One Care
MassHealth+Medicare

Findings from the One Care Quality of Life Survey (2016 Revised Version)

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Background

First implemented by the Massachusetts Executive Office of Health and Human Services' (EOHHS) Office of Medicaid (MassHealth) in the fall of 2013, One Care is designed to integrate care for dually-eligible (Medicare and Medicaid) members age 21 to 64 by providing for members' primary, acute, specialty, and behavioral health care needs, as well as prescription medications and long-term services and support (LTSS) needs, under a single health plan. A One Care Quality Workgroup was convened by MassHealth as part of an ongoing effort to continuously improve upon One Care. Quality Workgroup members include representatives from the One Care Implementation Council and the MassHealth Quality Office, along with evaluation and survey staff from the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School. The Workgroup's primary objectives have been to develop and implement measures to assess quality of life among One Care members and to provide that information to MassHealth to inform improvement in the One Care plans.

The initial effort at assessing quality of life among One Care members involved the administration of an established measure developed specifically for individuals with serious mental health conditions. The Mental Health Recovery Measure (MHRM) (1) was administered by the CHPR Office of Survey Research in January-March 2015 to 2,500 One Care members identified as having a diagnosis of serious mental illness (using administrative claims data). The survey included 30 MHRM items as well as a small number of demographic questions and was administered by mail and phone to 2,500 members across the three One Care plans – Commonwealth Care Alliance, Fallon Total Care and Tuft-Network Health – with an overall response rate of 31.5%. Findings were reported to MassHealth in April 2015 (2).

Concurrently, the Workgroup was charged with adapting and pilot testing a revision of the MHRM that would be appropriate to administer to all One Care members, regardless of disability or diagnosis. A pilot version of the One Care Quality of Life Survey was developed in the late winter of 2015. The domains and items for the survey were informed by the MHRM, along with other health quality of life surveys, including the World Health Organization Quality of Life Scale (3). The survey included 3 questions assessing overall health and life satisfaction; 39 items assessing a variety of areas associated with quality of life, including physical, psychological, spiritual, cognitive and environmental wellbeing; 6 questions assessing the need for and satisfaction with assistance with activities of daily living and instrumental activities of daily living; and 12 demographic questions.

With questions drawn from the MHRM and other quality of life surveys, and with an overall total of 60 questions, the Workgroup recognized that this pilot version of the survey likely included redundant questions and would likely take more time to administer than would be ideal. However, the Workgroup made the decision to move forward with the pilot and to use data from the pilot administration to inform any efforts to shorten the overall length of the survey.

The One Care Quality of Life Survey (2015 Pilot Version) was administered in April and May 2015 by the Office of Survey Research. The survey was administered by mail and phone to 600 randomly-selected One Care members, including 200 members from each plan, and yielded an overall response rate of 29.3%. The average length of time to complete the survey by telephone interview was 16 minutes. Findings from the pilot were reported to MassHealth in July 2015 (4).

In late 2015, using data from the administration of the pilot version of the survey, the Workgroup began efforts to revise the survey, with the goal of reducing the overall number of survey items. **This report describes the methods used to reduce the number of survey items and provides findings from the administration of the One Care Quality of Life Survey (2016 Revised Version).**

Methods

Quality of Life Survey Revision Efforts

We used a principal component analysis (PCA) procedure to inform our effort to reduce the number of survey items. PCA is a variable reduction procedure that is often used when data are available on a large number of variables (e.g. multiple survey items), and there is a belief that there is some redundancy in those variables. Redundancy occurs when variables are highly correlated with one another, possibly because they are measuring the same underlying construct. Using data from the 2015 One Care Quality of Life Survey (Pilot Version), the PCA process helped us to identify those survey items that were redundant with other items, and helped us to identify a smaller set of survey items that appear to be measuring different constructs.

We applied the PCA procedure to the 39 items from the pilot version that assessed a variety of areas associated with quality of life (described above). Results of the PCA suggested that the 39 items could be grouped into eight components (also referred to as "factors" in the PCA) representing eight relatively distinct constructs. The results further suggested that the survey items could be reduced to a set of 25 items to represent these eight constructs.

Based on the results of the PCA, a revised version of the Quality of Life Survey was developed. The revised version includes:

- 3 questions representing overall quality of life, including:
  - Life satisfaction; rated with 5-point scale from "very satisfied" to "very dissatisfied"
  - Overall physical and mental health; rated with 5-point scale from "excellent" to "poor"
- 25 questions/statements representing eight constructs or areas associated with quality of life; all rated with a 5-point scale from "strongly agree" to "strongly disagree". The set of 25 included statements framed both positively (e.g., I enjoy life) and negatively (e.g., I have difficulty concentrating). We labeled these:
  - Outlook on life
  - Physical energy level
  - Mood and concentration
  - Access to services
  - Social relationships
  - Home and environment
  - Spirituality and supports
  - Nutrition
- 6 questions related to activities of daily living and instrumental activities of daily living, including:

  - 2 questions asking about need for ADL/IADL help; rated with 3-point scale from "a lot" to "none"
  - 2 questions asking about getting needed help; rated with 3-point scale from "yes" to "not at all"
  - 2 questions asking about satisfaction with help; rated with 5-point scale from "very satisfied" to "very dissatisfied"
- 12 demographic questions

As with the 2015 version, the 2016 One Care Quality of Life Survey (Revised Version) was designed to capture members' perceptions regarding their physical, psychological, spiritual, social, cognitive and environmental wellbeing, as well as their need for and satisfaction with help doing everyday tasks (i.e. activities of daily living and instrumental activities of daily living).

Survey Participants

MassHealth provided CHPR staff with a data set including MassHealth member ID and contact information for all currently enrolled One Care members as of January 1, 2016. We screened the data set to remove members without telephone numbers and used simple random sampling to draw a total sample of 800 One Care members – 400 from Commonwealth Care Alliance and 400 from Tufts Health Plan - Network Health[1].

Data Collection

The 2016 One Care Quality of Life Survey (Revised Version) was administered between late January and mid-April 2016 by Office of Survey Research staff. Survey administration involved a two-wave mail protocol with telephone follow-up for non-respondents. Sampled members received a survey packet containing a cover letter and questionnaire in English and Spanish and a postage-paid return envelope. The cover letter included a toll-free phone number for respondents to call if they needed help answering the survey. Three weeks after the first mailing a second mailing was sent to non-responders. Approximately two weeks after the second mailing, OSR's professional interviewing staff began contacting non-respondents by telephone to complete the survey over the phone. To maximize response rates, the telephone protocol included at least five attempts to reach members, with calls made on different days and different times of day, including evenings and weekends. A Spanish-speaking interviewer was available for respondents who preferred to answer the survey in Spanish.

The response rate for the total sample was 35.2% (n=276). The average length of time to complete the survey by telephone interview was 12 minutes. A full description of survey disposition codes is included in Appendix I.

