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# Medicare Health Outcomes Survey Limited Data Sets

## File Specifications for *Cohorts 14, 15, and 16*

### MEDICARE HOS LIMITED DATA SETS OVERVIEW

The Medicare HOS is the first patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data. These data have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement. Managed care plans with Medicare Advantage (MA) contracts must participate. Several types of Medicare HOS data files are available for research purposes. Medicare HOS data files are available as public use files (PUFs), limited data sets (LDSs), and research identifiable files (RIFs).

The HOS LDS files are comprised of the entire national sample for a given cohort. This includes respondents and non-respondents; seniors and disabled; and quality reporting and voluntary reporting samples. All baseline and follow up survey items are included, as well as calculated fields, death dates, and reporting unit (contract number) information. The LDS includes plan identifiers, as well as several additional fields describing plan characteristics. **Beginning in 2017, plan contract numbers were blinded in the LDS and certain plan level fields were removed to prevent identification of individual health plans. Researchers who require these plan identifiers should request a RIF, as described below.** The LDS also contains protected beneficiary-level health information such as date of birth and date of death; however, specific direct person identifiers (i.e., name, Medicare health insurance claim [HIC] number, the CMS beneficiary link key, social security number [SSN], phone number and street address) are not included in the LDS files. The files are SAS<sup>1</sup> data sets and were generated with SAS Version 9.2 for *Cohort 14*, and SAS Version 9.3 for *Cohorts 15 and 16*.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. Effective September 1, 2016, all research requests for LDS files must be submitted through the CMS LDS File Process, while the requests for RIF files will continue to be processed through the Research Data Assistance Center (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For additional information and assistance with obtaining Medicare HOS LDS files, go to the [Research Data Files](#) section on the Data page of the HOS website. For more information about obtaining the RIFs, please visit the ResDAC HOS web page (<http://www.resdac.org/cms-data/file-family/Health-Outcomes-Survey-HOS>). ResDAC may also be contacted by calling 1-888-99RESDAC (1-888-973-7322) between the hours of 8:30 AM and 4:30 PM CST Monday through Friday or by emailing [resdac@umn.edu](mailto:resdac@umn.edu).

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<sup>1</sup> SAS® is a registered trademark of the SAS Institute Inc., Cary, NC.

## **MEDICARE HOS VERSIONS**

In 2013, CMS adopted HOS version 2.5. Consequently, the *2011-2013 Cohort 14* and *2012-2014 Cohort 15* used HOS 2.0 at Baseline and HOS 2.5 at Follow Up. In 2015, CMS adopted HOS version 3.0. Therefore, the core HOS health status items were collected with the HOS 2.5 for the *2013 Cohort 16* at Baseline and with the HOS 3.0 for the *2015 Cohort 16* at Follow Up. HOS versions 2.0, 2.5, and 3.0 are based on the Veterans RAND 12-Item Health Survey (VR-12). The 12-item health survey portion (questions one [Q1] through seven [Q7] in the HOS 2.0 and subsequent instruments) was used for calculation of the physical component summary (PCS) and mental component summary (MCS) scores at baseline and follow up.

The HOS 2.5 included new questions about instrumental activities of daily living (IADLs), memory problems, pain, and living arrangements, and revised questions for depression, race, Hispanic ethnicity, vision and hearing. Depression was also added to the list of chronic conditions, resulting in 15 conditions being assessed at Follow Up, compared to 14 at Baseline for *Cohorts 14* and *15*, and at both time points for *Cohort 16*. Several questions from HOS 2.0 were also removed in HOS 2.5. The HOS 3.0 included new questions about the average number of hours of sleep during the past month, overall sleep quality over the past month, other language spoken at home (specify), and revised questions about leaking of urine changing daily activities or interfering with your sleep, and language mainly spoken at home.

## **LIMITED DATA SETS STRUCTURE**

Fields in the LDS files were collected at three different time points: baseline, follow up, and performance measurement. The information from all three time points was merged into one observation per beneficiary, and a prefix assigned to each field name to identify the time point. All fields obtained or derived from the baseline survey have a “B” prefix, all fields obtained or derived from the follow up survey have an “F” prefix, and all performance measurement fields, which were calculated or retrieved from other data sources, have a “P” prefix. The performance measurement fields provide characteristics of the beneficiary and the beneficiary’s health plan at the time of performance measurement reporting, which occurs approximately one year after follow up data collection.

Beginning in the Cohort 14 LDS, there are two fields (BxHOSQRS, FxHOSQRS) that identify FIDE SNP plan benefit packages (PBPID) which are voluntarily reporting HOS for calculation of the contract level frailty adjustment factor based on the six activities of daily living (ADLs) in the HOS. At baseline, BxHOSQRS=1 for beneficiaries in MAOs that are part of the quality reporting sample and BxHOSQRS = 0 for beneficiaries in MAOs that are voluntarily reporting HOS for frailty assessment only. At follow up, FxHOSQRS=1 for all beneficiaries. In the field names above, and elsewhere in this document, the “x” following the prefix represents the cohort identifier (14, 15, or 16).

## **LIMITED DATA SET FILE SPECIFICATIONS TABLE DESCRIPTION**

The File Specifications Table in this document describes the file layout by field position for *Cohorts 14, 15, and 16* LDS files. The table has one row per field. The columns provide the field name/description, type, length, and additional information (including valid

values where applicable). There is also a column for each cohort: **B14F14** for *Cohort 14*, **B15F15** for *Cohort 15*, and **B16F16** for *Cohort 16*. The survey question number is printed in the corresponding row under the column heading for each cohort where the question was asked. Check marks in these columns indicate the presence of non-survey items, such as administrative and analytic fields. **Shaded rows indicate fields which were removed to prevent identification of individual health plans.**

Note that the question numbers may change from cohort to cohort and between the baseline and follow up surveys. For example, in the *Cohort 14* LDS file the baseline survey field B14EDUC (page 32) was Q60 in the 2011 HOS questionnaire, and the corresponding follow up survey field F14EDUC (page 63) was Q63 in the 2013 HOS questionnaire. The question text, valid values, and skip patterns in this document are from the most recent HOS questionnaire in which the question appears, unless otherwise noted. The exact text of each question for each survey year can be obtained by referring to the HEDIS® Manual or to the questionnaires on the <http://www.hosonline.org> website.<sup>2</sup>

The field name and attributes in the File Specifications Table correspond to the *Cohorts 14, 15, and 16* LDS files only and may differ from previous LDS files derived from the HOS 1.0 questionnaire or earlier versions of the HOS 2.0 questionnaire. The File Specifications documents for all prior HOS cohorts are available in the Research Data Files section of the HOS website.

#### SUMMARY

|                         | Cohort 14 |           | Cohort 15 |           | Cohort 16 |           |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Year                    | 2011      | 2013      | 2012      | 2014      | 2013      | 2015      |
| Time Point              | Baseline  | Follow Up | Baseline  | Follow Up | Baseline  | Follow Up |
| HOS Version             | 2.0       | 2.5       | 2.0       | 2.5       | 2.5       | 3.0       |
| No. of Survey Questions | 64        | 72        | 64        | 66        | 66        | 68        |

| LDS File            |         |  |         |
|---------------------|---------|--|---------|
| No. of Observations | 601,176 |  | 600,089 |
| No. of Fields       | 389     |  | 380     |

<sup>2</sup> HEDIS® is a registered trademark of the Nation Committee for Quality Assurance (NCQA). Links to the 2015 and 2016 HEDIS Volume 6 Specifications for the Medicare Health Outcomes Survey Manuals are available on the HOS website at <http://www.hosonline.org/en/program-overview/survey-administration/>. Copies of the 1998 through 2016 HEDIS Volume 6 Specifications for the Medicare Health Outcomes Survey Manuals may be purchased by calling the NCQA customer support telephone line at 1-888-275-7585 or from NCQA’s Secure Online Order Center ([www.ncqa.org](http://www.ncqa.org)). In addition, copies of all HOS questionnaires are available from <http://www.hosonline.org/en/survey-instrument/>.

Additional information pertaining to the cohorts covered by this document, such as MAO participation and sampling selection, may be found in the Baseline and Performance Measurement Data User's Guides in the Data User's Guides section of the HOS website at <http://www.hosonline.org>. A glossary consisting of definitions relevant to the HOS may also be accessed from links at the bottom of site pages. Questions related to the LDS fields may be directed to the Medicare HOS Information and Technical Support Telephone Line: 1-888-880-0077 or Email Address: [hos@HCQIS.org](mailto:hos@HCQIS.org).

## Limited Data Sets File Specifications Table

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE  | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|-------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxPATID</i><br>Anonymous Beneficiary ID at Baseline   | Num         | 8            | Unique number assigned to each beneficiary in the baseline sample   | √                 | √                 | √                 |
| <i>BxPLAN</i><br>Plan Identification Number at Baseline  | Num         | 8            | Anonymous plan identification number assigned to each plan at the time of baseline sampling   | √                 | √                 |                   |
| <i>BxRECID</i><br>Record Identifier at Baseline  | Char        | 1            | Baseline record identifier  | √                 | √                 | √                 |
| <i>BxRPTYR</i><br>Baseline Reporting Year  | Num         | 3            | Reporting year for the baseline survey  | √                 | √                 | √                 |
| <i>BxCONTRACT</i><br>Plan Contract Number at Baseline  | Char        | 5            | Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling.   | √                 | √                 |                   |
| <b><i>BxCONT_ID</i></b><br><b>Blinded Plan Contract Number at Baseline</b>                                       | <b>Char</b> | <b>5</b>     | <b>Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.</b> |                   |                   | √                 |
| <i>BxPLAN_NAME</i><br>Plan Name at Baseline  | Char        | 70           | Plan name at the time of baseline sampling  | √                 | √                 |                   |
| <i>BxVENDOR</i><br>Survey Vendor at Baseline   | Num         | 3            | Baseline Survey Vendor:<br>1415 = DataStat, Inc.<br>1417 = DSS Research<br>1437 = Synovate (now known as Ipsos)<br>1440 = Morpace, Inc.<br>1463 = The Myers Group<br>1471 = WBA<br>11778 = Thoroughbred   | √                 | √                 | √                 |
| <i>BxSNPEXFL</i><br>Exclusive Special Needs Plan Flag at Baseline  | Num         | 8            | Exclusive Special Needs Plan Flag at the time of baseline sampling<br>0 = No<br>1 = Yes   | √                 | √                 |                   |
| <i>BxNCQAORGID</i><br>NCQA Healthcare Organization ID at Baseline  | Num         | 8            | Organization ID supplied by NCQA at the time of baseline sampling   | √                 | √                 |                   |
| <i>BxNCQASUBID</i><br>NCQA Submission ID at Baseline   | Num         | 8            | Submission ID supplied by NCQA at the time of baseline sampling   | √                 | √                 | √                 |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT  | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|---|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxPLANID</i><br>Plan Identification Number at Baseline   | Char       | 5            | Plan identification number at the time of baseline sampling.   | √                 | √                 |                   |
| <i>BxPBPID</i><br>Plan Benefit Package Number at Baseline   | Char       | 3            | Plan Benefit Package (PBP) ID at the time of baseline sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website   | √                 | √                 |                   |
| <i>BxSNPTYPE</i><br>Type of Special Needs Plan at Baseline  | Num        | 3            | <i>BxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment:<br>1 = Chronic or Disabling Condition<br>2 = Dual-Eligible<br>3 = Institutional | √                 | √                 |                   |
| <i>BxFIDEIND</i><br>Frailty Assessment FIDE Applicant Indicator at Baseline                                       | Num        | 8            | FIDE Applicant Frailty Assessment Indicator at the time of baseline sampling<br>0 = Not an applicant<br>1 = Applicant not eligible for quality reporting<br>2 = Applicant only PBP in contract<br>3 = Applicant one of multiple PBPs in contract   | √                 | √                 |                   |
| <i>BxFIDESST</i><br>Sampling Stage for FIDE Applicant at Baseline   | Num        | 8            | FIDE Applicant Sampling Stage Indicator at the time of baseline sampling<br>0 = Not an applicant<br>1 = Stage 1 contract-level random sample<br>2 = Stage 2 Supplemental Sample; not previously selected<br>3 = Stage 2 Supplemental Sample; previously selected for Follow Up                         | √                 | √                 |                   |
| <i>BxHOSQRS</i><br>HOS Quality Reporting Sample Flag at Baseline  | Num        | 8            | HOS Quality Reporting Sample Flag at the time of baseline sampling<br>0 = Not HOS quality reporting sample<br>1 = HOS quality reporting sample   | √                 | √                 | √                 |
| <i>BxCITY</i><br>Beneficiary's City at Baseline   | Char       | 22           | Beneficiary's city from the baseline member level record   | √                 | √                 | √                 |
| <i>BxSTATE</i><br>Beneficiary's State at Baseline   | Char       | 22           | Beneficiary's state from the baseline member level record  | √                 | √                 | √                 |
| <i>BxZIP</i><br>Beneficiary's Zip Code at Baseline  | Char       | 22           | Beneficiary's zip code from the baseline member level record   | √                 | √                 | √                 |
| <i>BxSTATEABV</i><br>Beneficiary's Social Security Administration (SSA) State Two Letter Abbreviation at Baseline | Char       | 2            | Beneficiary's two letter state abbreviation based on the baseline SSA state code   | √                 | √                 | √                 |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>  | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>BxSTNAME</i><br>Beneficiary's SSA State Name at Baseline   | Char              | 20                  | Beneficiary's state name based on the baseline SSA state code   | √                        | √                        | √                        |
| <i>BxSTATECDE</i><br>Beneficiary's SSA State Code at Baseline   | Char              | 2                   | Beneficiary's SSA state code from the baseline member level record  | √                        | √                        | √                        |
| <i>BxCTNAME</i><br>Beneficiary's SSA County Name at Baseline  | Char              | 21                  | Beneficiary's county name based on the baseline SSA county code   | √                        | √                        | √                        |
| <i>BxCNTYCDE</i><br>Beneficiary's SSA County Code at Baseline   | Char              | 3                   | Beneficiary's SSA county code from the baseline member level record   | √                        | √                        | √                        |
| <i>BxRACE</i><br>Beneficiary's Race at Baseline (CMS)   | Num               | 3                   | Beneficiary's race from the baseline member level record. This information is derived from CMS databases.<br>0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = North American Native | √                        | √                        | √                        |
| <i>BxGENDER</i><br>Beneficiary's Gender at Baseline (CMS)   | Num               | 3                   | Beneficiary's gender from the baseline member level record. This information is derived from CMS databases.<br>1 = Male<br>2 = Female   | √                        | √                        | √                        |
| <i>BxDOB</i><br>Beneficiary's Date of Birth   | Char              | 8                   | Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS databases.  | √                        | √                        | √                        |
| <i>BxDOD</i><br>Beneficiary's Date of Death   | Char              | 8                   | Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS databases. This field is blank for all records.   | √                        | √                        | √                        |
| <i>BxDOE</i><br>Beneficiary's Baseline Accretion Date into Plan   | Char              | 8                   | Beneficiary's accretion date into plan from the baseline member level record.   | √                        | √                        | √                        |
| <i>BxDOT</i><br>Beneficiary's Baseline Termination Date from Plan   | Char              | 8                   | Beneficiary's termination date from plan from the baseline member level record. This field is blank for all records.  | √                        | √                        | √                        |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS



| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>  | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>BxESRD</i><br>Beneficiary's ESRD Status at Baseline  | Num               | 3                   | Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS databases.<br>0 = No ESRD<br>1 = ESRD   | ✓                        | ✓                        | ✓                        |
| <i>BxINSTUT</i><br>Beneficiary's Institutional Status at Baseline   | Num               | 3                   | Beneficiary's institutional status at baseline. This information is derived from CMS databases.<br>0 = Out of institution<br>1 = Institutionalized<br>2 = Eligible for nursing home care                                      | ✓                        | ✓                        | ✓                        |
| <i>BxHOSPICE</i><br>Beneficiary's Hospice Status at Baseline  | Num               | 3                   | Beneficiary's hospice status at baseline. This information is derived from CMS databases.<br>0 = No hospice start date present<br>1 = Hospice start date present  | ✓                        | ✓                        | ✓                        |
| <i>BxMEDICAID</i><br>Beneficiary's Medicaid Status at Baseline  | Num               | 3                   | Beneficiary's Medicaid status at baseline. This information is derived from CMS databases.<br>0 = Out of Medicaid<br>1 = In Medicaid  | ✓                        | ✓                        | ✓                        |
| <i>BxENTITLE</i><br>Beneficiary's Reason for Entitlement at Baseline  | Num               | 3                   | Beneficiary's reason for entitlement at baseline. This information is derived from CMS databases.<br>10 = Aged without ESRD<br>11 = Aged with ESRD<br>20 = Disabled without ESRD<br>21 = Disabled with ESRD<br>31 = ESRD only | ✓                        | ✓                        | ✓                        |
| <i>BxPROTID</i><br>Protocol Identifier Flag at Baseline   | Num               | 3                   | Beneficiary's survey protocol from the baseline member level record<br>1 = Follow up – no proxy at baseline<br>2 = Follow up – proxy at baseline<br>3 = Baseline<br>4 = Spanish<br>6 = Chinese                                | ✓                        | ✓                        | ✓                        |
| <i>BxSRVIND</i><br>Survey Indicator Variable  | Num               | 3                   | Beneficiary was sampled for inclusion in:<br>1 = Baseline survey only<br>2 = Follow up survey only<br>3 = Both baseline and follow up surveys   | ✓                        | ✓                        | ✓                        |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxVRGENHTH</i><br>Baseline Survey:<br>General Health Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In general, would you say your health is:</i><br>1 = Excellent<br>2 = Very good<br>3 = Good<br>4 = Fair<br>5 = Poor   | Q1                | Q1                | Q1                |
| <i>BxVRMACT</i><br>Baseline Survey:<br>Moderate Activities Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i><br><b><u>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u></b><br>1 = Yes, limited a lot<br>2 = Yes, limited a little<br>3 = No, not limited at all              | Q2a               | Q2a               | Q2a               |
| <i>BxVRSTAIR</i><br>Baseline Survey:<br>Climbing Several Flights of Stairs Question                              | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Does your health now limit you in these activities? If so, how much?</i><br><b><u>Climbing several flights of stairs</u></b><br>1 = Yes, limited a lot<br>2 = Yes, limited a little<br>3 = No, not limited at all   | Q2b               | Q2b               | Q2b               |
| <i>BxVRPACCL</i><br>Baseline Survey:<br>Physical Health Limiting Amount Accomplished Question                    | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i><br><b><u>Accomplished less than you would like</u></b><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time | Q3a               | Q3a               | Q3a               |

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

√ = Included Non-Survey Item  
# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxVRPWORK</i><br>Baseline Survey:<br>Physical Health Limiting the Kind of Activities Question                 | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i><br><u>Were limited in the kind of work or other activities</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time  | Q3b               | Q3b               | Q3b               |
| <i>BxVRMACCL</i><br>Baseline Survey:<br>Emotional Problems Limiting Amount Accomplished Question                 | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i><br><u>Accomplished less than you would like</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time                    | Q4a               | Q4a               | Q4a               |
| <i>BxVRMWORK</i><br>Baseline Survey:<br>Emotional Problems Limiting Carefulness Question                         | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i><br><u>Didn't do work or other activities as carefully as usual</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time | Q4b               | Q4b               | Q4b               |
| <i>BxVRPAIN</i><br>Baseline Survey:<br>Pain Interfering with Work Question                                       | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i><br>1 = Not at all<br>2 = A little bit<br>3 = Moderately<br>4 = Quite a bit<br>5 = Extremely   | Q5                | Q5                | Q5                |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxVRCALM</i><br>Baseline Survey:<br>Calm and Peaceful Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Have you felt calm and peaceful?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time    | Q6a               | Q6a               | Q6a               |
| <i>BxVRENERGY</i><br>Baseline Survey:<br>Lots of Energy Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Did you have a lot of energy?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time       | Q6b               | Q6b               | Q6b               |
| <i>BxVRDOWN</i><br>Baseline Survey:<br>Downhearted and Blue Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Have you felt downhearted and blue?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time | Q6c               | Q6c               | Q6c               |

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# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxVRSACT</i><br>Baseline Survey:<br>Amount of Time Health Interfering with Social Activities Question         | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much of the time has your <b>physical health or emotional problems</b> interfered with your social activities (like visiting with friends, relatives, etc.)?</i><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time | Q7                | Q7                | Q7                |
| <i>BxVRPHCMP</i><br>Baseline Survey:<br>Physical Health Compared to One Year Ago Question                        | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Now, we'd like to ask you some questions about how your health may have changed. <b>Compared to one year ago, how would you rate your physical health in general now?</b></i><br>1 = Much better<br>2 = Slightly better<br>3 = About the same<br>4 = Slightly worse<br>5 = Much worse                                    | Q8                | Q8                | Q8                |
| <i>BxVRMHCMP</i><br>Baseline Survey:<br>Emotional Health Compared to One Year Ago Question                       | Num        | 3            | Beneficiary's response from the baseline survey:<br><i><b>Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</b></i><br>1 = Much better<br>2 = Slightly better<br>3 = About the same<br>4 = Slightly worse<br>5 = Much worse  | Q9                | Q9                | Q9                |
| <i>BxADLBTH</i><br>Baseline Survey:<br>Bathing Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities <b>without special equipment or help from another person?</b></i><br><u>Bathing</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                          | Q10a              | Q10a              | Q10a              |

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| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>  | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>BxADLDRS</i><br>Baseline Survey:<br>Dressing Question  | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Dressing</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                    | Q10b                     | Q10b                     | Q10b                     |
| <i>BxADLEAT</i><br>Baseline Survey:<br>Eating Question  | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Eating</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                      | Q10c                     | Q10c                     | Q10c                     |
| <i>BxADLCHR</i><br>Baseline Survey:<br>Getting In/Out of Chairs Question  | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Getting in or out of chairs</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity | Q10d                     | Q10d                     | Q10d                     |
| <i>BxADLWLK</i><br>Baseline Survey:<br>Walking Question   | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Walking</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                     | Q10e                     | Q10e                     | Q10e                     |
| <i>BxADLTLT</i><br>Baseline Survey:<br>Using the Toilet Question  | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Using the toilet</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity            | Q10f                     | Q10f                     | Q10f                     |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxDIFMEALS</i><br>Baseline Survey:<br>Difficulty Preparing Meals Question                                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Preparing meals</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity  |                   |                   | Q11a              |
| <i>BxDIFMONEY</i><br>Baseline Survey:<br>Difficulty Managing Money Question                                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Managing money</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity   |                   |                   | Q11b              |
| <i>BxDIFMEDS</i><br>Baseline Survey:<br>Difficulty Taking Medication as Prescribed Question                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Taking medication as prescribed</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity  |                   |                   | Q11c              |
| <i>BxHDPHY</i><br>Baseline Survey:<br>Number of Days Physical Health Not Good Question                           | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>These next questions ask about your physical and mental health during the past 30 days. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was your physical health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i> | Q11               | Q11               | Q12               |
| <i>BxHDMEN</i><br>Baseline Survey:<br>Number of Days Mental Health Not Good Question                             | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <b>past 30 days</b> was your mental health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>  | Q12               | Q12               | Q13               |
| <i>BxHDACT</i><br>Baseline Survey:<br>Number of Days Poor Health Interfered with Daily Activity Question         | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the <b>past 30 days</b>, for about how many days did <b>poor</b> physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>   | Q13               | Q13               | Q14               |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxCHSTEX</i><br>Baseline Survey:<br>Chest Pain/Pressure on Exertion Question                                  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Now we are going to ask some questions about specific medical conditions. During the past 4 weeks, how often have you had any of the following problems?</i><br><u>Chest pain or pressure when you exercise</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time | Q14a              | Q14a              |                   |
| <i>BxCHSTRST</i><br>Baseline Survey:<br>Chest Pain/Pressure at Rest Question                                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how often have you had any of the following problems?</i><br><u>Chest pain or pressure when resting</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time  | Q14b              | Q14b              |                   |
| <i>BxSOBFLT</i><br>Baseline Survey:<br>Shortness of Breath when Lying Flat Question                              | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i><br><u>When lying down flat</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time   | Q15a              | Q15a              |                   |
| <i>BxSOBSIT</i><br>Baseline Survey:<br>Shortness of Breath when Sitting or Resting Question                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i><br><u>When sitting or resting</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time  | Q15b              | Q15b              |                   |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxSOBWLK</i><br>Baseline Survey:<br>Shortness of Breath when Walking<br>Less than One Block Question          | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i><br><u>When walking less than one block</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time  | Q15c              | Q15c              |                   |
| <i>BxSOBSTR</i><br>Baseline Survey:<br>Shortness of Breath when Climbing<br>One Flight of Stairs Question        | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i><br><u>When climbing one flight of stairs</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time  | Q15d              | Q15d              |                   |
| <i>BxFTNUMB</i><br>Baseline Survey:<br>Numbness in Feet Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i><br><u>Numbness or loss of feeling in your feet</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time                       | Q16a              | Q16a              |                   |
| <i>BxFTSENS</i><br>Baseline Survey:<br>Foot Tingling/Burning Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i><br><u>Tingling or burning sensation in your feet especially at night</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time | Q16b              | Q16b              |                   |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxFTHC</i><br>Baseline Survey:<br>Decreased Temperature Sensation in Feet Question                            | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i><br><u>Decreased ability to feel hot or cold with your feet</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time | Q16c              | Q16c              |                   |
| <i>BxFTSRS</i><br>Baseline Survey:<br>Sores/Wounds on Feet Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i><br><u>Sores or wounds on your feet that did not heal</u><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time       | Q16d              | Q16d              |                   |
| <i>BxPNART</i><br>Baseline Survey:<br>Arthritis Pain Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past 4 weeks, how would you describe any arthritis pain you usually had?</i><br>1 = None<br>2 = Very mild<br>3 = Mild<br>4 = Moderate<br>5 = Severe  | Q17               | Q17               |                   |
| <i>BxREAD</i><br>Baseline Survey:<br>Vision Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?</i><br>1 = Yes<br>2 = No  | Q18               | Q18               |                   |
| <i>BxHEAR</i><br>Baseline Survey:<br>Hearing Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Can you hear most of the things people say (with a hearing aid if that's how you hear best)?</i><br>1 = Yes<br>2 = No   | Q19               | Q19               |                   |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxDIFSEE</i><br>Baseline Survey:<br>Blind or Serious Difficulty Seeing Question                               | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</i><br>1 = Yes<br>2 = No  |                   |                   | Q15               |
| <i>BxDIFHEAR</i><br>Baseline Survey:<br>Deaf or Serious Difficulty Hearing Question                              | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you deaf or do you have serious difficulty hearing?</i><br>1 = Yes<br>2 = No   |                   |                   | Q16               |
| <i>BxDIFREMEM</i><br>Baseline Survey:<br>Difficulty Concentrating, Remembering, or Making Decisions Question     | Num        | 3            | Beneficiary's response from the baseline survey:<br><b><i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?</i></b><br>1 = Yes<br>2 = No  |                   |                   | Q17               |
| <i>BxDIFWKSTR</i><br>Baseline Survey:<br>Difficulty Walking or Climbing Stairs Question                          | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you have serious difficulty walking or climbing stairs?</i><br>1 = Yes<br>2 = No  |                   |                   | Q18               |
| <i>BxDIFDRBTH</i><br>Baseline Survey:<br>Difficulty Dressing or Bathing Question                                 | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you have difficulty dressing or bathing?</i><br>1 = Yes<br>2 = No   |                   |                   | Q19               |
| <i>BxDIFERRND</i><br>Baseline Survey:<br>Difficulty Doing Errands Question                                       | Num        | 3            | Beneficiary's response from the baseline survey:<br><b><i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</i></b><br>1 = Yes<br>2 = No  |                   |                   | Q20               |
| <i>BxDIFMPROB</i><br>Baseline Survey:<br>Memory Problems Interfered with Activities Question                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past month, how often did memory problems interfere with your daily activities?</i><br>1 = Every day (7 days a week)<br>2 = Most days (5-6 days a week)<br>3 = Some days (2-4 days a week)<br>4 = Rarely (once a week or less)<br>5 = Never |                   |                   | Q21               |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxCCHBP</i><br>Baseline Survey:<br>Hypertension Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Hypertension or high blood pressure</u><br>1 = Yes<br>2 = No  | Q20               | Q20               | Q22               |
| <i>BxCC_CAD</i><br>Baseline Survey:<br>Angina/Coronary Artery Disease Question                                   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Angina pectoris or coronary artery disease</u><br>1 = Yes<br>2 = No   | Q21               | Q21               | Q23               |
| <i>BxCC_CHF</i><br>Baseline Survey:<br>Congestive Heart Failure Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Congestive heart failure</u><br>1 = Yes<br>2 = No   | Q22               | Q22               | Q24               |
| <i>BxCCMI</i><br>Baseline Survey:<br>Myocardial Infarction Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>A myocardial infarction or heart attack</u><br>1 = Yes<br>2 = No  | Q23               | Q23               | Q25               |
| <i>BxCCHRTOTH</i><br>Baseline Survey:<br>Other Heart Conditions Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u><br>1 = Yes<br>2 = No | Q24               | Q24               | Q26               |
| <i>BxCCSTROKE</i><br>Baseline Survey:<br>Stroke Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>A stroke</u><br>1 = Yes<br>2 = No   | Q25               | Q25               | Q27               |
| <i>BxCC_COPD</i><br>Baseline Survey:<br>COPD Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u><br>1 = Yes<br>2 = No                      | Q26               | Q26               | Q28               |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxCCGI</i><br>Baseline Survey:<br>Inflammatory Bowel Disease Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u><br>1 = Yes<br>2 = No        | Q27               | Q27               | Q29               |
| <i>BxCCARTHIP</i><br>Baseline Survey:<br>Arthritis of Hip/Knee Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Arthritis of the hip or knee</u><br>1 = Yes<br>2 = No  | Q28               | Q28               | Q30               |
| <i>BxCCARTHND</i><br>Baseline Survey:<br>Arthritis of Hand/Wrist Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Arthritis of the hand or wrist</u><br>1 = Yes<br>2 = No  | Q29               | Q29               | Q31               |
| <i>BxCCOSTEO</i><br>Baseline Survey:<br>Osteoporosis Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Osteoporosis, sometimes called thin or brittle bones</u><br>1 = Yes<br>2 = No                      | Q30               | Q30               | Q32               |
| <i>BxCCSCIATI</i><br>Baseline Survey:<br>Sciatica Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Sciatica (pain or numbness that travels down your leg to below your knee)</u><br>1 = Yes<br>2 = No | Q31               | Q31               | Q33               |
| <i>BxCCDIABET</i><br>Baseline Survey:<br>Diabetes Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Diabetes, high blood sugar, or sugar in the urine</u><br>1 = Yes<br>2 = No                         | Q32               | Q32               | Q34               |
| <i>BxCCDEP</i><br>Baseline Survey:<br>Depression Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Depression</u><br>1 = Yes<br>2 = No  |                   |                   | Q35               |

