Data Center.	Maximum of 16 characters	Alphanumeric character	16	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Age **\<patient-age\>** **Example: \<patient-age\>07\</patient-age\>**	Patient's age as of sample month	18–24......................01 25–29......................02 30–34......................03 35–39......................04 40–44......................05 45–49......................06 50–54......................07 55–59......................08 60–64......................09 65–69......................10 70–74......................11 75–79......................12 80–84......................13 85–89......................14 90 or older ....15 Unknown/Missing ... M (Patients must be 18 or older to be eligible for the survey)	Alphanumeric character	2	Yes
Gender **\<gender\>** **Example: \<gender\>1\</gender\>**	Patient's gender	1 = Male 2 = Female M = Unknown/Missing	Alphanumeric character	1	Yes
Number of Skilled Visits **\<number-visits\>** **Example: \<number-visits\>4 \</number-visits\>**	Number of skilled home health visits patient had in sample month—nurses, PT, OT, SP visits; not nursing aides. Used by survey vendor to confirm patient meets survey eligibility requirements	1 – 999 M = Unknown/ Missing	Alphanumeric character	3	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Lookback Period Visits **<lb-visits>** **Example: <lb-visits>11</lb-visits>**	Total number of skilled home health care visits patient had in the lookback period. Used by survey vendor to confirm patient meets survey eligibility criteria.	2 – 999 M = Missing/ Unknown Patient must have had at least 2 visits in lookback period	Alphanumeric character	3	Yes
Admission Source **<admission-source-1>** **Example: <admission-source-1>1** **</admission-source-1>**	Source of patient admission for home health care	Inpatient setting: 1 = Hospital (acute or long-term) M = Unknown/ Missing	Alphanumeric character	1	Yes
Admission Source **<admission-source-2>** **Example: <admission-source-2>1** **</admission-source-2>**	Source of patient admission for home health care	Inpatient setting: 1 = Rehabilitation facility (hospital) M = Unknown/ Missing	Alphanumeric character	1	Yes
Admission Source **<admission-source-3>** **Example: <admission-source-3>1** **</admission-source-3>**	Source of patient admission for home health care	Inpatient setting: 1 = Skilled Nursing Facility (or swing bed in hospital) M = Unknown/Missing	Alphanumeric character	1	Yes
Admission Source **<admission-source-4>** **Example: <admission-source-4>1** **</admission-source-4>**	Source of patient admission for home health care	Inpatient setting: 1 = Other nursing home (long-term care) M = Unknown/Missing	Alphanumeric character	1	Yes
Admission Source **<admission-source-5>** **Example: <admission-source-5>1** **</admission-source-5>**	Source of patient admission for home health care	Inpatient setting: 1 = Other inpatient facility M = Unknown/Missing	Alphanumeric character	1	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Admission Source **\<admission-source-6\>** **Example: \<admission-source-6\>1** **\</admission-source-6\>**	Source of patient admission for home health care	Non-inpatient setting: 1 = Directly from community (e.g., private home, assisted living, group home, adult foster care) M = Unknown/Missing	Alphanumeric character	1	Yes
Payer (e.g., Medicare) **\<payer-medicare\>** **Example: \<payer-medicare\>1** **\</payer-medicare\>**	Source of payment for home health care	1 = Medicare A = Assumed M = Missing	Alphanumeric character	1	Yes
Payer (e.g., Medicaid) **\<payer-medicaid\>** **Example: \<payer-medicaid\>1** **\</payer-medicaid\>**	Source of payment for home health care	1 = Medicaid A = Assumed M = Missing	Alphanumeric character	1	Yes
Payer (e.g., private insurance) **\<payer-private\>** **Example: \<payer-private\>1** **\</payer-private\>**	Source of payment for home health care	1 = Private Health Insurance A = Assumed M = Missing	Alphanumeric character	1	Yes
Payer (e.g., Other) **\<payer-other\>** **Example: \<payer-other\>1\</payer-other\>**	Source of payment for home health care	1 = Other A = Assumed M = Missing	Alphanumeric character	1	Yes
HMO Indicator **\<hmo-enrollee\>** **Example: \<hmo-enrollee\>1\</hmo-enrollee\>**	Is patient in an HMO?	1 = Yes 2 = No M = Unknown/Missing	Alphanumeric character	1	Yes
Dually eligible for Medicare and Medicaid? **\<dual-eligible\>** **Example: \<dual-eligible\>1\</dual-eligible\>**	Is patient dually eligible for Medicare and Medicaid coverage?	1 = Yes 2 = No 3 = Not Applicable M = Unknown/Missing	Alphanumeric character	1	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Primary Diagnosis **\<primarydiagnosis\>** **Example: \<primarydiagnosis\> A6921** **\</primarydiagnosis\>**	Underlying condition/procedure requiring home health care (ICD-10-CM diagnosis code for underlying condition) External cause codes (ICD-10-CM codes beginning with V, W, X, or Y) are not allowed as the primary diagnosis but are allowed for the other diagnoses.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	Yes