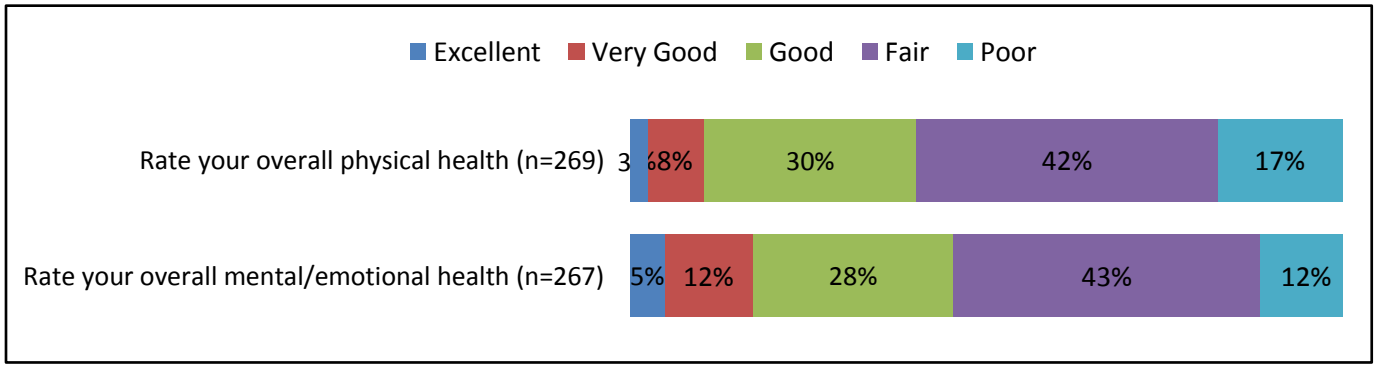
[1] Administration of the One Care Quality of Life Survey (2016 Revised Version) occurred after the closing of Fallon Total Care One Care program.

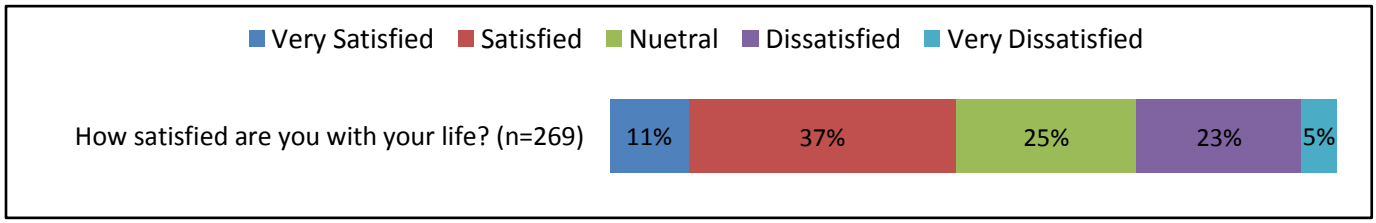
Results

Frequencies and percentages were calculated for members' responses to each survey question. The distribution of member responses to each quality of life question is displayed in bar graphs.

Overall Health and Quality of Life

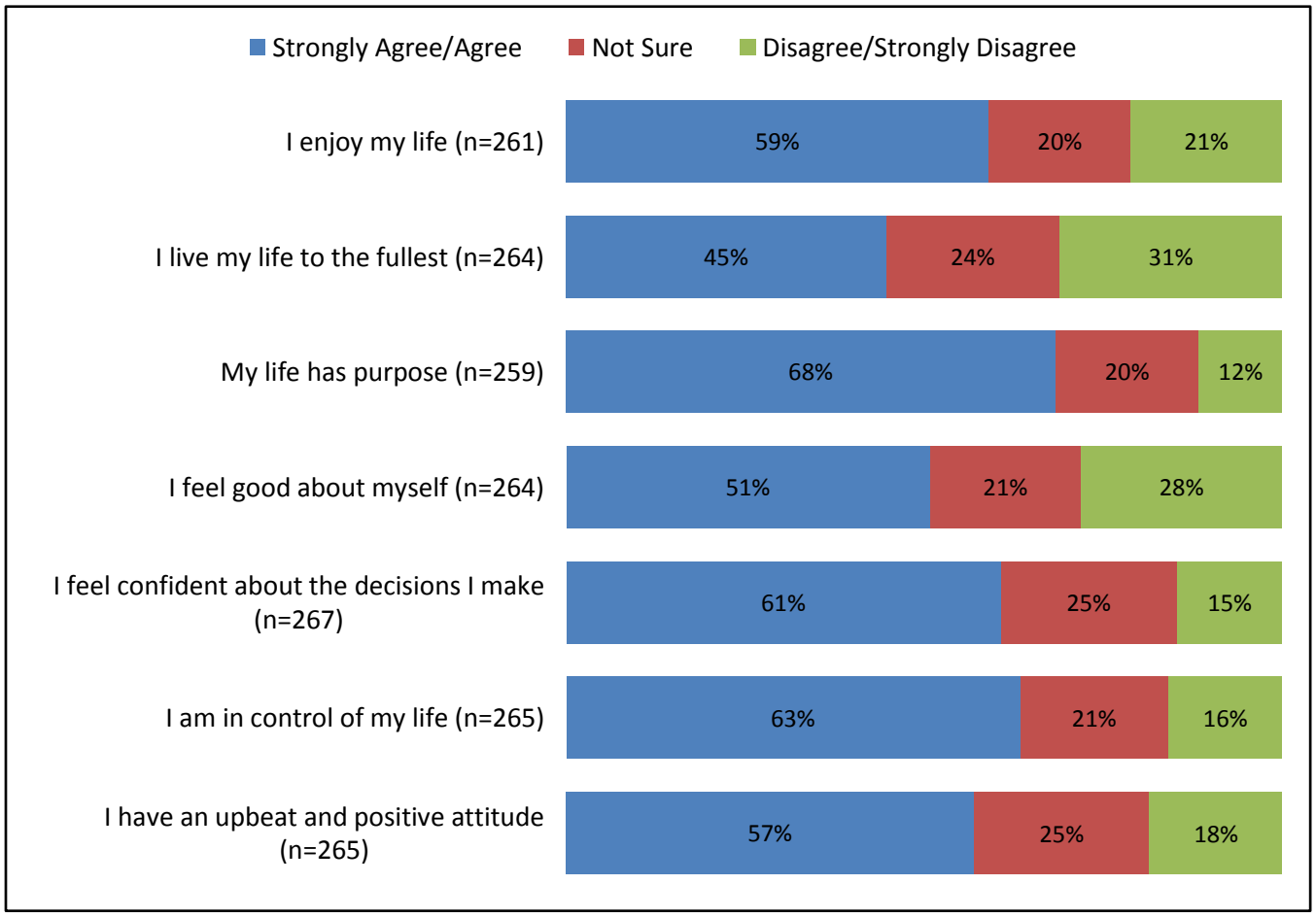
The first three questions in the survey asked members to assess their overall physical health, mental/emotional health and overall satisfaction with life. The majority of members rated their physical and mental/emotional health as good or fair. Close to half of all members reported being very satisfied or satisfied with their life overall.