√ = Included Non-Survey Item

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# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>   | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>BxCCANYCA</i><br>Baseline Survey:<br>Any Cancer Question   | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Any cancer (other than skin cancer)</u><br>1 = Yes<br>2 = No   | Q33                      | Q33                      | Q36                      |
| <i>BxCACOLON</i><br>Baseline Survey:<br>Colorectal Cancer Treatment Question  | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>If you answered "yes" to question 33 (2011 &amp; 2012 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Colon or rectal cancer</u><br>1 = Yes<br>2 = No | Q34a                     | Q34a                     | Q37a                     |
| <i>BxCALUNG</i><br>Baseline Survey:<br>Lung Cancer Treatment Question   | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>If you answered "yes" to question 33 (2011 &amp; 2012 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Lung cancer</u><br>1 = Yes<br>2 = No            | Q34b                     | Q34b                     | Q37b                     |
| <i>BxCABRST</i><br>Baseline Survey:<br>Breast Cancer Treatment Question   | Num               | 3                   | Beneficiary's response from the baseline survey:<br><i>If you answered "yes" to question 33 (2011 &amp; 2012 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Breast cancer</u><br>1 = Yes<br>2 = No          | Q34c                     | Q34c                     | Q37c                     |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxCAPROS</i><br>Baseline Survey:<br>Prostate Cancer Treatment Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>If you answered "yes" to question 33 (2011 &amp; 2012 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Prostate cancer</u><br>1 = Yes<br>2 = No | Q34d              | Q34d              | Q37d              |
| <i>BxCAOTHER</i><br>Baseline Survey:<br>Treatment for Other Cancer Question                                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Other cancer (other than skin cancer)</u><br>1 = Yes<br>2 = No  |                   |                   | Q37e              |
| <i>BxPNBACK</i><br>Baseline Survey:<br>Low Back Pain Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 4 weeks, how often has low back pain interfered with your usual daily activities (for example, work, school or housework)?</i><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time                        | Q35               | Q35               |                   |
| <i>BxPAINDACT</i><br>Baseline Survey:<br>Pain Interfered With Activities Question                                | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 7 days, how much did pain interfere with your day to day activities?</i><br>1 = Not at all<br>2 = A little bit<br>3 = Somewhat<br>4 = Quite a bit<br>5 = Very much   |                   |                   | Q38               |
| <i>BxPAINSACT</i><br>Baseline Survey:<br>Pain Kept You from Socializing With Others Question                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 7 days, how often did pain keep you from socializing with others?</i><br>1 = Never<br>2 = Rarely<br>3 = Sometimes<br>4 = Often<br>5 = Always   |                   |                   | Q39               |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxPAINRATE</i><br>Baseline Survey:<br>Average Pain Rating Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 7 days, how would you rate your pain on average?</i><br>1 = No pain<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10 = Worst imaginable pain  |                   |                   | Q40               |
| <i>BxDEP2WK</i><br>Baseline Survey:<br>Two Weeks of Depression Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?</i><br>1 = Yes<br>2 = No       | Q36               | Q36               |                   |
| <i>BxDEPYR</i><br>Baseline Survey:<br>Depression Much of the Time in Past Year Question                          | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past year, have you felt depressed or sad much of the time?</i><br>1 = Yes<br>2 = No  | Q37               | Q37               |                   |
| <i>BxDEP2YR</i><br>Baseline Survey:<br>Depression Most of the Time in Past Two Years Question                    | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?</i><br>1 = Yes<br>2 = No   | Q38               | Q38               |                   |
| <i>BxDEPWEEK</i><br>Depressed for How Much of the Time in Past Week  | Num        | 3            | Beneficiary's response from the baseline survey:<br>How much of the time in the past week did you feel depressed?<br>1 = Rarely or none of the time<br>2 = Some or a little of the time<br>3 = Occasionally or a moderate amount of the time<br>4 = Most or all of the time | Q39               | Q39               |                   |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxDEPNOPLS</i><br>Baseline Survey:<br>Little Interest or Pleasure In Doing Things Question                    | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i><br><u>Little interest or pleasure in doing things</u><br>1 = Not at all<br>2 = Several days<br>3 = More than half the days<br>4 = Nearly every day                          |                   |                   | Q41a              |
| <i>BxDEPDOWN</i><br>Baseline Survey:<br>Feeling Down, Depressed, or Hopeless Question                            | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i><br><u>Feeling down, depressed or hopeless</u><br>1 = Not at all<br>2 = Several days<br>3 = More than half the days<br>4 = Nearly every day                                  |                   |                   | Q41b              |
| <i>BxCMPHTH</i><br>Baseline Survey:<br>Comparative Health Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In general, compared to other people your age, would you say that your health is:</i><br>1 = Excellent<br>2 = Very good<br>3 = Good<br>4 = Fair<br>5 = Poor   | Q40               | Q40               | Q42               |
| <i>BxSMOKE</i><br>Baseline Survey:<br>Current Smoker Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you now smoke every day, some days, or not at all?</i><br>1 = Every day<br>2 = Some days<br>3 = Not at all<br>4 = Don't know   | Q41               | Q41               | Q43               |
| <i>BxMUILKG</i><br>Baseline Survey:<br>Urine Leakage Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine?</i><br>1 = Yes (2011 & 2012 HOS, Go to Q43) (2013 HOS, Go to Q45)<br>2 = No (2011 & 2012 HOS, Go to Q46) (2013 HOS, Go to Q48) | Q42               | Q42               | Q44               |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxMUIMAG</i><br>Baseline Survey:<br>Magnitude of Urine Leakage Problem Question                               | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How much of a problem, if any, was the urine leakage for you?</i><br>1 = A big problem (2011 & 2012 HOS, Go to Q44) (2013 HOS, Go to Q46)<br>2 = A small problem (2011 & 2012 HOS, Go to Q44) (2013 HOS, Go to Q46)<br>3 = Not a problem (2011 & 2012 HOS, Go to Q46) (2013 HOS, Go to Q48)  | Q43               | Q43               | Q45               |
| <i>BxMUITLK</i><br>Baseline Survey:<br>Talked with Doctor about Urine Leakage Question                           | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Have you talked with your current doctor or other health provider about your urine leakage problem?</i><br>1 = Yes<br>2 = No   | Q44               | Q44               | Q46               |
| <i>BxMUITRT</i><br>Baseline Survey:<br>Received Treatment for Urine Leakage Question                             | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?</i><br>1 = Yes<br>2 = No  | Q45               | Q45               | Q47               |
| <i>BxPAOTLK</i><br>Baseline Survey:<br>Talked with Doctor About Physical Activities Question                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i><br>1 = Yes (2011 & 2012 HOS, Go to Q47) (2013 HOS, Go to Q49)<br>2 = No (2011 & 2012 HOS, Go to Q47) (2013 HOS, Go to Q49)<br>3 = I had no visits in the past 12 months (2011 & 2012 HOS, Go to Q48) (2013 HOS, Go to Q50) | Q46               | Q46               | Q48               |
| <i>BxPAOADV</i><br>Baseline Survey:<br>Advised to Increase or Maintain Activities Question                       | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i><br>1 = Yes<br>2 = No  | Q47               | Q47               | Q49               |

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|--|------------|--------------|---|---------|---------|---------|
| <i>BxFRMTLK</i><br>Baseline Survey:<br>Talked with Doctor about Falling or Balance Problem Question              | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i><br>1 = Yes<br>2 = No<br>3 = I had no visits in the past 12 months   | Q48     | Q48     | Q50     |
| <i>BxFRMFALL</i><br>Baseline Survey:<br>Fell in Past 12 Months Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Did you fall in the past 12 months?</i><br>1 = Yes<br>2 = No   | Q49     | Q49     | Q51     |
| <i>BxFRMBAL</i><br>Baseline Survey:<br>Problem with Walking or Balance in Past 12 Months Question                | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>In the past 12 months, have you had a problem with balance or walking?</i><br>1 = Yes<br>2 = No  | Q50     | Q50     | Q52     |
| <i>BxFRMPREV</i><br>Baseline Survey:<br>Talked with Doctor about How to Prevent Falls Question                   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i><br>• Suggest that you use a cane or walker<br>• Check your blood pressure lying or standing<br>• Suggest that you do an exercise or physical therapy program<br>• Suggest a vision or hearing testing<br>1 = Yes<br>2 = No<br>3 = I had no visits in the past 12 months | Q51     | Q51     | Q53     |
| <i>BxOTOTEST</i><br>Baseline Survey:<br>Bone Density Test for Osteoporosis Question                              | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Have you ever had a bone density test to check for osteoporosis, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.</i><br>1 = Yes<br>2 = No  | Q52     | Q52     | Q54     |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxWEIGHT</i><br>Baseline Survey:<br>How Much Do You Weigh in Pounds Question                                  | Num        | 8            | Beneficiary's response from the baseline survey:<br><i>How much do you weigh in pounds (lbs.)?</i><br>01 = 90 lbs. or less      14 = 211–220 lbs.<br>02 = 91–100 lbs.      15 = 221–230 lbs.<br>03 = 101–110 lbs.      16 = 231–240 lbs.<br>04 = 111–120 lbs.      17 = 241–250 lbs.<br>05 = 121–130 lbs.      18 = 251–260 lbs.<br>06 = 131–140 lbs.      19 = 261–270 lbs.<br>07 = 141–150 lbs.      20 = 271–280 lbs.<br>08 = 151–160 lbs.      21 = 281–290 lbs.<br>09 = 161–170 lbs.      22 = 291–300 lbs.<br>10 = 171–180 lbs.      23 = 301–310 lbs.<br>11 = 181–190 lbs.      24 = 311–320 lbs.<br>12 = 191–200 lbs.      25 = 321 lbs. or more<br>13 = 201–210 lbs. | Q53               |                   |                   |
| <i>BxHEIGHT</i><br>Baseline Survey:<br>How Tall Are You Without Shoes (ft. in.) Question                         | Num        | 8            | Beneficiary's response from the baseline survey:<br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i><br>01 = 5 ft. 00 in. or less      09 = 5 ft. 08 in.<br>02 = 5 ft. 01 in.      10 = 5 ft. 09 in.<br>03 = 5 ft. 02 in.      11 = 5 ft. 10 in.<br>04 = 5 ft. 03 in.      12 = 5 ft. 11 in.<br>05 = 5 ft. 04 in.      13 = 6 ft. 00 in.<br>06 = 5 ft. 05 in.      14 = 6 ft. 01 in.<br>07 = 5 ft. 06 in.      15 = 6 ft. 02 in.<br>08 = 5 ft. 07 in.      16 = 6 ft. 03 in. or more   | Q54               |                   |                   |
| <i>BxWEIGHTLB</i><br>Baseline Survey:<br>How Much Do You Weigh in Pounds Question                                | Num        | 8            | Beneficiary's response from the baseline survey:<br><i>How much do you weigh in pounds (lbs.)?</i>  |                   | Q53               | Q55               |
| <i>BxHEIGHTFT</i><br>Baseline Survey:<br>How Tall are You Without Shoes on in Feet and Inches Question           | Num        | 8            | Beneficiary's response from the baseline survey:<br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i><br><br><b>Note:</b> This field contains only the feet (ft.) portion of the response.  |                   | Q54a              | Q56a              |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>Bx</i> HHEIGHTIN<br>Baseline Survey:<br>How Tall are You Without Shoes on<br>in Feet and Inches Question      | Num        | 8            | Beneficiary's response from the baseline survey:<br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i><br><br><b>Note:</b> This field contains only the inches (in.) portion of the response.                                     |                   | Q54b              | Q56b              |
| <i>Bx</i> SRVBRYR<br>Baseline Survey:<br>Survey Reported Year of Birth<br>Question                               | Char       | 4            | Beneficiary's response from the baseline survey:<br><i>In what year were you born? Please provide your year of birth only.</i>   | Q55               | Q55               | Q57               |
| <i>Bx</i> SRVGEND<br>Baseline Survey:<br>Survey Reported Gender Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you male or female? (2011 &amp; 2012 HOS)</i><br><i>What is your sex? (2013 HOS)</i><br>1 = Male<br>2 = Female  | Q56               | Q56               | Q58               |
| <i>Bx</i> HISPAN<br>Baseline Survey:<br>Hispanic Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic or Latino origin or descent?</i><br>1 = Yes, Hispanic or Latino<br>2 = No, not Hispanic or Latino   | Q57               | Q57               |                   |
| <i>Bx</i> HPNOHISP<br>Baseline Survey:<br>No, not Hispanic, Latino/a or Spanish<br>Origin Question               | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><i>a. No, not of Hispanic, Latino/a or Spanish origin</i><br>0 = No, not Hispanic not checked<br>1 = No, not Hispanic checked |                   |                   | Q59a              |
| <i>Bx</i> HPMEX<br>Baseline Survey:<br>Yes, Mexican, Mexican American,<br>Chicano/a Question                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><i>b. Yes, Mexican, Mexican American, Chicano/a</i><br>0 = Respondent did not check Mexican<br>1 = Respondent checked Mexican |                   |                   | Q59b              |
| <i>Bx</i> HPPR<br>Baseline Survey:<br>Yes, Puerto Rican Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><i>c. Yes, Puerto Rican</i><br>0 = Respondent did not check Puerto Rican<br>1 = Respondent checked Puerto Rican               |                   |                   | Q59c              |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxHPCUBA</i><br>Baseline Survey:<br>Yes, Cuban Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>d. Yes, Cuban</i></u><br>0 = Respondent did not check Cuban<br>1 = Respondent checked Cuban  |                   |                   | Q59d              |
| <i>BxHPOTHER</i><br>Baseline Survey:<br>Yes, Another Hispanic, Latino/a or Spanish Origin Question               | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>e. Yes, Another Hispanic, Latino/a or Spanish origin</i></u><br>0 = Respondent did not check Other Hispanic<br>1 = Respondent checked Other Hispanic |                   |                   | Q59e              |
| <i>BxRCNATAM</i><br>Baseline Survey:<br>Race = American Indian or Alaskan Native                                 | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How would you describe your race? Please mark one or more.</i><br><u><i>a. American Indian or Alaskan Native</i></u><br>0 = No<br>1 = Yes  | Q58a              | Q58a              |                   |
| <i>BxRCASIAN</i><br>Baseline Survey:<br>Race = Asian   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How would you describe your race? Please mark one or more.</i><br><u><i>b. Asian</i></u><br>0 = No<br>1 = Yes  | Q58b              | Q58b              |                   |
| <i>BxRCAFRAM</i><br>Baseline Survey:<br>Race = Black or African American   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How would you describe your race? Please mark one or more.</i><br><u><i>c. Black or African American</i></u><br>0 = No<br>1 = Yes  | Q58c              | Q58c              |                   |
| <i>BxRCNHPI</i><br>Baseline Survey:<br>Race = Native Hawaiian or other Pacific Islander                          | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How would you describe your race? Please mark one or more.</i><br><u><i>d. Native Hawaiian or Other Pacific Islander</i></u><br>0 = No<br>1 = Yes  | Q58d              | Q58d              |                   |
| <i>BxRCWHITE</i><br>Baseline Survey:<br>Race = White   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How would you describe your race? Please mark one or more.</i><br><u><i>e. White</i></u><br>0 = No<br>1 = Yes  | Q58e              | Q58e              |                   |