Other diagnosis1 **\<other-diagnosis-1\>** **Example: \<other-diagnosis-1\>A6921** **\</other-diagnosis-1\>**	Other conditions/diagnosis requiring home health care. The relevant comorbidities should be ICD-10-CM diagnosis codes.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	No
Other diagnosis2 **\<other-diagnosis-2\>** **Example: \<other-diagnosis-2\>A6921** **\</other-diagnosis-2\>**	Other conditions/diagnosis requiring home health care. The relevant comorbidities should be ICD-10-CM diagnosis codes.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	No
Other diagnosis3 **\<other-diagnosis-3\>** **Example: \<other-diagnosis-3\>A6921** **\</other-diagnosis-3\>**	Other conditions/diagnosis requiring home health care. The relevant comorbidities should be ICD-10-CM diagnosis codes.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	No

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Other diagnosis4 **\<other-diagnosis-4\>** Sub-element of patientleveldata: administration **Example: \<other-diagnosis-4\>A6921 \</other-diagnosis-4\>**	Other conditions/diagnosis requiring home health care. The relevant comorbidities should be ICD-10-CM diagnosis codes.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	No
Other diagnosis5 **\<other-diagnosis-5\>** **Example: \<other-diagnosis-5\>A6921 \</other-diagnosis-5\>**	Other conditions/diagnosis requiring home health care. The relevant comorbidities should be ICD-10-CM diagnosis codes.	Left justify and retain all leading zeros and no decimal M = Missing	Alphanumeric character	7	No
Surgical Discharge **\<surgical-discharge\>** **Example: \<surgical-discharge\>1 \</surgical-discharge\>**	Is care related to surgical discharge?	1 = Yes 2 = No M = Missing	Alphanumeric character	1	Yes
ESRD **\<esrd\>** **Example: \<esrd\>2\</esrd\>**	Does patient have end-stage renal disease?	1 = Yes 2 = No M = Missing	Alphanumeric character	1	Yes
ADL Deficits **\<adl-deficits\>** **Example: \<adl-deficits\>2\</adl-deficits\>**	Number of activities of daily living (ADLs) for which patient is not independent (0-5). Enter the number of OASIS ADL items listed below for which the patient has, or would have, a response code greater than 0.	0 – 5 M = Missing	Alphanumeric character	1	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
ADL Dress Upper**<adl-du>** **Example: <adl-du>0</adl-du>**	**Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps	0, 1, 2, 3 M = Missing 0 = fully independent	Alphanumeric character	1	Yes
ADL Dress Lower **<adl-dl>** **Example: <adl-dl>0</adl-dl>**	**Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes	0, 1, 2, 3 M = Missing 0 = fully independent	Alphanumeric character	1	Yes
ADL Bathing **<adl-bathing>** **Example: <adl-bathing>0</adl-bathing>**	**Bathing:** Ability to wash entire body, **Excludes grooming (washing face and hands only)**	0, 1, 2, 3, 4, 5, 6 M = Missing 0 = fully independent	Alphanumeric character	1	Yes
ADL Toilet Transferring **<adl-toilet-transferring>** **Example: <adl-toilet-transferring>0 </adl-toilet-transferring>**	**Toileting:** Ability to get to and from the toilet or bedside commode	0, 1, 2, 3, 4 M = Missing 0 = fully independent	Alphanumeric character	1	Yes
ADL Transferring **<adl-transfer>** **Example: <adl-transfer>0</adl-transfer>**	**Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.	0, 1, 2, 3, 4, 5 M = Missing 0 = fully independent	Alphanumeric character	1	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Final Survey Status **\<final-status\>** **Example: \<final-status\>110\</final-status\>**	Final disposition of survey	110 = Completed Mail Survey 120 = Completed Phone Survey 210 = Ineligible: Deceased 220 = Ineligible: Does not Meet Eligibility criteria (See Section IV in this manual) 230 = Ineligible: Language Barrier 240 = Ineligible: Mentally or Physically Incapacitated, No proxy Respondent available 310 = Breakoff 320 = Refusal 330 = Bad Address/ Undeliverable Mail 340 = Wrong/Disc/No Telephone Number 350 = No response after Maximum attempts	Numeric	3	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Survey Language **\<language-survey\>** This administration data element should only occur once per patient. **Example: \<language-survey\>1\</language-survey\>**	Identify language in which survey completed	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Vietnamese 6 = Armenian M = Missing	Alphanumeric character	1	Yes
Proxy Flag **\<proxy\>** This administration data element should only occur once per patient. **Example: \<proxy\>1\</proxy\>**	Did a proxy complete the interview for the sample member?	1 = Yes 2 = No M = Missing	Alphanumeric character	1	Yes