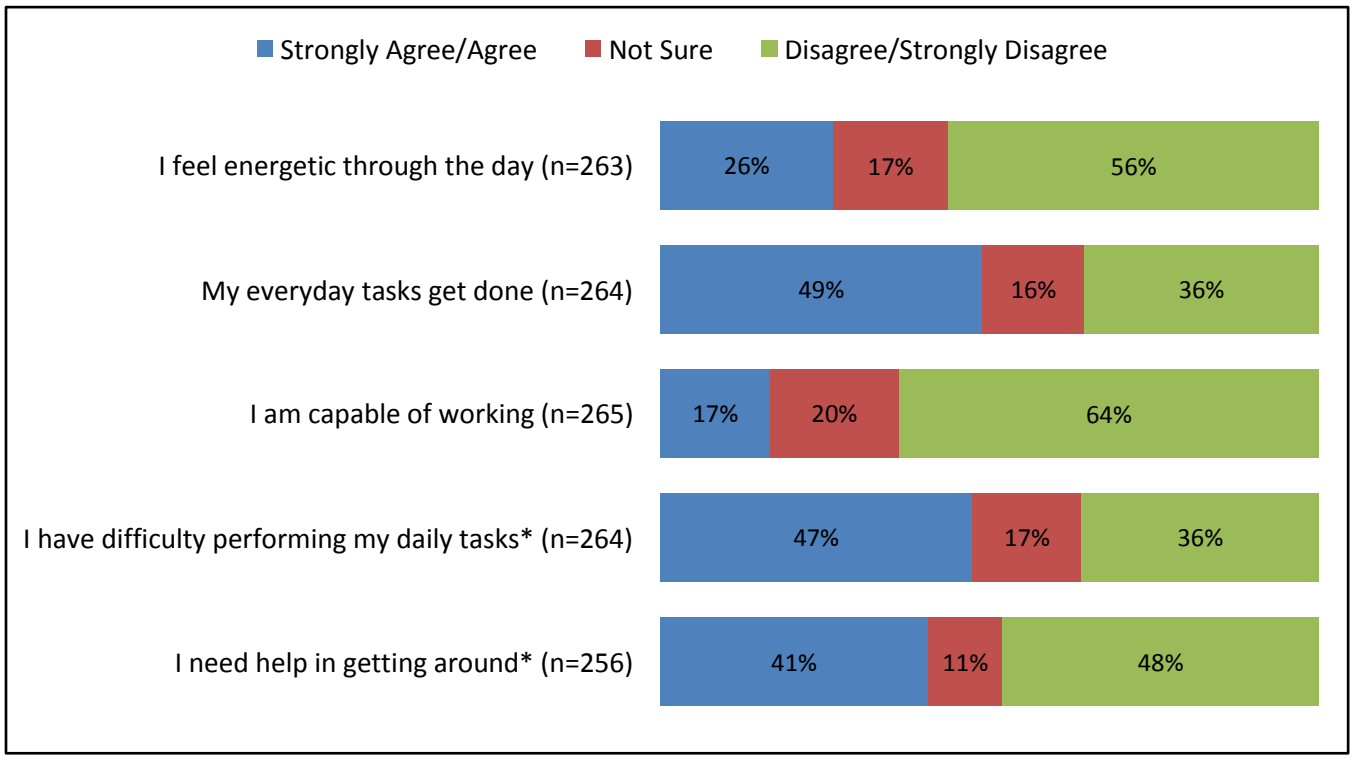
Outlook on Life

Many members expressed a positive outlook on life. A majority of members strongly agreed/agreed that they enjoy life; have purpose and are confident about their decisions; feel in control and have an upbeat and positive attitude. However, over half (55%) of members indicated they were either unsure or strongly disagreed/disagreed with the statement "I live my life to the fullest".



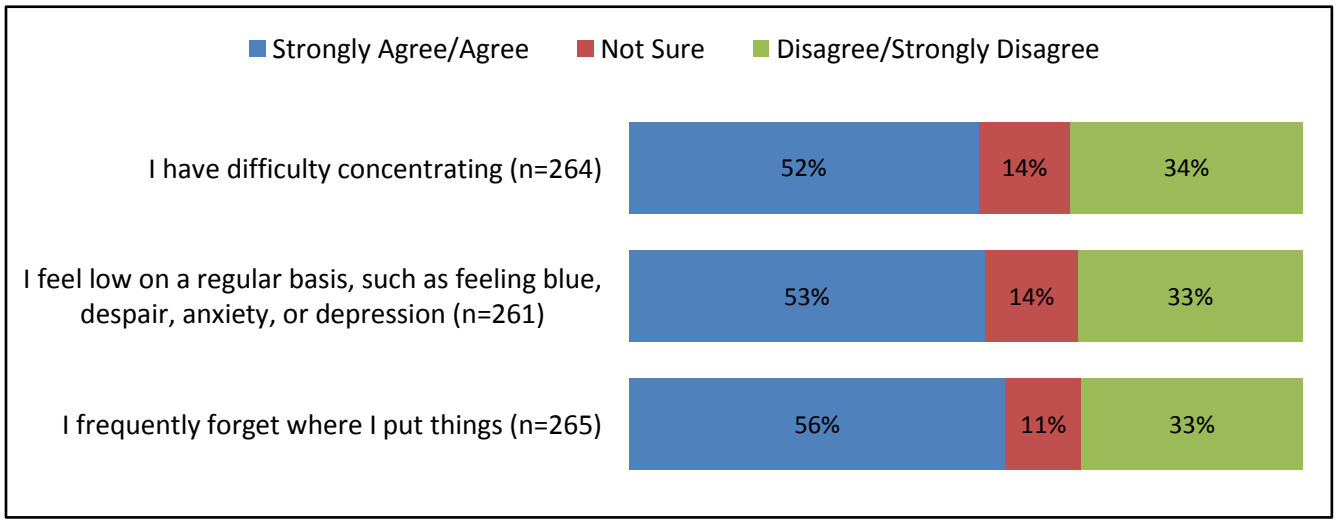
Physical Energy Level

Members' responses to questions related to physical energy, shown below, suggest that many members experience challenges in this area. (Note – three of the questions in this area are stated positively and two, indicated with an asterisk, are stated negatively). Only about one-quarter of members agreed that they feel energetic throughout the day; and less than 20% indicated that they were capable of working. Almost half of members reported having difficulty with daily tasks and over 40% reported needing help getting around. However, nearly half of members indicated that their everyday tasks are getting done.



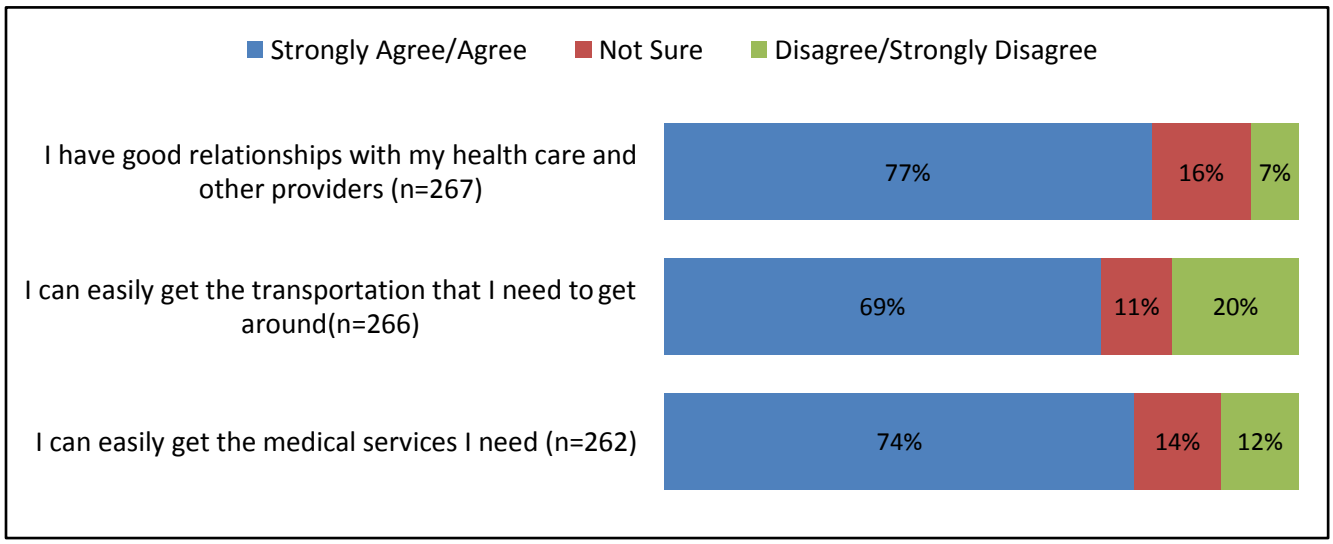
Mood and Concentration

Three questions on the Quality of Life Survey asked members about their mood and concentration (all three questions are stated negatively). Across all three questions, over 50% of members strongly agreed or agreed that they have difficulty concentrating, feel low on a regular basis, and frequently forget where they put things.