√ = Included Non-Survey Item

\* B14F14 = 2011-2013 Cohort 14 Merged Baseline and Follow Up LDS

# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxRCWHITE</i><br>Baseline Survey:<br>White Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>a. White</u><br>0 = Respondent did not check White<br>1 = Respondent checked White   |                   |                   | Q60a              |
| <i>BxRCAFRAM</i><br>Baseline Survey:<br>Black or African American Question                                       | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>b. Black or African American</u><br>0 = Respondent did not check Black or African American<br>1 = Respondent checked Black or African American                         |                   |                   | Q60b              |
| <i>BxRCNATAM</i><br>Baseline Survey:<br>American Indian or Alaskan Native Question                               | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>c. American Indian or Alaskan Native</u><br>0 = Respondent did not check American Indian or Alaskan Native<br>1 = Respondent checked American Indian or Alaskan Native |                   |                   | Q60c              |
| <i>BxRCINDIA</i><br>Baseline Survey:<br>Asian Indian Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>d. Asian Indian</u><br>0 = Respondent did not check Asian Indian<br>1 = Respondent checked Asian Indian  |                   |                   | Q60d              |
| <i>BxRCCHINA</i><br>Baseline Survey:<br>Chinese Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>e. Chinese</u><br>0 = Respondent did not check Chinese<br>1 = Respondent checked Chinese   |                   |                   | Q60e              |
| <i>BxRCFILIP</i><br>Baseline Survey:<br>Filipino Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>f. Filipino</u><br>0 = Respondent did not check Filipino<br>1 = Respondent checked Filipino  |                   |                   | Q60f              |
| <i>BxRCJAPAN</i><br>Baseline Survey:<br>Japanese Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u>g. Japanese</u><br>0 = Respondent did not check Japanese<br>1 = Respondent checked Japanese  |                   |                   | Q60g              |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxRCKOREA</i><br>Baseline Survey:<br>Korean Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>h. Korean</i></u><br>0 = Respondent did not check Korean<br>1 = Respondent checked Korean   |                   |                   | Q60h              |
| <i>BxRCVIET</i><br>Baseline Survey:<br>Vietnamese Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>i. Vietnamese</i></u><br>0 = Respondent did not check Vietnamese<br>1 = Respondent checked Vietnamese                                     |                   |                   | Q60i              |
| <i>BxRCOTHASN</i><br>Baseline Survey:<br>Other Asian Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>j. Other Asian</i></u><br>0 = Respondent did not check Other Asian<br>1 = Respondent checked Other Asian                                  |                   |                   | Q60j              |
| <i>BxRCHAWAII</i><br>Baseline Survey:<br>Native Hawaiian Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>k. Native Hawaiian</i></u><br>0 = Respondent did not check Native Hawaiian<br>1 = Respondent checked Native Hawaiian                      |                   |                   | Q60k              |
| <i>BxRCGUAM</i><br>Baseline Survey:<br>Guamanian or Chamorro<br>Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>l. Guamanian or Chamorro</i></u><br>0 = Respondent did not check Guamanian or Chamorro<br>1 = Respondent checked Guamanian or Chamorro    |                   |                   | Q60l              |
| <i>BxRCSAMOA</i><br>Baseline Survey:<br>Samoan Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>m. Samoan</i></u><br>0 = Respondent did not check Samoan<br>1 = Respondent checked Samoan   |                   |                   | Q60m              |
| <i>BxRCOTHPAC</i><br>Baseline Survey:<br>Other Pacific Islander<br>Question                                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>n. Other Pacific Islander</i></u><br>0 = Respondent did not check Other Pacific Islander<br>1 = Respondent checked Other Pacific Islander |                   |                   | Q60n              |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxSPEAKENG</i><br>How well do you speak English Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>How well do you speak English?</i><br>1 = Very well<br>2 = Well<br>3 = Not well<br>4 = Not at all  |                   |                   | Q61               |
| <i>BxMARITAL</i><br>Baseline Survey:<br>Marital Status Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is your current marital status?</i><br>1 = Married<br>2 = Divorced<br>3 = Separated<br>4 = Widowed<br>5 = Never married   | Q59               | Q59               | Q62               |
| <i>BxEDUC</i><br>Baseline Survey:<br>Education Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>What is the highest grade or level of school that you have completed?</i><br>1 = 8 <sup>th</sup> grade or less<br>2 = Some high school, but did not graduate<br>3 = High school graduate or GED<br>4 = Some college or 2 year degree<br>5 = 4 year college graduate<br>6 = More than a 4 year college degree | Q60               | Q60               | Q63               |
| <i>BxLVALONE</i><br>Baseline Survey:<br>Living Alone Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you live alone or with others?(One or more categories may be selected)</i><br><u>a. Alone</u><br>0 = Respondent did not check live alone<br>1 = Respondent checked live alone   |                   |                   | Q64a              |
| <i>BxLVSPOUSE</i><br>Baseline Survey:<br>Living With Spouse/Significant Other Question                           | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you live alone or with others?( One or more categories may be selected)</i><br><u>b. With spouse/significant other</u><br>0 = Respondent did not check live with spouse/significant other<br>1 = Respondent checked live with spouse/significant other  |                   |                   | Q64b              |
| <i>BxLVCHILD</i><br>Baseline Survey:<br>Living With Children/Other Relatives Question                            | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you live alone or with others?( One or more categories may be selected)</i><br><u>c. With children/ other relatives</u><br>0 = Respondent did not check live with children/other relatives<br>1 = Respondent checked live with children/other relatives   |                   |                   | Q64c              |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxLVNONREL</i><br>Baseline Survey:<br>Living With Non-Relatives Question                                      | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you live alone or with others? (One or more categories may be selected)</i><br><i>d. With non-relatives</i><br>0 = Respondent did not check live with non-relatives<br>1 = Respondent checked live with non-relatives   |                   |                   | Q64d              |
| <i>BxLVCAREGV</i><br>Baseline Survey:<br>Living With Paid Caregiver Question                                     | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you live alone or with others? (One or more categories may be selected)</i><br><i>e. With paid caregiver</i><br>0 = Respondent did not check live with paid caregiver<br>1 = Respondent checked live with paid caregiver  |                   |                   | Q64e              |
| <i>BxWHERELV</i><br>Baseline Survey:<br>Where Do You Live Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Where do you live?</i><br>1 = House, apartment, condominium, or mobile home (Go to Q66)<br>2 = Assisted living or board and care home (Go to Q66)<br>3 = Nursing home (Go to Q69)<br>4 = Other (Go to Q69)   |                   |                   | Q65               |
| <i>BxHMOWN</i><br>Baseline Survey:<br>Housing Question   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Is the house or apartment you currently live in:</i><br>1 = Owned or being bought by you<br>2 = Owned or being bought by someone in your family other than you<br>3 = Rented for money<br>4 = Not owned and one in which you live without payment of rent<br>5 = None of the above | Q61               | Q61               | Q66               |
| <i>BxCAREOTHR</i><br>Baseline Survey:<br>Care for Someone Else Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you currently provide care for someone else in your home?</i><br>1 = Yes (Go to Q68)<br>2 = No (Go to Q69)  |                   |                   | Q67               |
| <i>BxCAREDAYS</i><br>Baseline Survey:<br>Days provided Care During Past Week Question                            | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>During the past week, how many days did you provide at least some care?</i><br>1 = No care provided in the last week<br>2 = 1 or 2 days<br>3 = 3 or 4 days<br>4 = 5 or 6 days<br>5 = 7 days (every day)  |                   |                   | Q68               |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxDIFTRANS</i><br>Baseline Survey:<br>Difficulty Getting to Places Question                                   | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Do you have difficulty getting to places you need to go (either by driving or by getting a ride)?</i><br>1 = Always or almost always<br>2 = Sometimes<br>3 = Almost never or never   |                   |                   | Q69               |
| <i>BxCMPWHO</i><br>Baseline Survey:<br>Who Completed this Survey Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Who completed this survey form?</i><br>1 = Person to whom survey was addressed<br><b>(2011 &amp; 2012 HOS, Go to Q64) (2013 HOS, Go to Q72)</b><br>2 = Family member or relative of person to whom the survey was addressed<br>3 = Friend of person to whom the survey was addressed<br>4 = Professional caregiver of person to whom the survey was addressed  | Q62               | Q62               | Q70               |
| <i>BxHHINC</i><br>Baseline Survey:<br>Household Income Question  | Num        | 3            | Beneficiary's response from the baseline survey:<br><i>Which of the following categories best represents the combined income for all family members in your household for the past 12 months?</i><br>1 = Less than \$5,000<br>2 = \$5,000 - \$9,999<br>3 = \$10,000 - \$19,999<br>4 = \$20,000 - \$29,999<br>5 = \$30,000 - \$39,999<br>6 = \$40,000 - \$49,999<br>7 = \$50,000 - \$79,999<br>8 = \$80,000 - \$99,999<br>9 = \$100,000 or more<br>10 = Don't know | Q64               | Q64               | Q72               |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxSRVDISP</i><br>Disposition of Baseline Survey   | Char       | 3            | Survey disposition at baseline<br>("M" prefix=Mail, "T" prefix=Telephone)<br>M10/T10 = Complete survey (79.5-100% complete and all 6 ADL items [Q10a-f] answered)<br>M11/T11 = Non-response: partial complete survey (50-79% complete, or 79.5-100% complete and at least one ADL unanswered)<br>M20/T20 = Ineligible: deceased<br>M21/T21 = Ineligible: not enrolled in MCO<br>M23/T23 = Ineligible: language barrier<br>T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number<br>M25 = Ineligible: respondent removed from sample<br>M31/T31 = Non-response: break-off (0- 49% complete)<br>M32/T32 = Non-response: refusal<br>M33/T33 = Non-response: respondent unavailable<br>M34/T34 = Non-response: respondent physically or mentally incapacitated<br>M35/T35 = Non-response: respondent institutionalized<br>M36/T36 = Non-response: after maximum attempts | ✓                 | ✓                 | ✓                 |
| <i>BxSRVMODE</i><br>Round in which Completed Baseline Survey Obtained  | Char       | 2            | Round in which the completed survey was obtained:<br>M1 = 1 <sup>st</sup> mailing<br>M2 = 2 <sup>nd</sup> mailing<br>T1 = 1 <sup>st</sup> telephone<br>T2 = 2 <sup>nd</sup> telephone<br>T3 = 3 <sup>rd</sup> telephone<br>T4 = 4 <sup>th</sup> telephone<br>T5 = 5 <sup>th</sup> telephone<br>T6 = 6 <sup>th</sup> telephone<br>T7 = 7 <sup>th</sup> telephone<br>T8 = 8 <sup>th</sup> telephone<br>T9 = 9 <sup>th</sup> telephone<br>MT = Partially completed by mail and converted to complete by telephone<br>MM = Partially completed by mail and converted to complete by mail re-contact<br>NC = Not completed  | ✓                 | ✓                 | ✓                 |
| <i>BxSRVLANG</i><br>Survey Language at Baseline  | Num        | 3            | Baseline Survey Language<br>1 = English<br>2 = Spanish<br>3 = Not Applicable<br>4 = Chinese  | ✓                 | ✓                 | ✓                 |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxSRVDATE</i><br>Date Baseline Survey Completed   | Char       | 8            | Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)  | √                 | √                 | √                 |
| <i>BxVUCATI</i><br>Vendor's Baseline Unique Computer Assisted Telephone Interview (CATI) Interviewer ID          | Char       | 9 or 10      | Vendor's 9-digit unique CATI interviewer ID at baseline ( <i>2011 &amp; 2012 HOS</i> )<br>Vendor's 10-digit unique CATI interviewer ID at baseline ( <i>2013 HOS</i> )  | √                 | √                 | √                 |
| <i>BxMCONUM</i><br>MAO Provided Beneficiary's Phone Number at Baseline   | Num        | 3            | Did the MAO provide a phone number for the member at baseline?<br>1 = Yes<br>2 = No   | √                 | √                 | √                 |
| <i>BxEXCLUDE</i><br>Request to Be Excluded from Future Survey Samples Flag                                       | Num        | 3            | Beneficiary's request to be excluded from future survey samples:<br>1 = Member specifically requested <i>Take me off your list and/or never contact me again</i><br>2 = Member did not request <i>Take me off your list and/or never contact me again</i> | √                 | √                 | √                 |
| <i>BxDISP</i><br>Survey Response Indicator for Mail/Telephone Responses at Baseline                              | Num        | 3            | Beneficiary completed a:<br>1 = Mail Survey at baseline<br>2 = Telephone Survey at baseline   | √                 | √                 | √                 |
| <i>BxINVSrv</i><br>Ineligible Baseline Survey Indicator  | Num        | 3            | Baseline survey is:<br>0 = Eligible<br>1 = Ineligible (survey disposition codes equal to M20, M21, M23, M25, T20, T21, T23, or T24)   | √                 | √                 | √                 |
| <i>BxADLCount</i><br>Count of ADL Questions Answered (0-6) at Baseline   | Num        | 3            | Number of ADL questions answered (range from 0-6) in the baseline survey from Q10a-f  | √                 | √                 | √                 |
| <i>BxPCTCMP</i><br>Percent of Baseline Survey Completed  | Num        | 8            | Percent of the baseline survey that was completed   | √                 | √                 | √                 |
| <i>BxCMPSRV</i><br>Complete Baseline Survey Indicator  | Num        | 3            | A flag created to indicate that 79.5-100% of baseline survey was completed including all 6 ADL items (Q10a-f)<br>0 = Incomplete<br>1 = Complete   | √                 | √                 | √                 |
| <i>BxCMPFLG</i><br>Name Provided for Person Completing Baseline Survey   | Num        | 3            | Indicator of whether name was provided for person completing baseline survey<br>0 = Name not provided<br>1 = Name provided  | √                 | √                 | √                 |
| <i>BxTDOB</i><br>Beneficiary's Baseline Date of Birth (SAS Date Format)  | Num        | 8            | Beneficiary's SAS date of birth from the baseline member level record. This information is derived from CMS databases.<br>MMDDYY10. format  | √                 | √                 | √                 |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>BxTSRVDAT</i><br>Date Baseline Survey Completed (SAS Date Format)   | Num        | 8            | Beneficiary's baseline survey SAS date<br>MMDDYY10. format   | ✓                 | ✓                 | ✓                 |
| <i>BxTDOE</i><br>Beneficiary's Baseline Date of Accretion into Plan (SAS Date Format)                            | Num        | 8            | Beneficiary's baseline accretion into plan SAS date<br>MMDDYY10. format  | ✓                 | ✓                 | ✓                 |
| <i>BxTSRVDATIM</i><br>Date Baseline Survey Completed with Missing Values Imputed (SAS Date Format)               | Num        | 8            | Baseline survey SAS date created from the original date ( <i>BxTSRVDAT</i> ).<br>Records with a missing survey date were imputed by replacing the missing values with the following date: <ul style="list-style-type: none"> <li>• Cohort 14 - May 25, 2011, represents a midpoint survey date</li> <li>• Cohort 15 - May 9, 2012, represents a midpoint survey date</li> <li>• Cohort 16 - May 8, 2013, represents a midpoint survey date</li> </ul> MMDDYY10. format<br><br><i>Note: This variable, in combination with date of birth (BxTDOB), was used to calculate age (BxAGE).</i> | ✓                 | ✓                 | ✓                 |
| <i>BxTDOELMT</i><br>Baseline Date of Accretion Limit into Plan (SAS Date Format)                                 | Num        | 8            | Baseline survey SAS date of accretion limit into plan<br>MMDDYY10. format<br><br><i>Note: This variable, in combination with date of accretion into plan (BxTDOE), was used to calculate enrollment duration (BxENRDUR)</i>  | ✓                 | ✓                 | ✓                 |
| <i>BxBMI</i><br>Calculated Body Mass Index at Baseline   | Num        | 8            | $BMI = [Weight \text{ in pounds} / (Height \text{ in inches})^2] \times 703$<br><br><i>Note: Cohort 14 Baseline weight is the midpoint of the weight category<br/>Cohorts 15 and 16 Baseline weight is the actual value from the survey</i>  | ✓                 | ✓                 | ✓                 |
| <i>BxBMICAT</i><br>Categories of Body Mass Index at Baseline   | Num        | 3            | 1 = Underweight (BMI <20)<br>2 = Normal (BMI 20 - <25)<br>3 = Overweight (BMI 25 - <30)<br>4 = Obese (BMI 30 - <35)<br>5 = Morbid Obesity (BMI ≥ 35)   | ✓                 | ✓                 | ✓                 |
| <i>BxENRDUR</i><br>Beneficiary's Enrollment Duration at Baseline   | Num        | 8            | Beneficiary's enrollment duration (in months) at the time of the baseline survey   | ✓                 | ✓                 | ✓                 |