Number of Supplemental Questions \<number-supplemental\> This administration data element should only occur once per patient. **Example: \<number-supplemental\>5 \</number-supplemental\>**	Number of supplemental questions HHA added to survey	0 – 99	Numeric	2	Yes

PATIENT RESPONSE RECORD

A survey results record is defined as the <patient response> and is defined as follows:

(Note: Survey results records are not required for a valid data submission but if survey results are included then all answers must have an entry. Survey results record is required, if the final <final-status> is "110-Completed Mail survey," "120-Completed Phone survey," or "310-Nonresponse: Break-off".)

NOTE: Data element names do not contain any spaces, underscores, or capital letters. Each element must have a closing tag that is the same as the opening tag but with a forward slash.

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q1 **<confirm-care>** This patient response data element should only occur once per patient. **Example: <confirm-care>1** **</confirm-care>**	According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q2 **<what-care-get>** This patient response data element should only occur once per patient. **Example: <what-care-get>1** **</what-care-get>**	When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?	Yes.............................. 1 No .... 2 Do not Remember ...... 3 MISSING/DK............M	Alphanumeric character	1	Yes
Q3 **<how-set-up-home>** This patient response data element should only occur once per patient. **Example: <how-set-up-home>1** **</how-set-up-home>**	When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?	Yes.............................. 1 No .... 2 Do not Remember ...... 3 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q4 **<talk-about-meds>** This patient response data element should only occur once per patient. **Example: <talk-about-meds>1</talk-about-meds>**	When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?	Yes............................. 1 No .... 2 Do not Remember ...... 3 MISSING/DK............M	Alphanumeric character	1	Yes
Q5 **<see-meds>** This patient response data element should only occur once per patient. **Example: <see-meds>1</see-meds>**	When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?	Yes............................. 1 No .... 2 Do not Remember ...... 3 MISSING/DK............M	Alphanumeric character	1	Yes
Q6 **<nurse-provider>** This patient response data element should only occur once per patient. **Example: <nurse-provider>1</nurse-provider>**	In the last 2 months of care, was one of your home health providers from this agency a nurse?	Yes............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q7 **<phys-occ-sp-ther>** This patient response data element should only occur once per patient. **Example: <phys-occ-sp-ther>1</phys-occ-sp-ther>**	In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?	Yes............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q8 **\<personal-care\>** This patient response data element should only occur once per patient. **Example: \<personal-care\>1** **\</personal-care\>**	In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q9 **\<informed-up-to-date\>** This patient response data element should only occur once per patient. **Example: \<informed-up-to-date\>4** **\</informed-up-to-date\>**	In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?	Never .... 1 Sometimes .... 2 Usually........................ 3 Always........................ 4 I only had one provider in the last 2 months of care .... 5 MISSING/DK............M	Alphanumeric character	1	Yes
Q10 **\<talk-about-pain\>** This patient response data element should only occur once per patient. **Example: \<talk-about-pain\>1** **\</talk-about-pain\>**	In the last 2 months of care, did you and a home health provider from this agency talk about pain?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q11 **\<take-newmeds\>** This patient response data element should only occur once per patient. **Example: \<take-newmeds\>2** **\</take-newmeds\>**	In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q12 **<talk-about-newmeds>** This patient response data element should only occur once per patient. **Example: <talk-about-newmeds>1</talk-about-newmeds>**	In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?	Yes..............................1 No ....2 I did **not** take any new prescription medicines or change any medicines....................3 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q13 **<when-take-meds>** This patient response data element should only occur once per patient. **Example: <when-take-meds>1</when-take-meds>**	In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?	