Rev. July 2026

XML DATA FILE LAYOUT FOR STANDARD HEADER RECORD

NOTE: Use this version starting with the April 2026 sample month data submission

XML DATA FILE LAYOUT
HOME HEALTH CARE CAHPS SURVEY

STANDARD 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.*

STANDARD 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>1</header-type>**	Type of Header Record	1 = Standard 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

STANDARD 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>2026</sample-yr>**	Year of sample month	YYYY (2026 or greater)	Numeric	4	Yes

STANDARD HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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
Type of Sampling **<sample-type>** This header element should only occur once per file. **Example: <sample-type>1</sample-type>**	Type of sampling used	1 = Census 2 = Simple random sampling (SRS) 3 = Proportionate Stratified Random sampling (PSRS) Note: Sample Type must be the same for all three months in each quarter.	Numeric	1	Yes
No. of Patients Served **<patients-hha>** This header element should only occur once per file. **Example: <patients-hha>600 </patients-hha>**	Total number of Patients the HHA served during the sample Month	0 – 999,999 M = Unknown/Missing	Alphanumeric character	6	Yes

STANDARD HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
No. of Patients on file(s) submitted to Vendor **<number-vendor-submitted>** This header element should only occur once per file. **Example: <number-vendor-submitted>595 </number-vendor-submitted>**	Number of patients on the files submitted by the HHA for the sample month Note that HHAs will exclude from the files they submit to survey vendor's 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 those who have a condition or illness and live in a state that has regulations or laws restricting the release of patient information for patients with those conditions/illnesses.	0 – 999,999	Numeric	6	Yes
Eligible Patients **<number-eligible-patients>** This header element should only occur once per file. **Example: <number-eligible-patients>500 </number-eligible-patients>**	Number of patients eligible for survey in the sample month	0 – 999,999	Numeric	6	Yes

STANDARD HEADER RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Number of Patients Sampled **<number-sampled>** This header element should only occur once per file. **Example: <number-sampled>450 </number-sampled>**	Number of patients sampled during this sample month	0 – 999,999	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.*

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Sample Year **<sample-yr>** **Example: <sample-yr>2026</sample-yr>**	Year of sample month	YYYY (2026 or greater)	Numeric	4	Yes
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
Sex **<sex>** **Example: <sex>1</sex>**	Patient's sex	1 = Male 2 = Female M = Unknown/Missing	Alphanumeric character	1	Yes

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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. Include visits made by PT, OT, and SP assistants. Used by survey vendor to confirm patient meets survey eligibility requirements	1 – 999 M = Unknown/Missing	Alphanumeric character	3	Yes
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

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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
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

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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
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

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
You must EITHER enter the total number of ADL Deficits for which the patient is not fully independent OR enter the OASIS value for each of the 5 ADL Levels specified below. You do not need to provide both.					
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
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

PATIENT ADMINISTRATIVE DATA RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
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 **<home-safety>** This patient response data element should only occur once per patient. **Example: <home-safety>1 </home-safety>**	When you first started getting home health care from this agency, did someone from the agency talk about **ways to help make your home safer**?	Yes.....1 No .....2 I don't know .....3 I did not need help with home safety…. ..4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q3 **<review-meds>** This patient response data element should only occur once per patient. **Example: <review-meds>1 </review-meds>**	Has someone from the agency ever **reviewed the prescribed and over-the-counter medicines** you were taking?	Yes.....1 No .....2 I don't know .....3 I don't take any medicines…….…..……..4 MISSING/DK..... M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q4 **<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 staff from this agency talk with you about any **side effects** of your medicines?	Yes.....1 No .....2 I don't know .....3 I don't take any medicines…….……..4 NOT APPLICABLE..8 MISSING/DK..... M	Alphanumeric character	1	Yes
Q5 **<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 staff 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
Q6 **<aware-care>** This patient response data element should only occur once per patient. **Example: <aware-care>4 </aware-care>**	In the last 2 months of care, how often did home health staff from this agency seem to be **aware of all the care or treatment** you were getting at home?	Never .....1 Sometimes .....2 Usually .....3 Always.....4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q7 **<treat-care>** This patient response data element should only occur once per patient. **Example: <treat-care>1 </treat-care>**	In the last 2 months of care, how often did home health staff from this agency **treat you with care**?	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**
Q8 **<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 staff 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
Q9 **<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 staff from this agency **listen carefully** to you?	Never .....1 Sometimes .....2 Usually.....3 Always.....4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q10 **<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 staff from this agency treat you with **courtesy and respect**?	Never .....1 Sometimes .....2 Usually.....3 Always.....4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q11 **<care-person>** This patient response data element should only occur once per patient. **Example: <care-person>4</care-person>**	In the last 2 months of care, how often did you feel that home health staff from the agency **cared about you as a person**?	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**
Q12 **<family-friends-info>** This patient response data element should only occur once per patient. **Example: <family-friends-info>4 </family-friends-info>**	In the last 2 months of care, did home health staff from this agency **provide your family or friends with information or instructions** about your care as much as you wanted?	Yes.....1 No .....2 I don't know .....3 I did not want or need this.....4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q13 **<help-health>** This patient response data element should only occur once per patient. **Example: <help-health>4 </help-health >**	In the last 2 months of care, how often have the services you received from this agency **helped you take care of your health**?	Never .....1 Sometimes .....2 Usually.....3 Always.....4 MISSING/DK..... M	Alphanumeric character	1	Yes
Q14 **<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 staff?	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

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q15 **<contact-office-screener>** This patient response data element should only occur once per patient. **Example: <contact-office-screener>1 </contact-office-screener>**	Have you contacted this agency's **office** for help or advice?	Yes.....1 No .....2 MISSING/DK..... M	Alphanumeric character	1	Yes
Q16 **<get-help-needed>** This patient response data element should only occur once per patient. **Example: <get-help-needed>1 </get-help-needed>**	When you contacted this agency's office, did you get the help or advice you needed?	Yes.....1 No .....2 NOT APPLICABLE..8 MISSING/DK..... M	Alphanumeric character	1	Yes
Q17 **<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
Q18 **<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**
Q19 **<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
Q20 **<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
Q21 **<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

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q22 **<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
Q22 **<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
Q22 **<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
Q22 **<race-hispanic>** This patient response data element should only occur once per patient. **Example: <race-hispanic >1 </race-hispanic>**	What is your race? Please select one or more.	Hispanic or Latino .....1 MISSING/DK..... M	Alphanumeric character	1	Yes

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q22 **<race-middle-eastern>** This patient response data element should only occur once per patient. **Example: <race-middle-eastern>1 </race-middle-eastern>**	What is your race? Please select one or more.	Middle Eastern or North African .....1 MISSING/DK..... M	Alphanumeric character	1	Yes
Q22 **<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 Pacific Islander.....1 MISSING/DK..... M	Alphanumeric character	1	Yes
Q22 **<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
Q23 **<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
Q24 **<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

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q25 **<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
Q25 **<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
Q25 **<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
Q25 **<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
Q25 **<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

PATIENT RESPONSE RECORD					
XML Element	**Description**	**Valid Values**	**Data Type**	**Field Size**	**Data Element Required**
Q25 **<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