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# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS

| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>   | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>BxENRCAT</i><br>Beneficiary's Enrollment Duration Category at Baseline   | Num               | 8                   | Beneficiary's enrollment duration category at the time of the baseline survey<br>1 = 0 to 5 months<br>2 = 6 to 12 months<br>3 = 13 to 36 months<br>4 = 37 or more months   | ✓                        | ✓                        | ✓                        |
| <i>BxAGE</i><br>Beneficiary's Age at Baseline   | Num               | 8                   | Beneficiary's age at baseline.<br>AGE = floor((intck('month', <i>BxTDOB</i> , <i>BxTSRVDATIM</i> )-<br>(day( <i>BxTSRVDATIM</i> )< day( <i>BxTDOB</i> )))/12)  | ✓                        | ✓                        | ✓                        |
| <i>BxAGECAT</i><br>Beneficiary's Age Group at Baseline  | Num               | 8                   | Beneficiary's age group at baseline<br>0 = Under 65<br>1 = 65 to 69<br>2 = 70 to 74<br>3 = 75 to 79<br>4 = 80 to 84<br>5 = 85 or older   | ✓                        | ✓                        | ✓                        |
| <i>BxRACECAT</i><br>Beneficiary's Race Category at Baseline   | Num               | 8                   | Beneficiary's race category at baseline, created by combining values of the <i>BxRACE</i> variable<br>1 = White<br>2 = Black<br>3 = Other  | ✓                        | ✓                        | ✓                        |
| <i>BxHISPANA</i><br>Beneficiary's Hispanic Indicator at Baseline  | Num               | 8                   | Beneficiary's Hispanic Indicator at baseline, derived from questions 59a-e<br>1 = Yes<br>2 = No  |                          |                          | ✓                        |
| <i>BxMARCAT</i><br>Marital Status at Baseline Using Combined Groups   | Num               | 3                   | Beneficiary's marital status category at baseline, created by combining values of the <i>BxMARITAL</i> variable<br>1 = Married<br>2 = Divorced or separated<br>3 = Widowed<br>4 = Never married  | ✓                        | ✓                        | ✓                        |
| <i>BxEDCAT</i><br>Educational Status at Baseline Using Combined Groups  | Num               | 3                   | Beneficiary's education level category at baseline, created by combining values of the <i>BxEDUC</i> variable<br>1 = Did not graduate from high school<br>2 = High school graduate or GED<br>3 = Some college or 2 year degree<br>4 = Four year college degree or more | ✓                        | ✓                        | ✓                        |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxINCCAT</i><br>Household Income at Baseline Using Combined Groups  | Num        | 3            | Beneficiary's household income category at baseline, created by combining values of the <i>BxHHINC</i> variable<br>1 = Less than \$10,000<br>2 = \$10,000 - \$19,999<br>3 = \$20,000 - \$29,999<br>4 = \$30,000 - \$49,999<br>5 = \$50,000 or more<br>6 = Don't know  | ✓                 | ✓                 | ✓                 |
| <i>BxDEPSCREEN</i><br>Positive Depression Screen Indicator at Baseline   | Num        | 3            | Beneficiary's depression status at baseline based on four depression questions. The result is "1 = Positive" if any of three questions ( <b>Q36 – Q38</b> ) were answered "yes", or if <b>Q39</b> was answered at least "some or a little of the time".<br>0 = Negative<br>1 = Positive                                     | ✓                 | ✓                 |                   |
| <i>BxDEP2SCRN</i><br>Positive Depression Indicator at Baseline   | Num        | 3            | Beneficiary's depression status at follow up based on two depression questions, Q41a-b, with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered.<br>0 = Negative<br>1 = Positive |                   |                   | ✓                 |
| <i>BxCOMO</i><br>Number of Chronic Medical Conditions at Baseline  | Num        | 3            | Beneficiary's number of chronic conditions at baseline, obtained by counting the number of "yes" responses to questions 20 through 33 (range of 0-14) in <b>2011 &amp; 2012 HOS</b> ; and questions 22 through 36 (range of 0-15) in <b>2013 HOS</b> .  | ✓                 | ✓                 | ✓                 |
| <i>BxCOMOCT</i><br>Number of Chronic Medical Conditions Category at Baseline                                     | Num        | 3            | Beneficiary's number of chronic conditions category at baseline, created by combining values of the <i>BxCOMO</i> variable<br>0 = No conditions<br>1 = 1 condition<br>2 = 2 conditions<br>3 = 3 conditions<br>4 = 4 or more conditions  | ✓                 | ✓                 | ✓                 |
| <i>BxPCS</i><br>Baseline Physical Component Summary (PCS) Score  | Num        | 8            | Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm   | ✓                 | ✓                 | ✓                 |
| <i>BxMCS</i><br>Baseline Mental Component Summary (MCS) Score  | Num        | 8            | Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm   | ✓                 | ✓                 | ✓                 |
| <i>FxPATID</i><br>Anonymous Beneficiary ID at Follow Up  | Num        | 8            | Unique number assigned to each beneficiary in the follow up sample  | ✓                 | ✓                 | ✓                 |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE  | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|-------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxPLAN</i><br>Plan Identification Number at Follow Up   | Num         | 8            | Anonymous plan identification number assigned to each plan at the time of follow up sampling   | √                 | √                 |                   |
| <i>FxRECID</i><br>Record Identifier at Follow Up   | Char        | 1            | Follow up record identifier  | √                 | √                 | √                 |
| <i>FxRPTYR</i><br>Follow Up Reporting Year   | Num         | 3            | Reporting year for the follow up survey  | √                 | √                 | √                 |
| <i>FxCONTRACT</i><br>Plan Contract Number at Follow Up   | Char        | 5            | Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling.   | √                 | √                 |                   |
| <i>FxCONT_ID</i><br><b>Blinded Plan Contract Number at Follow Up</b>   | <b>Char</b> | <b>5</b>     | <b>Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.</b> |                   |                   | √                 |
| <i>FxPLAN_NAME</i><br>Plan name at Follow Up   | Char        | 70           | Plan name at the time of follow up sampling  | √                 | √                 |                   |
| <i>FxVENDOR</i><br>Survey Vendor at Follow Up  | Num         | 8            | Follow up survey vendor:<br>1413 = CSS<br>1415 = DataStat, Inc.<br>1417 = DSS Research<br>1437 = Ipsos (formerly Synovate)<br>1440 = Morpace, Inc.<br>1463 = The Myers Group<br>1471 = WBA<br>11778 = Thoroughbred   | √                 | √                 | √                 |
| <i>FxSNPEXFL</i><br>Exclusive Special Needs Plan Flag at Follow Up   | Num         | 8            | Exclusive Special Needs Plan Flag at the time of follow up sampling<br>0 = No<br>1 = Yes   | √                 | √                 |                   |
| <i>FxNCQAORGID</i><br>NCQA Healthcare Organization ID at Follow Up   | Num         | 8            | Organization ID supplied by NCQA at the time of follow up sampling   | √                 | √                 |                   |
| <i>FxNCQASUBID</i><br>NCQA Submission ID at Follow Up  | Num         | 8            | Submission ID supplied by NCQA at the time of follow up sampling   | √                 | √                 | √                 |
| <i>FxPLANID</i><br>Plan Identification Number at Follow Up   | Char        | 5            | Plan identification number at the time of follow up sampling   | √                 | √                 |                   |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxPBPID</i><br>Plan Benefit Package Number at Follow Up   | Char       | 3            | Plan Benefit Package (PBP) ID at the time of follow up sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website   | √                 | √                 |                   |
| <i>FxSNPTYPE</i><br>Type of Special Needs Plan at Follow Up  | Num        | 3            | <i>FxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment:<br>1 = Chronic or Disabling Condition<br>2 = Dual-Eligible<br>3 = Institutional | √                 | √                 |                   |
| <i>FxFIDEIND</i><br>Frailty Assessment FIDE Applicant Indicator at Follow Up                                     | Num        | 8            | FIDE Applicant Frailty Assessment Indicator at the time of follow up sampling<br>0 = Not an applicant<br>1 = Applicant is not eligible for quality reporting<br>2 = Applicant is only PBP in contract<br>3 = Applicant is one of multiple PBPs in contract  | √                 | √                 |                   |
| <i>FxFIDESST</i><br>Sampling Stage for FIDE Applicant at Follow Up   | Num        | 8            | FIDE Applicant Sampling Stage Indicator at the time of follow up sampling<br>0 = Not an applicant<br>1 = Stage 1 contract-level random sample<br>2 = Stage 2 Supplemental Sample; not previously selected<br>3 = Stage 2 Supplemental Sample; previously selected for Follow Up                         | √                 | √                 |                   |
| <i>FxHOSQRS</i><br>HOS Quality Reporting Sample Flag at Follow Up  | Num        | 8            | HOS Quality Reporting Sample Flag at the time of follow up sampling<br>0 = HOS non-quality reporting sample (voluntary FIDE SNPs)<br>1 = HOS quality reporting sample<br>*2 = Other HOS non-quality reporting sample<br>* Introduced in 2015 HOS  | √                 | √                 | √                 |
| <i>FxCITY</i><br>Beneficiary's City at Follow Up   | Char       | 22           | Beneficiary's city from the follow up member level record   | √                 | √                 | √                 |
| <i>FxSTATE</i><br>Beneficiary's State at Follow Up   | Char       | 22           | Beneficiary's state from the follow up member level record  | √                 | √                 | √                 |
| <i>FxZIP</i><br>Beneficiary's Zip Code at Follow Up  | Char       | 22           | Beneficiary's zip code from the follow up member level record   | √                 | √                 | √                 |
| <i>FxSTATEABV</i><br>Beneficiary's SSA State Two Letter Abbreviation at Follow Up                                | Char       | 2            | Beneficiary's two letter state abbreviation based on the follow up SSA state code   | √                 | √                 | √                 |
| <i>FxSTNAME</i><br>Beneficiary's SSA State Name at Follow Up   | Char       | 20           | Beneficiary's state name based on the follow up SSA state code  | √                 | √                 | √                 |

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|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxSTATECDE</i><br>Beneficiary's SSA State Code at Follow Up  | Char              | 2                   | Beneficiary's SSA state code from the follow up member level record  | ✓                        | ✓                        | ✓                        |
| <i>FxCTNAME</i><br>Beneficiary's SSA County Name at Follow Up   | Char              | 21                  | Beneficiary's county name based on the follow up SSA county code   | ✓                        | ✓                        | ✓                        |
| <i>FxCNTYCDE</i><br>Beneficiary's SSA County Code at Follow Up  | Char              | 3                   | Beneficiary's SSA county code from the follow up member level record   | ✓                        | ✓                        | ✓                        |
| <i>FxRACE</i><br>Beneficiary's Race at Follow Up (CMS)  | Num               | 3                   | Beneficiary's race from the follow up member level record. This information is derived from CMS databases.<br>0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = North American Native | ✓                        | ✓                        | ✓                        |
| <i>FxGENDER</i><br>Beneficiary's Gender at Follow Up (CMS)  | Num               | 3                   | Beneficiary's gender from the follow up member level record. This information is derived from CMS databases.<br>1 = Male<br>2 = Female   | ✓                        | ✓                        | ✓                        |
| <i>FxDOB</i><br>Beneficiary's Date of Birth   | Char              | 8                   | Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.  | ✓                        | ✓                        | ✓                        |
| <i>FxDOD</i><br>Beneficiary's Date of Death   | Char              | 8                   | Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.   | ✓                        | ✓                        | ✓                        |
| <i>FxDOE</i><br>Beneficiary's Follow Up Accretion Date into Plan  | Char              | 8                   | Beneficiary's accretion date into plan from the follow up member level record  | ✓                        | ✓                        | ✓                        |
| <i>FxDOT</i><br>Beneficiary's Follow Up Termination Date from Plan  | Char              | 8                   | Beneficiary's termination date from plan from the follow up member level record. This field is blank for all records.  | ✓                        | ✓                        | ✓                        |
| <i>FxESRD</i><br>Beneficiary's ESRD Status at Follow Up   | Num               | 3                   | Beneficiary's ESRD status at follow up. This information is derived from CMS databases.<br>0 = No ESRD<br>1 = ESRD   | ✓                        | ✓                        | ✓                        |