Yes..............................1 No ....2 I did **not** take any new prescription medicines or change any medicines....................3 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q14 **<med-side-effects>** This patient response data element should only occur once per patient. **Example: <med-side-effects>1</med-side-effects>**	In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?	Yes..............................1 No ....2 I did **not** take any new prescription medicines or change any medicines....................3 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q15 **<when-arrive>** This patient response data element should only occur once per patient. **Example: <when-arrive>4</when-arrive>**	In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?	Never ....1 Sometimes ....2 Usually.........................3 Always.........................4 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q16 **<treat-gently>** This patient response data element should only occur once per patient. **Example: <treat-gently>4</treat-gently>**	In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	Never .... 1 Sometimes .... 2 Usually....................... 3 Always........................ 4 MISSING/DK............M	Alphanumeric character	1	Yes
Q17 **<explain-things>** This patient response data element should only occur once per patient. **Example: <explain-things>4</explain-things>**	In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?	Never .... 1 Sometimes .... 2 Usually....................... 3 Always........................ 4 MISSING/DK............M	Alphanumeric character	1	Yes
Q18 **<listen-carefully>** This patient response data element should only occur once per patient. **Example: <listen-carefully>4</listen-carefully>**	In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	Never .... 1 Sometimes .... 2 Usually....................... 3 Always........................ 4 MISSING/DK............M	Alphanumeric character	1	Yes
Q19 **<courtesy-respect>** This patient response data element should only occur once per patient. **Example: <courtesy-respect>4</courtesy-respect>**	In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	Never .... 1 Sometimes .... 2 Usually....................... 3 Always........................ 4 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q20 **<rate-care>** This patient response data element should only occur once per patient. **Example: <rate-care>09<rate-care>**	Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?	Worst home health care possible .... 00 1 .... 01 2 .... 02 3 .... 03 4 .... 04 5 .... 05 6 .... 06 7 .... 07 8 .... 08 9 .... 09 Best home health care possible..................... 10 MISSING/DK............M	Alphanumeric character	2	Yes
Q21 **<contact-office-screener>** This patient response data element should only occur once per patient. **Example: <contact-office-screener>1</contact-office-screener>**	In the last 2 months of care, did you contact this agency's **office** to get help or advice?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q22 **<get-help-needed>** This patient response data element should only occur once per patient. **Example: <get-help-needed>1</get-help-needed>**	In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?	Yes.............................. 1 No .... 2 I did **not** contact this agency........................ 3 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q23 **<how-long-help-afterhours>** This patient response data element should only occur once per patient. **Example: <how-long-help-afterhours>2</how-long-help-afterhours>**	When you contacted this agency's office, how long did it take for you to get help or advice you needed?	Same day .... 1 1 to 5 days.................. 2 6 to 14 days................. 3 More than 14 days ...... 4 I did **not** contact this agency......................... 5 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q24 **<problems-with-care-screener>** This patient response data element should only occur once per patient. **Example: <problems-with-care-screener>2</problems-with-care-screener>**	In the last 2 months of care, did you have any problems with the care you got through this agency?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q25 **<recommend>** This patient response data element should only occur once per patient. **Example: <recommend>1</recommend>**	Would you recommend this agency to your family or friends if they needed home health care?	Definitely no............... 1 Probably no................. 2 Probably yes .... 3 Definitely yes .... 4 MISSING/DK............M	Alphanumeric character	1	Yes
Q26 **<overall-health>** This patient response data element should only occur once per patient. **Example: <overall-health>1</overall-health>**	In general, how would you rate your overall health?	Excellent..................... 1 Very good.................. 2 Good .... 3 Fair .... 4 Poor .... 5 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q27 **<mental-health>** This patient response data element should only occur once per patient. **Example: <mental-health>1</mental-health>**	In general, how would you rate your overall mental or emotional health?	Excellent........................ 1 Very good.................... 2 Good .... 3 Fair .... 4 Poor .... 5 MISSING/DK............M	Alphanumeric character	1	Yes