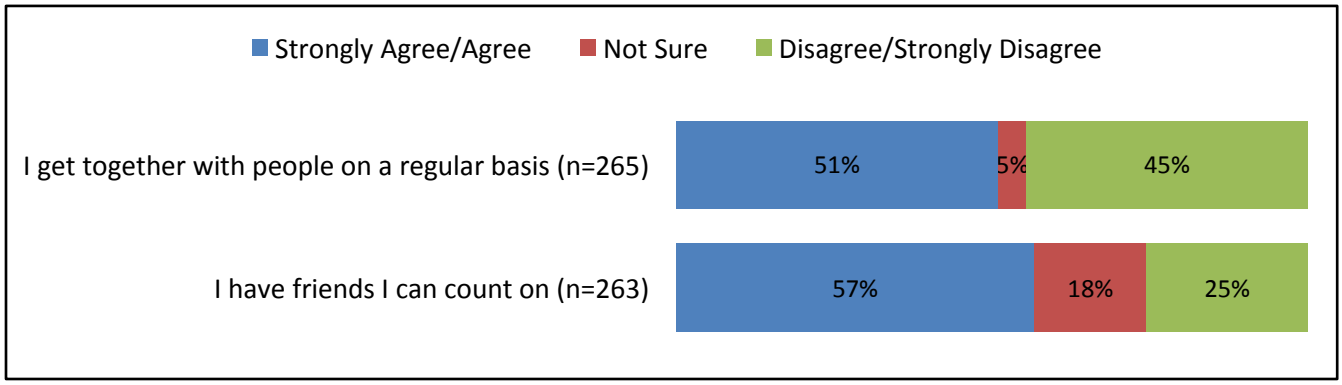
Access to Services

For the most part, members' responses to the three questions related to access to services suggest that most members are able to access the services they need. A large majority reported having good relationships with their health care and other providers, and being able to easily get the services they need. However 20% of member reported difficulty getting transportation.



Social Relationships

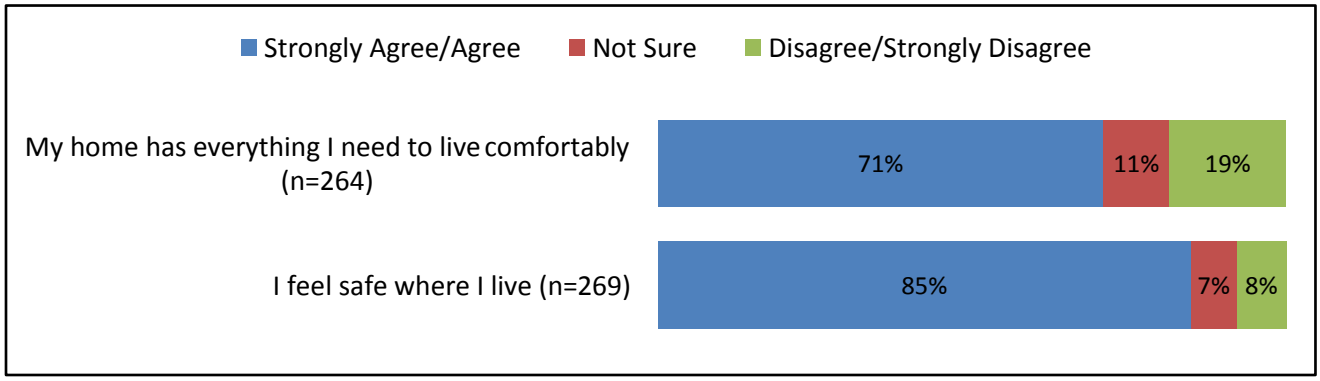
Almost 60% of members reported having friends they can count on and just over 50% reported getting together with people on a regular basis. However, 45% disagreed or strongly disagreed that they regularly get together with people, suggesting that social isolation may be a concern for some members.



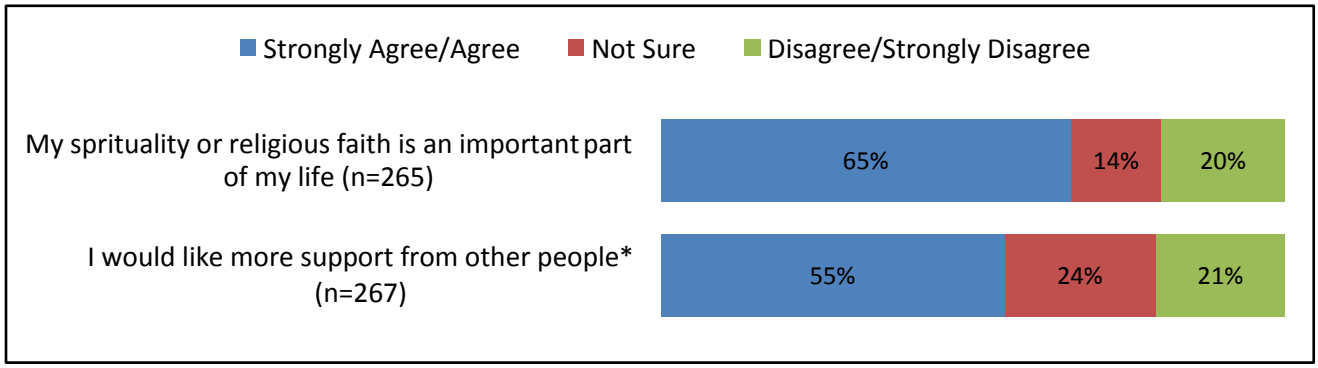
Home and Environment, Spirituality and Supports, Nutrition

A majority of members strongly agreed or agreed that they have everything at home that they need (71%) and they feel safe where they live (85%). Sixty-five percent (65%) of members reported that their spirituality and/or religious faith are important part of their life, but more than half reported wanting more support from other people (the asterisk indicates that this question is stated negatively). About half reported eating nutritious meals every day.