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|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>FxINSTUT</i><br>Beneficiary's Institutional Status at Follow Up  | Num               | 3                   | Beneficiary's institutional status at follow up. This information is derived from CMS databases.<br>0 = Out of institution<br>1 = Institutionalized<br>2 = Eligible for nursing home care   | ✓                        | ✓                        | ✓                        |
| <i>FxHOSPICE</i><br>Beneficiary's Hospice Status at Follow Up   | Num               | 3                   | Beneficiary's hospice status at follow up. This information is derived from CMS databases.<br>0 = No hospice start date present<br>1 = Hospice start date present   | ✓                        | ✓                        | ✓                        |
| <i>FxMEDICAID</i><br>Beneficiary's Medicaid Status at Follow Up   | Num               | 3                   | Beneficiary's Medicaid status at follow up. This information is derived from CMS databases.<br>0 = Out of Medicaid<br>1 = In Medicaid   | ✓                        | ✓                        | ✓                        |
| <i>FxENTITLE</i><br>Beneficiary's Reason for Entitlement at Follow Up   | Num               | 3                   | Beneficiary's reason for entitlement at follow up. This information is derived from CMS databases.<br>10 = Aged without ESRD<br>11 = Aged with ESRD<br>20 = Disabled without ESRD<br>21 = Disabled with ESRD<br>31 = ESRD only  | ✓                        | ✓                        | ✓                        |
| <i>FxPROTID</i><br>Protocol Identifier Flag at Follow Up  | Num               | 3                   | Beneficiary's survey protocol from the follow up member level record<br>1 = English Follow up – no proxy at baseline<br>2 = English Follow up – proxy at baseline<br>3 = Baseline<br>4 = Spanish Follow up – no proxy at baseline<br>5 = Spanish Follow up – proxy at baseline<br>6 = Chinese Follow up – no proxy at baseline<br>7 = Chinese Follow up – proxy at baseline | ✓                        | ✓                        | ✓                        |
| <i>FxSRVIND</i><br>Survey Indicator Variable  | Num               | 3                   | Beneficiary was sampled for inclusion in:<br>1 = Baseline survey only<br>2 = Follow up survey only<br>3 = Both baseline and follow up surveys   | ✓                        | ✓                        | ✓                        |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxVRGENHTH</i><br>Follow Up Survey:<br>General Health Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>In general, would you say your health is:</i><br>1 = Excellent<br>2 = Very good<br>3 = Good<br>4 = Fair<br>5 = Poor   | Q1                | Q1                | Q1                |
| <i>FxVRMACT</i><br>Follow Up Survey:<br>Moderate Activities Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i><br><b><u>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u></b><br>1 = Yes, limited a lot<br>2 = Yes, limited a little<br>3 = No, not limited at all  | Q2a               | Q2a               | Q2a               |
| <i>FxVRSTAIR</i><br>Follow Up Survey:<br>Climbing Several Flights of Stairs Question                             | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Does your health now limit you in these activities? If so, how much?</i><br><b><u>Climbing several flights of stairs</u></b><br>1 = Yes, limited a lot<br>2 = Yes, limited a little<br>3 = No, not limited at all   | Q2b               | Q2b               | Q2b               |
| <i>FxVRPACCL</i><br>Follow Up Survey:<br>Physical Health Limiting Amount Accomplished Question                   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i><br><b><u>Accomplished less than you would like (2013 &amp; 2014 HOS)</u></b><br><b><u>Accomplished less than you would like as a result of your physical health (2015 HOS)</u></b><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time | Q3a               | Q3a               | Q3a               |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxVRPWORK</i><br>Follow Up Survey:<br>Physical Health Limiting the Kind of Activities Question                | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i><br><u>Were limited in the <b>kind</b> of work or other activities (2013 &amp; 2014 HOS)</u><br><u>Were limited in the <b>kind</b> of work or other activities as a result of your physical health (2015 HOS)</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time  | Q3b               | Q3b               | Q3b               |
| <i>FxVRMACCL</i><br>Follow Up Survey:<br>Emotional Problems Limiting Amount Accomplished Question                | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i><br><u>Accomplished less than you would like (2013 &amp; 2014 HOS)</u><br><u>Accomplished less than you would like as a result of any emotional problems (2015 HOS)</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time   | Q4a               | Q4a               | Q4a               |
| <i>FxVRMWORK</i><br>Follow Up Survey:<br>Emotional Problems Limiting Carefulness Question                        | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i><br><u>Didn't do work or other activities as <b>carefully</b> as usual (2013 &amp; 2014 HOS)</u><br><u>Didn't do work or other activities as <b>carefully</b> as usual as a result of any emotional problems (2015 HOS)</u><br>1 = No, none of the time<br>2 = Yes, a little of the time<br>3 = Yes, some of the time<br>4 = Yes, most of the time<br>5 = Yes, all of the time | Q4b               | Q4b               | Q4b               |

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|--|------------|--------------|--|---------|---------|---------|
| <i>FxVRPAIN</i><br>Follow Up Survey:<br>Pain Interfering with Work Question                                      | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i><br>1 = Not at all<br>2 = A little bit<br>3 = Moderately<br>4 = Quite a bit<br>5 = Extremely   | Q5      | Q5      | Q5      |
| <i>FxVRCALM</i><br>Follow Up Survey:<br>Calm and Peaceful Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Have you felt calm and peaceful?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time | Q6a     | Q6a     | Q6a     |
| <i>FxVREENERGY</i><br>Follow Up Survey:<br>Lots of Energy Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Did you have a lot of energy?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time    | Q6b     | Q6b     | Q6a     |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxVRDOWN</i><br>Follow Up Survey:<br>Downhearted and Blue Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i><br><i>How much of the time during the past 4 weeks...</i><br><u>Have you felt downhearted and blue?</u><br>1 = All of the time<br>2 = Most of the time<br>3 = A good bit of the time<br>4 = Some of the time<br>5 = A little of the time<br>6 = None of the time | Q6c               | Q6c               | Q6b               |
| <i>FxVRSACT</i><br>Follow Up Survey:<br>Amount of Time Health Interfering with Social Activities Question        | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 4 weeks, how much of the time has your <b>physical health or emotional problems</b> interfered with your social activities (like visiting with friends, relatives, etc.)?</i><br>1 = All of the time<br>2 = Most of the time<br>3 = Some of the time<br>4 = A little of the time<br>5 = None of the time  | Q7                | Q7                | Q6c               |
| <i>FxVRPHCMP</i><br>Follow Up Survey:<br>Physical Health Compared to One Year Ago Question                       | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Now, we'd like to ask you some questions about how your health may have changed. <b>Compared to one year ago</b>, how would you rate your <b>physical health</b> in general <b>now</b>?</i><br>1 = Much better<br>2 = Slightly better<br>3 = About the same<br>4 = Slightly worse<br>5 = Much worse   | Q8                | Q8                | Q8                |
| <i>FxVRMHCMP</i><br>Follow Up Survey:<br>Emotional Health Compared to One Year Ago Question                      | Num        | 3            | Beneficiary's response from the follow up survey:<br><i><b>Compared to one year ago</b>, how would you rate your <b>emotional problems</b> (such as feeling anxious, depressed or irritable) in general <b>now</b>?</i><br>1 = Much better<br>2 = Slightly better<br>3 = About the same<br>4 = Slightly worse<br>5 = Much worse   | Q9                | Q9                | Q9                |

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| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>   | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxADLBTH</i><br>Follow Up Survey:<br>Bathing Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Bathing</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                     | Q10a                     | Q10a                     | Q10a                     |
| <i>FxADLDRS</i><br>Follow Up Survey:<br>Dressing Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Dressing</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                    | Q10b                     | Q10b                     | Q10b                     |
| <i>FxADLEAT</i><br>Follow Up Survey:<br>Eating Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Eating</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                      | Q10c                     | Q10c                     | Q10c                     |
| <i>FxADLCHR</i><br>Follow Up Survey:<br>Getting In/Out of Chairs Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Getting in or out of chairs</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity | Q10d                     | Q10d                     | Q10d                     |
| <i>FxADLWLK</i><br>Follow Up Survey:<br>Walking Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Walking</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity                     | Q10e                     | Q10e                     | Q10e                     |

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|--|------------|--------------|---|---------|---------|---------|
| <i>FxADLTLT</i><br>Follow Up Survey:<br>Using the Toilet Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i><br><u>Using the toilet</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I am unable to do this activity   | Q10f    | Q10f    | Q10f    |
| <i>FxDIFMEALS</i><br>Follow Up Survey:<br>Difficulty Preparing Meals Question                                    | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Preparing meals</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity   | Q11a    | Q11a    | Q11a    |
| <i>FxDIFMONEY</i><br>Follow Up Survey:<br>Difficulty Managing Money Question                                     | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Managing money</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity  | Q11b    | Q11b    | Q11b    |
| <i>FxDIFMEDS</i><br>Follow Up Survey:<br>Difficulty Taking Medication as Prescribed Question                     | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i><br><u>Taking medication as prescribed</u><br>1 = No, I do not have difficulty<br>2 = Yes, I have difficulty<br>3 = I don't do this activity   | Q11c    | Q11c    | Q11c    |
| <i>FxHDPHY</i><br>Follow Up Survey:<br>Number of Days Physical Health Not Good Question                          | Num        | 3            | Beneficiary's response from the follow up survey:<br>These next questions ask about your physical and mental health during the past 30 days.<br><i>Now, thinking about your physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was your physical health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.) Your best estimate is fine.</i> | Q12     | Q12     | Q12     |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxHDMEN</i><br>Follow Up Survey:<br>Number of Days Mental Health Not Good Question                            | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</i><br><i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days.) Your best estimate is fine.</i> | Q13               | Q13               | Q13               |
| <i>FxHDACT</i><br>Follow Up Survey:<br>Number of Days Poor Health Interfered with Daily Activity Question        | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.) Your best estimate is fine.</i>                      | Q14               | Q14               | Q14               |
| <i>FxDIFSEE</i><br>Follow Up Survey:<br>Blind or Serious Difficulty Seeing Question                              | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</i><br>1 = Yes<br>2 = No   | Q15               | Q15               | Q15               |
| <i>FxDIFHEAR</i><br>Follow Up Survey:<br>Deaf or Serious Difficulty Hearing Question                             | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</i><br>1 = Yes<br>2 = No   | Q16               | Q16               | Q16               |
| <i>FxDIFREMEM</i><br>Follow Up Survey:<br>Difficulty Concentrating, Remembering, or Making Decisions Question    | Num        | 3            | Beneficiary's response from the follow up survey:<br><b><i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?</i></b><br>1 = Yes<br>2 = No   | Q17               | Q17               | Q17               |
| <i>FxDIFWKSTR</i><br>Follow Up Survey:<br>Difficulty Walking or Climbing Stairs Question                         | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you have serious difficulty walking or climbing stairs?</i><br>1 = Yes<br>2 = No   | Q18               |                   |                   |
| <i>FxDIFDRBTH</i><br>Follow Up Survey:<br>Difficulty Dressing or Bathing Question                                | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you have difficulty dressing or bathing?</i><br>1 = Yes<br>2 = No  | Q19               |                   |                   |
| <i>FxDIFERRND</i><br>Follow Up Survey:<br>Difficulty Doing Errands Question                                      | Num        | 3            | Beneficiary's response from the follow up survey:<br><b><i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</i></b><br>1 = Yes<br>2 = No   | Q20               | Q18               | Q18               |

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|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxDIFMPROB</i><br>Follow Up Survey:<br>Memory Problems Interfered with Activities Question                           | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>In the past month, how often did memory problems interfere with your daily activities?</i><br>1 = Every day (7 days a week)<br>2 = Most days (5-6 days a week)<br>3 = Some days (2-4 days a week)<br>4 = Rarely (once a week or less)<br>5 = Never | Q21                      | Q19                      | Q19                      |
| <i>FxCCHBP</i><br>Follow Up Survey:<br>Hypertension Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Hypertension or high blood pressure</u><br>1 = Yes<br>2 = No  | Q22                      | Q20                      | Q20                      |
| <i>FxCC_CAD</i><br>Follow Up Survey:<br>Angina/Coronary Artery Disease Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Angina pectoris or coronary artery disease</u><br>1 = Yes<br>2 = No   | Q23                      | Q21                      | Q21                      |
| <i>FxCC_CHF</i><br>Follow Up Survey:<br>Congestive Heart Failure Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Congestive heart failure</u><br>1 = Yes<br>2 = No   | Q24                      | Q22                      | Q22                      |
| <i>FxCCMI</i><br>Follow Up Survey:<br>Myocardial Infarction Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>A myocardial infarction or heart attack</u><br>1 = Yes<br>2 = No  | Q25                      | Q23                      | Q23                      |
| <i>FxCCHRTOTH</i><br>Follow Up Survey:<br>Other Heart Conditions Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u><br>1 = Yes<br>2 = No   | Q26                      | Q24                      | Q24                      |

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|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>FxCCSTROKE</i><br>Follow Up Survey:<br>Stroke Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>A stroke</u><br>1 = Yes<br>2 = No  | Q27                      | Q25                      | Q25                      |
| <i>FxCC_COPD</i><br>Follow Up Survey:<br>COPD Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u><br>1 = Yes<br>2 = No     | Q28                      | Q26                      | Q26                      |
| <i>FxCCGI</i><br>Follow Up Survey:<br>Inflammatory Bowel Disease Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u><br>1 = Yes<br>2 = No        | Q29                      | Q27                      | Q27                      |
| <i>FxCCARTHIP</i><br>Follow Up Survey:<br>Arthritis of Hip/Knee Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Arthritis of the hip or knee</u><br>1 = Yes<br>2 = No  | Q30                      | Q28                      | Q28                      |
| <i>FxCCARTHND</i><br>Follow Up Survey:<br>Arthritis of Hand/Wrist Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Arthritis of the hand or wrist</u><br>1 = Yes<br>2 = No  | Q31                      | Q29                      | Q29                      |
| <i>FxCCOSTEO</i><br>Follow Up Survey:<br>Osteoporosis Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Osteoporosis, sometimes called thin or brittle bones</u><br>1 = Yes<br>2 = No                      | Q32                      | Q30                      | Q30                      |
| <i>FxCCSCIATI</i><br>Follow Up Survey:<br>Sciatica Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Sciatica (pain or numbness that travels down your leg to below your knee)</u><br>1 = Yes<br>2 = No | Q33                      | Q31                      | Q31                      |

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|--|------------|--------------|---|---------|---------|---------|
| <i>FxCCDIABET</i><br>Follow Up Survey:<br>Diabetes Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Diabetes, high blood sugar, or sugar in the urine</u><br>1 = Yes<br>2 = No   | Q34     | Q32     | Q32     |
| <i>FxCCDEP</i><br>Follow Up Survey:<br>Depression Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Depression</u><br>1 = Yes<br>2 = No  | Q35     | Q33     | Q33     |
| <i>FxCCANYCA</i><br>Follow Up Survey:<br>Any Cancer Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Has a doctor ever told you that you had:</i><br><u>Any cancer (other than skin cancer)</u><br>1 = Yes<br>2 = No   | Q36     | Q34     | Q34     |
| <i>FxCACOLON</i><br>Follow Up Survey:<br>Colorectal Cancer Treatment Question                                    | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 34 (2014 &amp; 2015 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Colon or rectal cancer</u><br>1 = Yes<br>2 = No | Q37a    | Q35a    | Q35a    |
| <i>FxCALUNG</i><br>Follow Up Survey:<br>Lung Cancer Treatment Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 34 (2014 &amp; 2015 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Lung cancer</u><br>1 = Yes<br>2 = No            | Q37b    | Q35b    | Q35b    |

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|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxCABRST</i><br>Follow Up Survey:<br>Breast Cancer Treatment Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 34 (2014 &amp; 2015 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Breast cancer</u><br>1 = Yes<br>2 = No                         | Q37c                     | Q35c                     | Q35c                     |
| <i>FxCAPROS</i><br>Follow Up Survey:<br>Prostate Cancer Treatment Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 34 (2014 &amp; 2015 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Prostate cancer</u><br>1 = Yes<br>2 = No                       | Q37d                     | Q35d                     | Q35d                     |
| <i>FxCAOTHER</i><br>Follow Up Survey:<br>Treatment for Other Cancer Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>If you answered "yes" to question 36 (2013 HOS) above (that you have had cancer),</i><br><i>If you answered "yes" to question 34 (2014 &amp; 2015 HOS) above (that you have had cancer),</i><br><i>Are you currently under treatment for:</i><br><u>Other cancer (other than skin cancer)</u><br>1 = Yes<br>2 = No | Q37e                     | Q35e                     | Q35e                     |
| <i>FxPAINDACT</i><br>Follow Up Survey:<br>Pain Interfered With Activities Question                                      | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>In the past 7 days, how much did pain interfere with your day to day activities?</i><br>1 = Not at all<br>2 = A little bit<br>3 = Somewhat<br>4 = Quite a bit<br>5 = Very much   | Q38                      | Q36                      | Q36                      |