Q28 **<live>** This patient response data element should only occur once per patient. **Example: <live>2</live>**	Do you live alone?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q29 **<education>** This patient response data element should only occur once per patient. **Example: <education>3</education>**	What is the highest grade or level of school that you have completed?	8th grade or less.......... 1 Some high school, but did not graduate........... 2 High school graduate or GED .... 3 Some college or 2-year degree .... 4 4-year college graduate .... 5 More than 4-year college degree............. 6 MISSING/DK............M	Alphanumeric character	1	Yes
Q30 **<ethnicity>** This patient response data element should only occur once per patient. **Example: <ethnicity>2</ethnicity>**	Are you Hispanic or Latino/Latina?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q31 **\<race-amer-indian\>** This patient response data element should only occur once per patient. **Example: \<race-amer-indian\>1 \</race-amer-indian\>**	What is your race? Please select one or more.	American Indian or Alaska Native .... 1 MISSING/DK............M	Alphanumeric character	1	Yes
Q31 **\<race-asian\>** This patient response data element should only occur once per patient. **Example: \<race-asian\>1\</race-asian\>**	What is your race? Please select one or more.	Asian........................... 1 MISSING/DK............M	Alphanumeric character	1	Yes
Q31 **\<race-african-amer\>** This patient response data element should only occur once per patient. **Example: \<race-african-amer\>1 \</race-african-amer\>**	What is your race? Please select one or more.	Black or African American .... 1 MISSING/DK............M	Alphanumeric character	1	Yes
Q31 **\<race-native-hawaiian\>** This patient response data element should only occur once per patient. **Example: \<race-native-hawaiian\>1 \</race-native-hawaiian\>**	What is your race? Please select one or more.	Native Hawaiian or other Pacific Islander.. 1 MISSING/DK............M	Alphanumeric character	1	Yes
Q31 **\<race-white\>** This patient response data element should only occur once per patient. **Example: \<race-white\>1\</race-white\>**	What is your race? Please select one or more.	White .... 1 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q32 **<language-home>** This patient response data element should only occur once per patient. **Example: <language-home>1</language-home>**	What language do you mainly speak at home?	English......................... 1 Spanish .... 2 Some other language .. 3 MISSING/DK............M	Alphanumeric character	1	Yes
Q33 **<help-you>** This patient response data element should only occur once per patient. **Example: <help-you>1</help-you>**	Did someone help you complete this survey?	Yes.............................. 1 No .... 2 MISSING/DK............M	Alphanumeric character	1	Yes
Q34 **<help-read>** This patient response data element should only occur once per patient. **Example: <help-read>1</help-read>**	How did that person help you? Check all that apply.	Read the questions to me .... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q34 **<help-wrote>** This patient response data element should only occur once per patient. **Example: <help-wrote>1</help-wrote>**	How did that person help you? Check all that apply.	Wrote down the answers I gave .... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q34 **<help-answer>** This patient response data element should only occur once per patient. **Example: <help-answer>1</help-answer>**	How did that person help you? Check all that apply.	Answered the questions for me .... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q34 **<help-translate>** This patient response data element should only occur once per patient. **Example: <help-translate>1** **</help-translate>**	How did that person help you? Check all that apply.	Translated the questions into my language...................... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q34 **<help-other>** This patient response data element should only occur once per patient. **Example: <help-other>1</help-other>**	How did that person help you? Check all that apply.	Helped in some other way .... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes
Q34 **<help-none>** This patient response data element should only occur once per patient. **Example: <help-none>1</help-none>**	How did that person help you? Check all that apply.	No one helped me complete this survey ... 1 NOT APPLICABLE... 8 MISSING/DK............M	Alphanumeric character	1	Yes