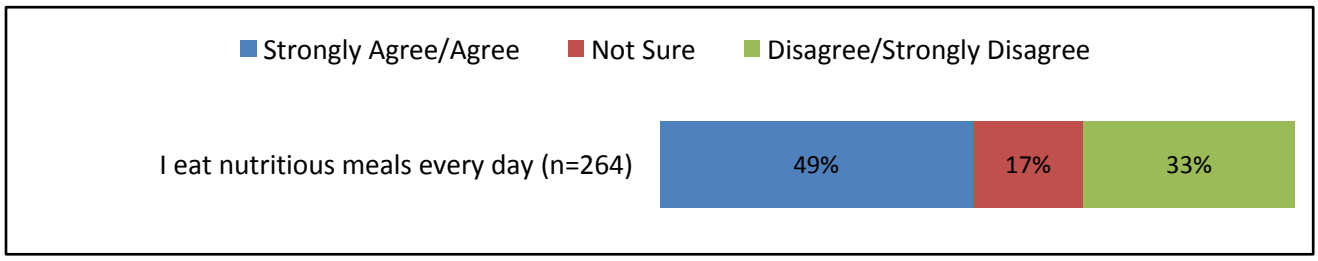
Home and environment



Spirituality and support



Nutrition

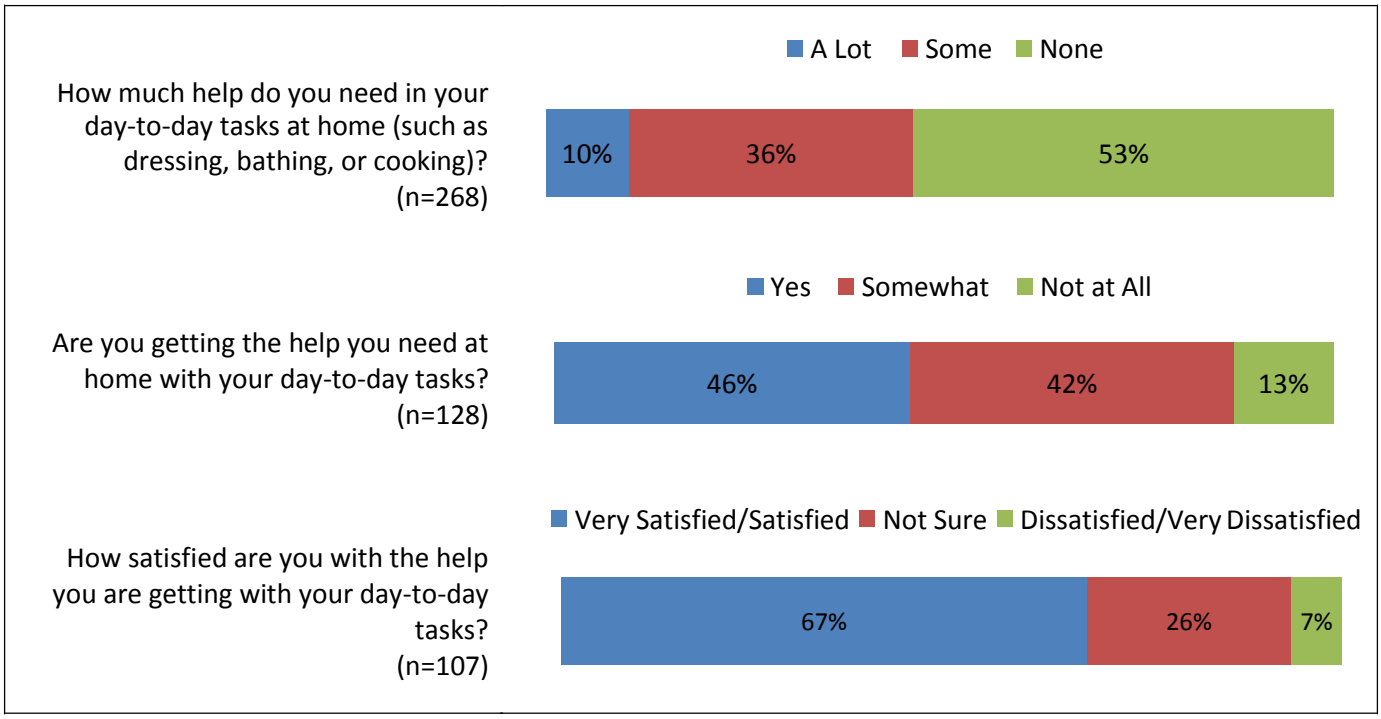


Help Doing Things

In addition to questions related to quality of life, the survey also assessed members' need for help with activities of daily living in the home and instrumental activities of daily living in the community, and assessed whether members felt needs were being met and their satisfaction with help they were getting.

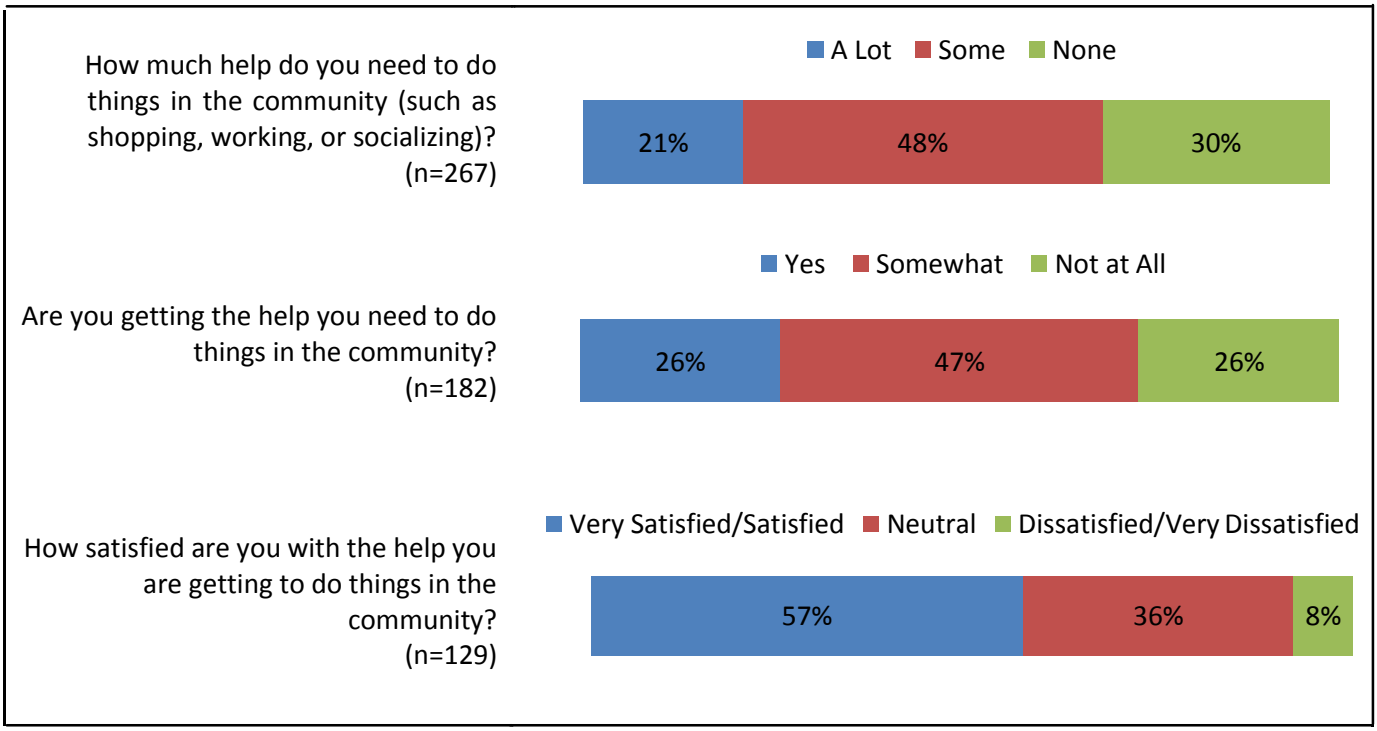
In the Home

Just under half of members reported needing at least some help at home. Of those needing help, the vast majority reported getting at least some of the help they needed, and 67% reported being very satisfied or satisfied with the help they received at home.