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| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>   | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxPAINSACT</i><br>Follow Up Survey:<br>Pain Kept You from Socializing With Others Question                           | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>In the past 7 days, how often did pain keep you from socializing with others?</i><br>1 = Never<br>2 = Rarely<br>3 = Sometimes<br>4 = Often<br>5 = Always   | Q39                      | Q37                      | Q37                      |
| <i>FxPAINRATE</i><br>Follow Up Survey:<br>Average Pain Rating Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>In the past 7 days, how would you rate your pain on average?</i><br>1 = No pain<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10 = Worst imaginable pain  | Q40                      | Q38                      | Q38                      |
| <i>FxDEPNOPLS</i><br>Follow Up Survey:<br>Little Interest or Pleasure In Doing Things Question                          | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i><br><u>Little interest or pleasure in doing things</u><br>1 = Not at all<br>2 = Several days<br>3 = More than half the days<br>4 = Nearly every day | Q41a                     | Q39a                     | Q39a                     |
| <i>FxDEPDOWN</i><br>Follow Up Survey:<br>Feeling Down, Depressed, or Hopeless Question                                  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i><br><u>Feeling down, depressed or hopeless</u><br>1 = Not at all<br>2 = Several days<br>3 = More than half the days<br>4 = Nearly every day         | Q41b                     | Q39b                     | Q39b                     |

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# B16F16 = 2013-2015 Cohort 16 Merged Baseline and Follow Up LDS

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|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxCMPHTH</i><br>Follow Up Survey:<br>Comparative Health Question   | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>In general, compared to other people your age, would you say that your health is:</i><br>1 = Excellent<br>2 = Very good<br>3 = Good<br>4 = Fair<br>5 = Poor  | Q42                      | Q40                      | Q40                      |
| <i>FxSMOKE</i><br>Follow Up Survey:<br>Current Smoker Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Do you now smoke every day, some days, or not at all?</i><br>1 = Every day<br>2 = Some days<br>3 = Not at all<br>4 = Don't know  | Q43                      | Q41                      | Q41                      |
| <i>FxMUILKG</i><br>Follow Up Survey:<br>Urine Leakage Question  | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine? (2013 &amp; 2014 HOS)</i><br><i>Many people experience leakage of urine. In the past 6 months, have you experienced leaking of urine? (2015 HOS)</i><br>1 = Yes (2013 HOS, Go to Q45) (2014 & 2015 HOS, Go to Q43)<br>2 = No (2013 HOS, Go to Q48) (2014 & 2015 HOS, Go to Q46) | Q44                      | Q42                      | Q42                      |
| <i>FxMUIMAG</i><br>Follow Up Survey:<br>Magnitude of Urine Leakage Problem Question                                     | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>How much of a problem, if any, was the urine leakage for you?</i><br>1 = A big problem (2013 HOS, Go to Q46) (2014 HOS, Go to Q44)<br>2 = A small problem (2013 HOS, Go to Q46) (2014 HOS, Go to Q44)<br>3 = Not a problem (2013 HOS, Go to Q48) (2014 HOS, Go to Q46)   | Q45                      | Q43                      |                          |
| <i>FxMUIDACT</i><br>Follow Up Survey:<br>Urine Leakage Changed Daily Activities Question                                | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</i><br>1 = A lot<br>2 = Somewhat<br>3 = Not at all   |                          |                          | Q43                      |
| <i>FxMUITLK</i><br>Follow Up Survey:<br>Talked with Doctor about Urine Leakage Question                                 | Num               | 3                   | Beneficiary's response from the follow up survey:<br><i>Have you talked with your current doctor or other health provider about your urine leakage problem? (2013 &amp; 2014 HOS)</i><br><i>Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine? (2015 HOS)</i><br>1 = Yes<br>2 = No   | Q46                      | Q44                      | Q44                      |

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|---|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxMUITRT</i><br>Follow Up Survey:<br>Received Treatment for Urine Leakage Question (2014 & 2015 HOS)<br>Talked About Treatment for Urine Leakage Question (2015 HOS) | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem? (2013 &amp; 2014 HOS)</i><br><i>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? (2015 HOS)</i><br>1 = Yes<br>2 = No | Q47               | Q45               | Q45               |
| <i>FxPAOTLK</i><br>Follow Up Survey:<br>Talked with Doctor About Physical Activities Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i><br>1 = Yes (2013 HOS, Go to Q49) (2014 & 2015 HOS, Go to Q47)<br>2 = No (2013 HOS, Go to Q49) (2014 & 2015 HOS, Go to Q47)<br>3 = I had no visits in the past 12 months (2013 HOS, Go to Q50) (2014 & 2015 HOS, Go to Q48)                                  | Q48               | Q46               | Q46               |
| <i>FxPAOADV</i><br>Follow Up Survey:<br>Advised to Increase or Maintain Activities Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i><br>1 = Yes<br>2 = No   | Q49               | Q47               | Q47               |
| <i>FxFRMTLK</i><br>Follow Up Survey:<br>Talked with Doctor about Falling or Balance Problem Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i><br>1 = Yes<br>2 = No<br>3 = I had no visits in the past 12 months  | Q50               | Q48               | Q48               |
| <i>FxFRMFALL</i><br>Follow Up Survey:<br>Fell in Past 12 Months Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Did you fall in the past 12 months?</i><br>1 = Yes<br>2 = No  | Q51               | Q49               | Q49               |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxFRMBAL</i><br>Follow Up Survey:<br>Problem with Walking or Balance in Past 12 Months Question               | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>In the past 12 months, have you had a problem with balance or walking?</i><br>1 = Yes<br>2 = No   | Q52               | Q50               | Q50               |
| <i>FxFRMPREV</i><br>Follow Up Survey:<br>Talked with Doctor about How to Prevent Falls Question                  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i><br><ul style="list-style-type: none"> <li>• Suggest that you use a cane or walker</li> <li>• Check your blood pressure lying or standing</li> <li>• Suggest that you do an exercise or physical therapy program</li> <li>• Suggest a vision or hearing testing</li> </ul> 1 = Yes<br>2 = No<br>3 = I had no visits in the past 12 months | Q53               | Q51               | Q51               |
| <i>FxOTOTEST</i><br>Follow Up Survey:<br>Bone Density Test for Osteoporosis Question                             | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger. (2013 &amp; 2014 HOS)</i><br><i>Have you <b>ever</b> had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as "brittle bones"? This test would have been done to your back or hip. (2015 HOS)</i><br>1 = Yes<br>2 = No   | Q54               | Q52               | Q52               |
| <i>FxSLEEPHRS</i><br>Follow Up Survey:<br>Average Hours of Sleep per Night in Past Month Question                | Num        | 3            | During the <b>past month</b> , on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)<br>1 = Less than 5 hours<br>2 = 5–6 hours<br>3 = 7–8 hours<br>4 = 9 or more hours  |                   |                   | Q53               |
| <i>Fx SLEEPQUA</i><br>Follow Up Survey:<br>Overall Sleep Quality Rating in Past Month Question                   | Num        | 3            | During the <b>past month</b> , how would you rate your overall sleep quality?<br>1 = Very Good<br>2 = Fairly Good<br>3 = Fairly Bad<br>4 = Very Bad   |                   |                   | Q54               |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxWEIGHTLB</i><br>Follow Up Survey:<br>How Much Do You Weigh in Pounds Question                               | Num        | 8            | Beneficiary's response from the follow up survey:<br><i>How much do you weigh in pounds (lbs.)?</i>   | Q55               | Q53               | Q55               |
| <i>FxHEIGHTFT</i><br>Follow Up Survey:<br>How Tall are You Without Shoes on in Feet and Inches Question          | Num        | 8            | Beneficiary's response from the follow up survey:<br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.) (2013 &amp; 2014 HOS)</i><br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up. (2015 HOS)</i><br><br><b>Note:</b> This field contains only the feet (ft.) portion of the response.   | Q56a              | Q54a              | Q56a              |
| <i>FxHEIGHTIN</i><br>Follow Up Survey:<br>How Tall are You Without Shoes on in Feet and Inches Question          | Num        | 8            | Beneficiary's response from the follow up survey:<br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.) (2013 &amp; 2014 HOS)</i><br><i>How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up. (2015 HOS)</i><br><br><b>Note:</b> This field contains only the inches (in.) portion of the response. | Q56b              | Q54b              | Q56b              |
| <i>FxSRVBRYR</i><br>Follow Up Survey:<br>Survey Reported Year of Birth Question                                  | Char       | 4            | Beneficiary's response from the follow up survey:<br><i>In what year were you born? Please provide your year of birth only.</i>   | Q57               |                   |                   |
| <i>FxSRVGEND</i><br>Follow Up Survey:<br>Survey Reported Gender Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your sex? (2013 HOS)</i><br><i>Are you male or female? (2014 &amp; 2015 HOS)</i><br>1 = Male<br>2 = Female  | Q58               | Q55               | Q57               |
| <i>FxHPNOHISP</i><br>Follow Up Survey:<br>No, not Hispanic, Latino/a or Spanish Origin Question                  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>a. No, not of Hispanic, Latino/a or Spanish origin</i></u><br>0 = No, not Hispanic not checked<br>1 = No, not Hispanic checked  | Q59a              | Q56a              | Q58a              |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxHPMEX</i><br>Follow Up Survey:<br>Yes, Mexican, Mexican American,<br>Chicano/a Question                     | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>b. Yes, Mexican, Mexican American, Chicano/a</i></u><br>0 = Respondent did not check Mexican<br>1 = Respondent checked Mexican                       | Q59b              | Q56b              | Q58b              |
| <i>FxHPPR</i><br>Follow Up Survey:<br>Yes, Puerto Rican Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>c. Yes, Puerto Rican</i></u><br>0 = Respondent did not check Puerto Rican<br>1 = Respondent checked Puerto Rican                                     | Q59c              | Q56c              | Q58c              |
| <i>FxHPCUBA</i><br>Follow Up Survey:<br>Yes, Cuban Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>d. Yes, Cuban</i></u><br>0 = Respondent did not check Cuban<br>1 = Respondent checked Cuban  | Q59d              | Q56d              | Q58d              |
| <i>FxHPOTHER</i><br>Follow Up Survey:<br>Yes, Another Hispanic, Latino/a or<br>Spanish Origin Question           | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Are you of Hispanic, Latino/a or Spanish Origin?(one or more categories may be selected)</i><br><u><i>e. Yes, Another Hispanic, Latino/a or Spanish origin</i></u><br>0 = Respondent did not check Other Hispanic<br>1 = Respondent checked Other Hispanic | Q59e              | Q56e              | Q58e              |
| <i>FxRCWHITE</i><br>Follow Up Survey:<br>White Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>a. White</i></u><br>0 = Respondent did not check White<br>1 = Respondent checked White  | Q60a              | Q57a              | Q59a              |
| <i>FxRCAFRAM</i><br>Follow Up Survey:<br>Black or African American Question                                      | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><u><i>b. Black or African American</i></u><br>0 = Respondent did not check Black or African American<br>1 = Respondent checked Black or African American                                | Q60b              | Q57b              | Q59b              |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxRCNATAM</i><br>Follow Up Survey:<br>American Indian or Alaskan Native Question                              | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>c. American Indian or Alaskan Native</i><br>0 = Respondent did not check American Indian or Alaskan Native<br>1 = Respondent checked American Indian or Alaskan Native | Q60c              | Q57c              | Q59c              |
| <i>FxRCINDIA</i><br>Follow Up Survey:<br>Asian Indian Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>d. Asian Indian</i><br>0 = Respondent did not check Asian Indian<br>1 = Respondent checked Asian Indian  | Q60d              | Q57d              | Q59d              |
| <i>FxRCCHINA</i><br>Follow Up Survey:<br>Chinese Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>e. Chinese</i><br>0 = Respondent did not check Chinese<br>1 = Respondent checked Chinese   | Q60e              | Q57e              | Q59e              |
| <i>FxRCFILIP</i><br>Follow Up Survey:<br>Filipino Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>f. Filipino</i><br>0 = Respondent did not check Filipino<br>1 = Respondent checked Filipino  | Q60f              | Q57f              | Q59f              |
| <i>FxRCJAPAN</i><br>Follow Up Survey:<br>Japanese Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>g. Japanese</i><br>0 = Respondent did not check Japanese<br>1 = Respondent checked Japanese  | Q60g              | Q57g              | Q59g              |
| <i>FxRCKOREA</i><br>Follow Up Survey:<br>Korean Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>h. Korean</i><br>0 = Respondent did not check Korean<br>1 = Respondent checked Korean  | Q60h              | Q57h              | Q59h              |
| <i>FxRCVIET</i><br>Follow Up Survey:<br>Vietnamese Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>i. Vietnamese</i><br>0 = Respondent did not check Vietnamese<br>1 = Respondent checked Vietnamese  | Q60i              | Q57i              | Q59i              |