In the Community

Almost 70% of members reported needing 'some' or 'a lot' of help in the community. Of those needing help, more than two-thirds (73%) reported that their needs were being completely or somewhat met; just over one-quarter reported that their needs were not met at all. A majority of members reported being very satisfied or satisfied with the help they receive.



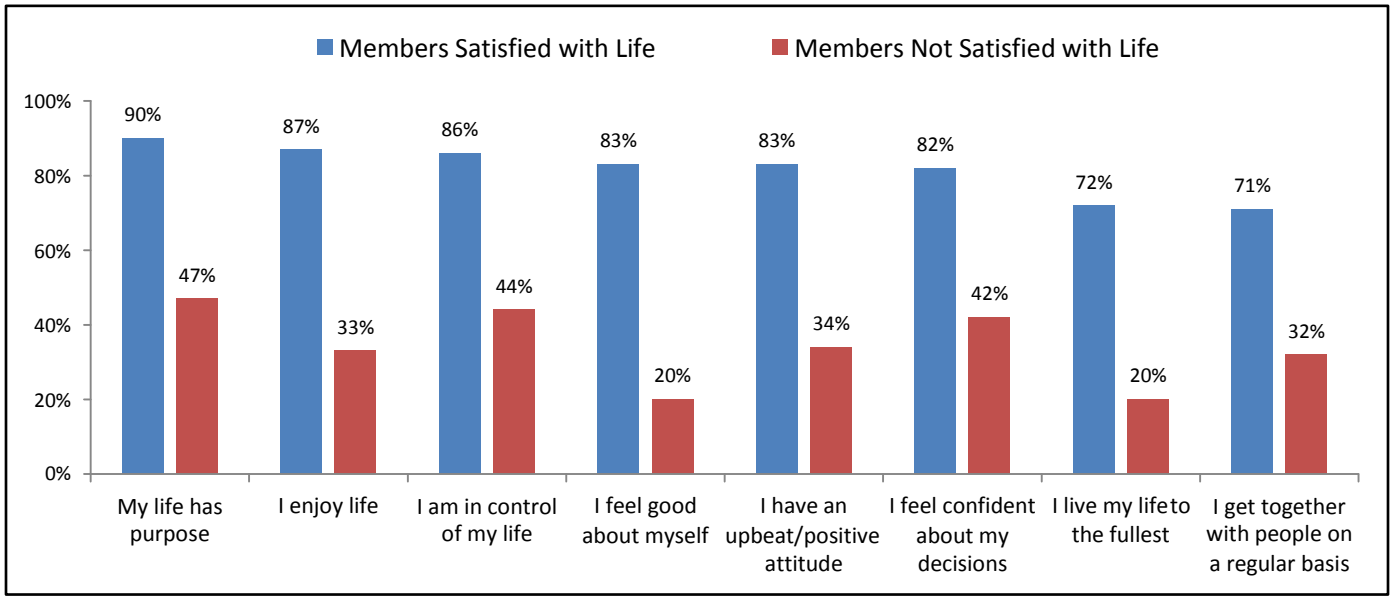
Association of Individual Survey Questions to Overall Life Satisfaction

Finally, we examined the extent to which the 25 individual quality of life questions/statements in the survey were associated with members' sense of overall life satisfaction. We grouped members into two groups based on their response to the question: "How satisfied are you with your life?" The 48% of members (n=129) who responded that they were very satisfied or satisfied were considered "satisfied"; the remaining 52% (n=140) who responded neutral, dissatisfied or very dissatisfied were considered "not satisfied". We also grouped members based on their responses to the 25 individual quality of life statements; members who responded that they strongly agree or agree with the statement were considered to "agree" with the statement; the rest were considered to "disagree". We then examined the correlations between life satisfaction and agreement with each of the statements using chi square statistics, and found statistically significant differences between satisfied and not satisfied members on 23 of the 25 statements.

In the bar graphs below, we show the 8 individual quality of life statements that were most strongly associated with overall life satisfaction. Members who reported being satisfied are represented by the blue bars, and those not satisfied are represented by the red bars. The percentages shown indicate the percent of members in each of the two groups (satisfied and not satisfied) who agreed with each of the statements. Across these 8 statements, members who reported being satisfied with life were much more likely to agree with the statements than members who were not satisfied with life. For example, 90% of members who were satisfied agreed with the statement "my life has purpose", while only 47% of members who were not satisfied agreed with this statement. Across all 8 statements, the differences between members who reported being satisfied vs. not satisfied are highly statistically significant at the p=.0001 level. Not surprisingly, the 8 individual items are the ones that reflect

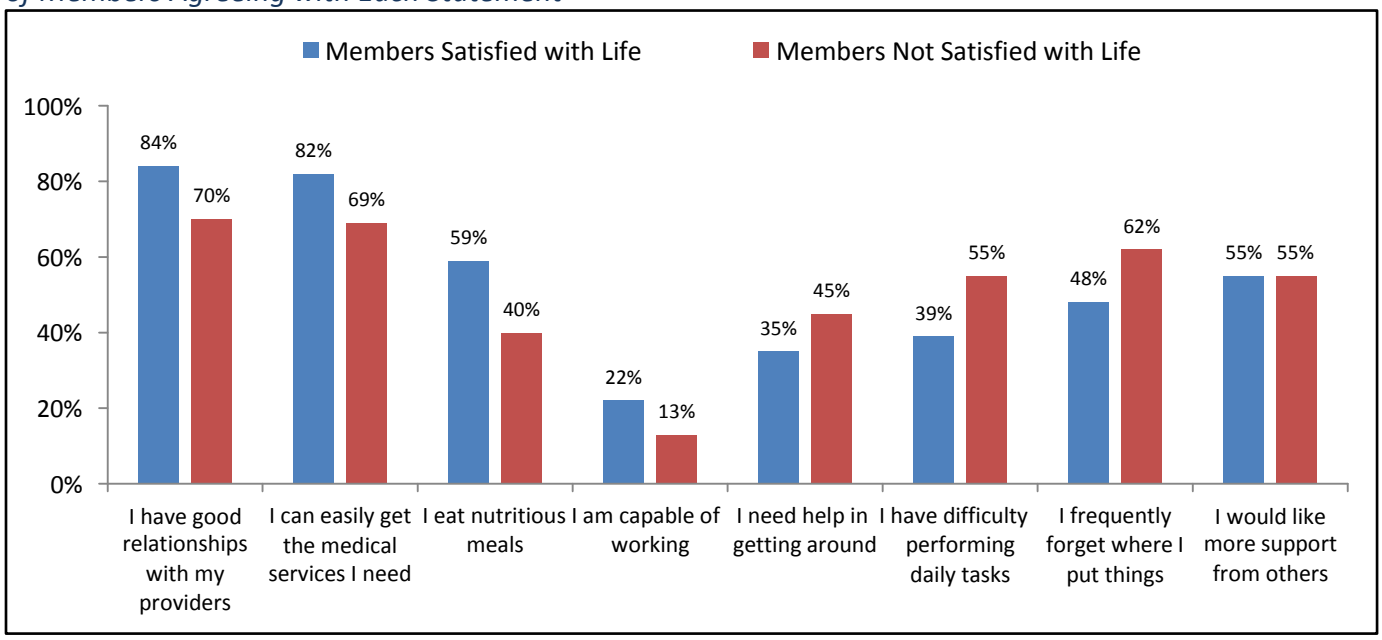
members' outlook on life; thus members who reported overall life satisfaction were also more likely to express a positive outlook on life.

Eight Statements Showing the Greatest Difference between Satisfied and Not Satisfied Members: Percent of Members Agreeing with Each Statement



In the next set of bar graphs (below) we show the 8 individual quality of life statements that showed the weakest association with life satisfaction. Again, members who were satisfied are represented by the blue bars, those not satisfied are represented by the red bars, and the percentages indicate the percent of members agreeing with each statement. Here, we see much smaller differences in agreement with the statements between members who report being satisfied vs. not satisfied with life. However, 6 of these statements do show significant differences between the two groups of members. Members who reported being satisfied were significantly more likely than those not satisfied to report good relationships with providers (84% vs. 70%, p=.01), being able to easily get needed medical services (p=.01), eating nutritious meals (p=.01), and being capable of working (p=.05). Additionally, members who reported being satisfied were significantly less likely than those not satisfied to report difficulty performing daily tasks (p=.01) and forgetting where they put things (p=.03). Satisfied vs. not satisfied members did not differ significantly on needing help to get around or on wanting more support from others.

Eight Statements Showing the Least Difference between Satisfied and Not Satisfied Members: Percent of Members Agreeing with Each Statement



Member Characteristics

The table below shows self-reported disability/health conditions and demographic characteristics of members responding to the survey. When reporting disability or health condition, members were able to report more than one condition. More than two-thirds of members reported a mental/psychiatric disability and over half reported a physical/mobility disability. The majority (79%) of members responding to the survey were 45 or older, female (56%), white (59%), non-Hispanic (73%) and heterosexual (92%). The majority of members reported a high school education or higher (77%) and identified English as their primary language (80%). Only 13% of members reported working in the last 12 months; however of these members, over three-quarters reported currently working.

There were no statistically significant differences in members' report of overall life satisfaction based on any demographic characteristics. However, members reporting a mental/psychiatric condition were significantly less likely to report being satisfied than those not reporting a mental/psychiatric condition (41% vs. 64%, p=.001).

Demographic Characteristics of Members Responding to the One Care Quality of Life Survey (2016 Revised Version) (n=276)

Characteristics		**%**
Disability/Health Conditions		
	Mental/psychiatric	69
	Physical/mobility	58
	Long-term illness	42
	Learning disability	27
	Visual impairment/blindness	22
	Hearing loss/deafness	14
	Developmental disability	9
	Alcohol or drug abuse	6
	Other	36
Demographics		
Homelessness	Homeless in the past 12 months	4
Age	18-34	8
	35-44	14
	45-54	35
	55-64 and over	44
Gender	Male	44
	Female	56
	Transgender/intersex/other	-
Sexual Orientation	Heterosexual	92
	Gay/Lesbian/Bisexual	6
	Other	2
Marital status	Single, never married	38
	Unmarried partner	7

	Married	18
	Widowed	6
	Divorced	25
	Separated	7
Race	White	59
	Black/African American	18
	Asian	2
	Native Hawaiian/Pacific Islander	<1
	Other	3
Ethnicity	Hispanic/Latino	27
Primary Language Spoken at Home	English	80
	Spanish	15
	Haitian/Creole	2
	Other	2
Education	Less than high school	23
	High school or GED	37
	Some college or more	40
Employment	Worked for pay in last 12 months	13
	Currently working for pay (of above)	76

Summary

The findings from the administration of the One Care Quality of Life Survey (2016 Revised Version) suggest that the reduced set of items continues to provide useful information regarding the overall life satisfaction and quality of life among One Care members. We achieved a higher response rate with the administration of the 2016 Revised Version than with the 2015 Pilot Version of the survey, and the amount of time needed to complete the survey was reduced. As the disposition summary in Appendix I shows, the main reasons for non-completion of the survey were related to problems with telephone numbers – no answer; reaching an answering machine; or wrong telephone number. Refusal rates among members who were contacted were very low.

The findings presented in this report should not be assumed to be representative of members enrolled in One Care. The goals of the current project were to revise the prior Pilot Version of the survey, including developing a briefer survey with a reduced set of items, and administer the Revised Version of the survey to a relatively small number of One Care members. Administration of the Quality of Life Survey to a larger sample would provide a more representative assessment of quality of life of One Care members.

References

1. Young, S. L. & Bullock, W. A. (2003). The Mental Health Recovery Measure. University of Toledo, Department of Psychology, Toledo OH: Author.
2. Office of Survey Research (2015). Report of One Care MHRM Survey: Aggregate Plan Results. Shrewsbury MA: University of Massachusetts Medical School, Center for Health Policy and Research.
3. University of Washington (1997). World Health Organization Quality of Life Scale (WHOQOL-BREF). Seattle WA: Author.
4. Henry, A., Fishman, J., Gettens, J., Behl-Chadha, B., Hillerns, C., & Lei, P. P. (2015). Findings from the One Care Quality of Life Survey (2015 Pilot Version): Aggregate Results. Shrewsbury MA: University of Massachusetts Medical School, Center for Health Policy and Research.

Appendix I – Survey Response Rate and Final Disposition Summary

The survey response rate (35.2%) was calculated by dividing the total completed surveys by the total sample, excluding ineligible cases. Ineligible cases are sample members who are deceased or were not able to complete the survey due to a language barrier or a mental or physical reason. See the table below for a complete list of final disposition codes in total and by plan.

Final Survey Status/Disposition Codes

	Total Sample	Commonwealth Care Alliance	Tufts Health Plan – Network Health
Sample Counts	**800**	400	400
Completed Interviews:	**%**	%	%
Mail	22.3	24.5	20.0
CATI	11.8	10.8	12.8
Partial Interview (All modes)	0.5	0.5	0.5
Total Completed Interviews	**34.5**	**35.8**	**33.3**
Non-Interviews			
Refused	4.5	5.0	4.0
Unknown Eligibility:			
No Reply	15.1	13.5	16.8
Reached Answering Machine	19.1	20.8	17.5
Wrong Telephone Number	13.4	12.0	14.8
Busy	1.4	1.5	1.3
Disconnected	5.6	5.3	6.0
Bad Address and Wrong Telephone Number	1.1	1.3	1.0
Respondent Not Available	2.9	2.5	3.3
Reached Fax Machine	0.3	0.3	0.3
Total Unknown Eligibility	**58.9**	**57.0**	**60.8**
Ineligible:			
Mental or Physical Incapacity	1.1	1.5	0.8
Language Difficulty (other than Spanish)	0.8	0.8	0.8
Deceased	0.3	-	0.5
Total Ineligible	**2.1**	**2.3**	**2.0**
Total Non-Interviews	**65.5**	**64.3**	**66.8**
Response Rate (Completed Interviews/Total Sample-Ineligible Sample)	**35.2**	**36.6**	**33.9**
*Total number of people with bad addresses**	*13.0*	*12.3*	*13.8*

** Since people with a bad address or wrong telephone number could also be included in other disposition categories, these numbers are reported separately.*

Appendix II – One Care Quality of Life Survey (2016 Revised Version)

2016
One Care
Quality of Life Survey

This questionnaire asks how you feel about your quality of life, health, or other areas of your life. You are sometimes told to skip over some questions in this survey. When this happens, you will see a note that tells you what question to answer next, like this:

[1] ☐ Yes
[2] ☒ No .....**If *No*, Go to Question 2 on Page 2**

1. How would you rate your overall physical health?

Excellent$_1$	**Very good**$_2$	**Good**$_3$	**Fair**$_4$	**Poor**$_5$
☐	☐	☐	☐	☐

2. How would you rate your overall mental or emotional health?

Excellent$_1$	**Very good**$_2$	**Good**$_3$	**Fair**$_4$	**Poor**$_5$
☐	☐	☐	☐	☐

3. How satisfied are you with your life?

Very satisfied$_1$	**Satisfied**$_2$	**Neither satisfied nor dissatisfied**$_3$	**Dissatisfied**$_4$	**Very dissatisfied**$_5$
☐	☐	☐	☐	☐

4. Below are some statements about your health and wellbeing. Please indicate how much you agree or disagree with each item by checking the appropriate box.

	Strongly Agree$_1$	**Agree**$_2$	**Not Sure**$_3$	**Disagree**$_4$	**Strongly Disagree**$_5$
I feel energetic through the day	☐	☐	☐	☐	☐
I get together with people on a regular basis					
My home has everything I need to live comfortably	☐	☐	☐	☐	☐
I have difficulty performing my daily tasks					
I can easily get the transportation I need to get around	☐	☐	☐	☐	☐
I have difficulty concentrating					

	Strongly Agree$_1$	Agree$_2$	Not Sure$_3$	Disagree$_4$	Strongly Disagree$_5$
I am capable of working	☐	☐	☐	☐	☐
I feel good about myself					
My everyday tasks get done	☐	☐	☐	☐	☐
I can easily get the medical services I need					
I feel safe where I live	☐	☐	☐	☐	☐
I would like more support from other people					
I feel confident about the decisions I make	☐	☐	☐	☐	☐
I need help in getting around					
I have an upbeat and positive attitude	☐	☐	☐	☐	☐
My life has purpose					
I have good relationships with my health care and other providers	☐	☐	☐	☐	☐
I frequently forget where I put things					
My spirituality or religious faith is an important part of my life	☐	☐	☐	☐	☐
I am in control of my life					
I feel low on a regular basis, such as feeling blue, despair, anxiety or depression	☐	☐	☐	☐	☐
I enjoy life					
I have friends I can count on	☐	☐	☐	☐	☐
I live my life to the fullest					
I eat nutritious meals every day	☐	☐	☐	☐	☐

HELP DOING THINGS

The next set of questions is about help you may get.

5. How much help do you need in doing your day-to-day tasks at home (such as dressing, bathing, or cooking)?

[1] ☐ A lot
[2] ☐ Some
[3] ☐ None……..**If *None*, Go to Question 8**

6. Are you getting the help you need at home with your day-to-day tasks?

[1] ☐ Yes
[2] ☐ Somewhat
[3] ☐ Not at all……..**If *Not at all*, Go to Question 8**

7. How satisfied are you with the help you are getting for your day-to-day tasks?

[1] ☐ Very satisfied
[2] ☐ Satisfied
[3] ☐ Neither satisfied nor dissatisfied
[4] ☐ Dissatisfied
[5] ☐ Very dissatisfied

8. How much help do you need to do things in the community (such as shopping, working, or socializing)?

[1] ☐ A lot
[2] ☐ Some
[3] ☐ None……..**If *None*, Go to Question 11 on Page 4**

9. Are you getting the help you need to do things in the community?

[1] ☐ Yes
[2] ☐ Somewhat
[3] ☐ Not at all……..**If *Not at all*, Go to Question 11 on Page 4**

10. How satisfied are you with the help you are getting to do things in the community?

[1] ☐ Very satisfied
[2] ☐ Satisfied
[3] ☐ Neither satisfied nor dissatisfied
[4] ☐ Dissatisfied
[5] ☐ Very dissatisfied

ABOUT YOU

11. Do you have any of the following disabilities or health conditions? *(Check all that apply)*

[1] ☐ Physical disabilities that make it difficult to walk, move or get around
[2] ☐ Mental or psychiatric problems (depression, anxiety, etc.)
[3] ☐ Problems with alcohol or drug abuse
[4] ☐ Long-term illness (diabetes, heart disease, etc.)
[5] ☐ Developmental disability including intellectual disability or autism
[6] ☐ Learning disability
[7] ☐ Visual impairment or blindness
[8] ☐ Hearing loss or deafness
[9] ☐ Other *(Please specify)*: _____

12. What is your age now?

[1] ☐ 18 to 24
[2] ☐ 25 to 34
[3] ☐ 35 to 44
[4] ☐ 45 to 54
[5] ☐ 55 to 64
[6] ☐ 65 or older

13. What is your gender?

[1] ☐ Male
[2] ☐ Female
[3] ☐ Transgender
[4] ☐ Intersex
[5] ☐ Other

14. What is your sexual orientation?

[1] ☐ Heterosexual (straight)
[2] ☐ Gay or Lesbian
[3] ☐ Bisexual
[4] ☐ Asexual

15. What is your marital status?

[1] ☐ Single, never married
[2] ☐ Unmarried partner
[3] ☐ Married
[4] ☐ Widowed
[5] ☐ Divorced
[6] ☐ Separated

16. Are you of Hispanic or Latino origin or descent?

[1] ☐ Yes, Hispanic or Latino
[2] ☐ No, not Hispanic or Latino

17. What is your race? *(Check all that apply)*

[1] ☐ White
[2] ☐ Black or African-American
[3] ☐ Asian
[4] ☐ Native Hawaiian or other Pacific Islander
[5] ☐ American Indian or Alaska Native
[6] ☐ Other *(Please specify)*: _____

18. What language do you **mainly** speak at home?

[1] ☐ English
[2] ☐ American Sign Language (ASL)
[3] ☐ Arabic
[4] ☐ Cambodian
[5] ☐ Chinese
[6] ☐ Haitian / Creole
[7] ☐ Laotian
[8] ☐ Portuguese
[9] ☐ Russian
[10] ☐ Spanish
[11] ☐ Vietnamese
[12] ☐ Other *(Please specify)*: _____

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

[1] ☐ 8th grade or less
[2] ☐ Some high school, but did not graduate
[3] ☐ High school graduate or GED
[4] ☐ Some college or 2-year degree
[5] ☐ 4-year college degree
[6] ☐ More than 4-year college degree

20. Have you worked for pay in the last 12 months?

[1] ☐ Yes
[2] ☐ No……..**If *No*, Go to Question 22 on Page 6**

21. Are you currently working at a job for pay?

[1] ☐ Yes
[2] ☐ No

22. During the past 12 months, have you experienced homelessness?

[1] ☐ Yes
[2] ☐ No

23. Did someone help you complete this survey?

[1] ☐ Yes
[2] ☐ No……..**If *No*, Go to END**

24. Who is the person that helped you? *(Check all that apply)*

[1] ☐ Legal guardian (could be family member)
[2] ☐ Other family member
[3] ☐ Friend
[4] ☐ Personal care attendant or other provider
[5] ☐ Other *(Please specify)*: _____

25. How did that person help you? *(Check all that apply)*

[1] ☐ Read the questions to me
[2] ☐ Wrote down the answers I gave
[3] ☐ Answered the questions for me
[4] ☐ Translated the questions into my language
[5] ☐ Helped in some other way *(Please specify)*: _____

END: Thank you! Please return the completed survey in the postage-paid envelope to:
UMMS Office of Survey Research, 333 South Street, Shrewsbury MA 01545-9803
If you have any questions, please call this toll-free number: 1-888-368-7157.