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| <i>FxRCOTHASN</i><br>Follow Up Survey:<br>Other Asian Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>j. Other Asian</i><br>0 = Respondent did not check Other Asian<br>1 = Respondent checked Other Asian                                  | Q60j              | Q57j              | Q59j              |
| <i>FxRCHAWAII</i><br>Follow Up Survey:<br>Native Hawaiian Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>k. Native Hawaiian</i><br>0 = Respondent did not check Native Hawaiian<br>1 = Respondent checked Native Hawaiian                      | Q60k              | Q57k              | Q59k              |
| <i>FxRCGUAM</i><br>Follow Up Survey:<br>Guamanian or Chamorro Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>l. Guamanian or Chamorro</i><br>0 = Respondent did not check Guamanian or Chamorro<br>1 = Respondent checked Guamanian or Chamorro    | Q60l              | Q57l              | Q59l              |
| <i>FxRCSAMOA</i><br>Follow Up Survey:<br>Samoan Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>m. Samoan</i><br>0 = Respondent did not check Samoan<br>1 = Respondent checked Samoan   | Q60m              | Q57m              | Q59m              |
| <i>FxRCOTHPAC</i><br>Follow Up Survey:<br>Other Pacific Islander Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your race? (One or more categories may be selected)</i><br><i>n. Other Pacific Islander</i><br>0 = Respondent did not check Other Pacific Islander<br>1 = Respondent checked Other Pacific Islander | Q60n              | Q57n              | Q59n              |
| <i>FxSPEAKENG</i><br>How well do you speak English Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>How well do you speak English?</i><br>1 = Very well<br>2 = Well<br>3 = Not well<br>4 = Not at all   | Q61               | Q58               |                   |
| <i>FxSPEAKLNG</i><br>Language Mainly Spoken at Home Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What language do you mainly speak at home?</i><br>1 = English<br>2 = Spanish<br>3 = Chinese<br>4 = Some other language  |                   |                   | Q60a              |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxSPEAKOTH</i><br>Specify Other Language Spoken at Home Question  | Char       | 20           | Beneficiary's response from the follow up survey:<br><i>What language do you mainly speak at home?</i><br>Some other language (please specify)_____  |                   |                   | Q60b              |
| <i>FxMARITAL</i><br>Follow Up Survey:<br>Marital Status Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is your current marital status?</i><br>1 = Married<br>2 = Divorced<br>3 = Separated<br>4 = Widowed<br>5 = Never married   | Q62               | Q59               | Q61               |
| <i>FxEDUC</i><br>Follow Up Survey:<br>Education Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>What is the highest grade or level of school that you have completed?</i><br>1 = 8 <sup>th</sup> grade or less<br>2 = Some high school, but did not graduate<br>3 = High school graduate or GED<br>4 = Some college or 2 year degree<br>5 = 4 year college graduate<br>6 = More than a 4 year college degree | Q63               | Q60               | Q62               |
| <i>FxLVALONE</i><br>Follow Up Survey:<br>Living Alone Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you live alone or with others?(One or more categories may be selected)</i><br><u>a. Alone</u><br>0 = Respondent did not check live alone<br>1 = Respondent checked live alone   | Q64a              | Q61a              | Q63a              |
| <i>FxLVSPOUSE</i><br>Follow Up Survey:<br>Living With Spouse/Significant Other Question                          | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you live alone or with others?( One or more categories may be selected)</i><br><u>b. With spouse/significant other</u><br>0 = Respondent did not check live with spouse/significant other<br>1 = Respondent checked live with spouse/significant other  | Q64b              | Q61b              | Q63b              |
| <i>FxLVCHILD</i><br>Follow Up Survey:<br>Living With Children/Other Relatives Question                           | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you live alone or with others?( One or more categories may be selected)</i><br><u>c. With children/ other relatives</u><br>0 = Respondent did not check live with children/other relatives<br>1 = Respondent checked live with children/other relatives   | Q64c              | Q61c              | Q63c              |
| <i>FxLVNONREL</i><br>Follow Up Survey:<br>Living With Non-Relatives Question                                     | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you live alone or with others?( One or more categories may be selected)</i><br><u>d. With non-relatives</u><br>0 = Respondent did not check live with non-relatives<br>1 = Respondent checked live with non-relatives   | Q64d              | Q61d              | Q63d              |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxLVCAREGV</i><br>Follow Up Survey:<br>Living With Paid Caregiver Question                                    | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you live alone or with others? (One or more categories may be selected)</i><br><i>e. With paid caregiver</i><br>0 = Respondent did not check live with paid caregiver<br>1 = Respondent checked live with paid caregiver  | Q64e              | Q61e              | Q63e              |
| <i>FxWHERELV</i><br>Follow Up Survey:<br>Where Do You Live Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Where do you live?</i><br>1 = House, apartment, condominium, or mobile home<br><i>(2013 HOS, Go to Q66) (2014 HOS, Go to Q63) (2015 HOS, Go to Q65)</i><br>2 = Assisted living or board and care home<br><i>(2013 HOS, Go to Q66) (2014 HOS, Go to Q63) (2015 HOS, Go to Q65)</i><br>3 = Nursing home<br><i>(2013 HOS, Go to Q69) (2014 HOS, Go to Q64) (2015 HOS, Go to Q66)</i><br>4 = Other<br><i>(2013 HOS, Go to Q69) (2013 HOS, Go to Q64) (2015 HOS, Go to Q66)</i> | Q65               | Q62               | Q64               |
| <i>FxHMOWN</i><br>Follow Up Survey:<br>Housing Question  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Is the house or apartment you currently live in:</i><br>1 = Owned or being bought by you<br>2 = Owned or being bought by someone in your family other than you<br>3 = Rented for money<br>4 = Not owned and one in which you live without payment of rent<br>5 = None of the above   | Q66               | Q63               | Q65               |
| <i>FxCAREOTHR</i><br>Follow Up Survey:<br>Care for Someone Else Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you currently provide care for someone else in your home?</i><br>1 = Yes <i>(Go to Q68)</i><br>2 = No <i>(Go to Q69)</i>  | Q67               |                   |                   |
| <i>FxCAREDAYS</i><br>Follow Up Survey:<br>Days provided Care During Past Week Question                           | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>During the past week, how many days did you provide at least some care?</i><br>1 = No care provided in the last week<br>2 = 1 or 2 days<br>3 = 3 or 4 days<br>4 = 5 or 6 days<br>5 = 7 days (every day)  | Q68               |                   |                   |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxDIFTRANS</i><br>Follow Up Survey:<br>Difficulty Getting to Places Question                                  | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Do you have difficulty getting to places you need to go (either by driving or by getting a ride)?</i><br>1 = Always or almost always<br>2 = Sometimes<br>3 = Almost never or never   | Q69               |                   |                   |
| <i>FxCMPWHO</i><br>Follow Up Survey:<br>Who Completed this Survey Question                                       | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Who completed this survey form?</i><br>1 = Person to whom survey was addressed<br><b>(2013 HOS, Go to Q72) (2014 HOS, Go to Q66) (2015 HOS, Go to Q68)</b><br>2 = Family member or relative of person to whom the survey was addressed<br>3 = Friend of person to whom the survey was addressed<br>4 = Professional caregiver of person to whom the survey was addressed                                   | Q70               | Q64               | Q66               |
| <i>FxHHINC</i><br>Follow Up Survey:<br>Household Income Question   | Num        | 3            | Beneficiary's response from the follow up survey:<br><i>Which of the following categories best represents the combined income for all family members in your household for the past 12 months?</i><br>1 = Less than \$5,000<br>2 = \$5,000 - \$9,999<br>3 = \$10,000 - \$19,999<br>4 = \$20,000 - \$29,999<br>5 = \$30,000 - \$39,999<br>6 = \$40,000 - \$49,999<br>7 = \$50,000 - \$79,999<br>8 = \$80,000 - \$99,999<br>9 = \$100,000 or more<br>10 = Don't know | Q72               | Q66               | Q68               |

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| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>  | <b>B14F14*</b><br>FIELDS | <b>B15F15†</b><br>FIELDS | <b>B16F16#</b><br>FIELDS |
|---|-------------------|---------------------|---|--------------------------|--------------------------|--------------------------|
| <i>FxSRVDISP</i><br>Disposition of Follow Up Survey   | Char              | 3                   | Survey disposition at follow up<br>("M" prefix=Mail, "T" prefix=Telephone)<br>M10/T10 = Complete survey (79.5-100% complete and all 6 ADL items [Q10a-f] answered)<br>M11/T11 = Non-response: partial complete survey (50-79% complete, or 79.5-100% complete and at least one ADL unanswered)<br>M20/T20 = Ineligible: deceased<br>M21/T21 = Ineligible: not enrolled in MAO<br>M23/T23 = Ineligible: language barrier<br>T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number<br>M25 = Ineligible: respondent removed from sample<br>M31/T31 = Nonresponse: break-off (0- 49% complete)<br>M32/T32 = Nonresponse: refusal<br>M33/T33 = Nonresponse: respondent unavailable<br>M34/T34 = Nonresponse: respondent physically or mentally incapacitated<br>M35/T35 = Nonresponse: respondent institutionalized<br>M36/T36 = Nonresponse: after maximum attempts | ✓                        | ✓                        | ✓                        |
| <i>FxSRVMODE</i><br>Round in which Completed Follow Up Survey Obtained  | Char              | 2                   | Round in which the completed survey was obtained:<br>M1 = 1 <sup>st</sup> mailing<br>M2 = 2 <sup>nd</sup> mailing<br>T1 = 1 <sup>st</sup> telephone<br>T2 = 2 <sup>nd</sup> telephone<br>T3 = 3 <sup>rd</sup> telephone<br>T4 = 4 <sup>th</sup> telephone<br>T5 = 5 <sup>th</sup> telephone<br>T6 = 6 <sup>th</sup> telephone<br>T7 = 7 <sup>th</sup> telephone<br>T8 = 8 <sup>th</sup> telephone<br>T9 = 9 <sup>th</sup> telephone<br>MT = Partially completed by mail and converted to complete by telephone<br>MM = Partially completed by mail and converted to complete by mail re-contact<br>NC = Not completed   | ✓                        | ✓                        | ✓                        |
| <i>FxSRVLANG</i><br>Survey Language at Follow Up  | Num               | 3                   | Follow up Survey Language<br>1 = English<br>2 = Spanish<br>3 = Not Applicable<br>4 = Chinese  | ✓                        | ✓                        | ✓                        |

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|---|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxSRVDATE</i><br>Date Follow Up Survey Completed   | Char       | 8            | Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)   | √                 | √                 | √                 |
| <i>FxVUCATI</i><br>Vendor's Follow Up Unique Computer Assisted Telephone Interview (CATI) Interviewer ID                | Char       | 10           | Vendor's 10-digit unique CATI interviewer ID at follow up   | √                 | √                 | √                 |
| <i>FxMCONUM</i><br>MAO Provided Beneficiary's Phone Number at Follow Up   | Num        | 3            | Did the MAO provide a phone number for the member at follow up?<br>1 = Yes<br>2 = No  | √                 | √                 | √                 |
| <i>FxEXCLUDE</i><br>Request to Be Excluded from Future Survey Samples Flag  | Num        | 3            | Beneficiary's request to be excluded from future survey samples:<br>1 = Member specifically requested <i>Take me off your list and/or never contact me again</i><br>2 = Member did <b>not</b> request <i>Take me off your list and/or never contact me again</i>  | √                 | √                 | √                 |
| <i>FxPROXST</i><br>Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys | Num        | 8            | Follow up proxy status:<br>1 = Member at baseline and Member at follow up<br>2 = Member at baseline and Proxy at follow up<br>3 = Proxy at baseline and Member at follow up<br>4 = Proxy at baseline and same Proxy at follow up<br>5 = Proxy at baseline and different Proxy at follow up<br>6 = Not Enough Information at baseline<br>7 = Not Enough Information at follow up | √                 | √                 | √                 |
| <i>FxDISP</i><br>Survey Response Indicator for Mail/Telephone Responses at Follow Up                                    | Num        | 3            | Beneficiary completed a:<br>1 = Mail survey at follow up<br>2 = Telephone survey at follow up   | √                 | √                 | √                 |
| <i>FxINVSrv</i><br>Ineligible Follow Up Survey Indicator  | Num        | 3            | Follow up survey is:<br>0 = Eligible<br>1 = Ineligible (survey disposition codes equal to M20, M21, M23, M25, T20, T21, T23, or T24)  | √                 | √                 | √                 |
| <i>FxADLCount</i><br>Count of ADL Questions Answered at Follow Up   | Num        | 3            | Number of ADL questions answered (range from 0-6) in the Follow Up Survey from Q10a-f   | √                 | √                 | √                 |
| <i>FxPCTCMP</i><br>Percent of Follow Up Survey Completed  | Num        | 8            | Percent of the follow up survey that was completed  | √                 | √                 | √                 |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>FxCMPSRV</i><br>Complete Follow Up Survey Indicator   | Num        | 3            | A flag created to indicate that 79.5-100% of follow up survey was completed including all 6 ADL items (Q10a-f)<br>0 = Incomplete<br>1 = Complete  | ✓                 | ✓                 | ✓                 |
| <i>FxCMPFLG</i><br>Name Provided for Person Completing Follow Up Survey  | Num        | 3            | Indicator of whether name was provided for person completing follow up survey<br>0 = Name not provided<br>1 = Name provided   | ✓                 | ✓                 | ✓                 |
| <i>FxTDOB</i><br>Beneficiary's Follow Up Date of Birth (SAS Date Format)   | Num        | 8            | Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases.<br>MMDDYY10. format   | ✓                 | ✓                 | ✓                 |
| <i>FxTSRV DAT</i><br>Date Follow Up Survey Completed (SAS Date Format)   | Num        | 8            | Beneficiary's follow up survey SAS date<br>MMDDYY10. format   | ✓                 | ✓                 | ✓                 |
| <i>FxTDOE</i><br>Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)                           | Num        | 8            | Beneficiary's follow up accretion into plan SAS date<br>MMDDYY10. format  | ✓                 | ✓                 | ✓                 |
| <i>FxTSRV DATIM</i><br>Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)             | Num        | 8            | Follow Up survey SAS date created from original date ( <i>FxSRVDATE</i> ). Records with a missing survey date were imputed by replacing missing values with the following date, which represents a midpoint survey date:<br><ul style="list-style-type: none"> <li>• Cohort 14 - May 8, 2013, represents a midpoint survey date</li> <li>• Cohort 15 - May 8, 2014, represents a midpoint survey date</li> <li>• Cohort 16 - May 7, 2015, represents a midpoint survey date</li> </ul> MMDDYY10. format | ✓                 | ✓                 | ✓                 |
| <i>FxTDOELMT</i><br>Follow Up Date of Accretion Limit into Plan (SAS Date Format)                                | Num        | 8            | Follow Up survey SAS date of accretion limit into plan<br>MMDDYY10. format<br><br>Note: This variable, in combination with date of accretion into plan ( <i>FxTDOE</i> ), was used to calculate enrollment duration ( <i>FxENRDUR</i> )   | ✓                 | ✓                 | ✓                 |
| <i>FxBMI</i><br>Calculated Body Mass Index at Follow Up  | Num        | 8            | BMI = [ <i>FxWEIGHTLB</i> / (Height in inches from <i>FxHEIGHTTFT</i> and <i>FxHEIGHTIN</i> ) <sup>2</sup> ] x 703  | ✓                 | ✓                 | ✓                 |
| <i>FxBMICAT</i><br>Categories of Body Mass Index at Follow Up  | Num        | 3            | 1 = Underweight (BMI <20)<br>2 = Normal (BMI 20 - <25)<br>3 = Overweight (BMI 25 - <30)<br>4 = Obese (BMI 30 - <35)<br>5 = Morbid Obesity (BMI ≥ 35)  | ✓                 | ✓                 | ✓                 |

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|---|-------------------|---------------------|--|--------------------------|--------------------------|--------------------------|
| <i>FxENRDUR</i><br>Beneficiary's Enrollment Duration at Follow Up   | Num               | 8                   | Beneficiary's enrollment duration (in months) at the time of the follow up survey  | ✓                        | ✓                        | ✓                        |
| <i>FxENRCAT</i><br>Beneficiary's Enrollment Duration Category at Follow Up  | Num               | 8                   | Beneficiary's enrollment duration category at the time of the follow up survey<br>1 = 0 to 5 months<br>2 = 6 to 12 months<br>3 = 13 to 36 months<br>4 = 37 or more months                        | ✓                        | ✓                        | ✓                        |
| <i>FxAGE</i><br>Beneficiary's Age at Follow Up  | Num               | 8                   | Beneficiary's age at follow up.<br>AGE = floor((intck('month', <i>FxTDOB</i> , <i>FxTSRVDATIM</i> )-<br>(day( <i>FxTSRVDATIM</i> )< day( <i>FxTDOB</i> )))/12)                                   | ✓                        | ✓                        | ✓                        |
| <i>FxAGECAT</i><br>Beneficiary's Age Group at Follow Up   | Num               | 8                   | Beneficiary's age group at follow up<br>0 = Under 65<br>1 = 65 to 69<br>2 = 70 to 74<br>3 = 75 to 79<br>4 = 80 to 84<br>5 = 85 or older  | ✓                        | ✓                        | ✓                        |
| <i>FxRACECAT</i><br>Beneficiary's Race Category at Follow Up  | Num               | 8                   | Beneficiary's race category at follow up, created by combining values of the <i>FxRACE</i> variable<br>1 = White<br>2 = Black<br>3 = Other   | ✓                        | ✓                        | ✓                        |
| <i>FxHISPANA</i><br>Beneficiary's Hispanic Indicator at Follow Up   | Num               | 8                   | Beneficiary's Hispanic Indicator at follow up, derived from questions 59a-e ( <b>2013 HOS</b> ), 56a-e ( <b>2014 HOS</b> ), 58a-e ( <b>2015 HOS</b> )<br>1 = Yes<br>2 = No                       | ✓                        | ✓                        | ✓                        |
| <i>FxMARCAT</i><br>Marital Status at Follow Up Using Combined Groups  | Num               | 3                   | Beneficiary's marital status category at follow up, created by combining values of the <i>FxMARITAL</i> variable<br>1 = Married<br>2 = Divorced or separated<br>3 = Widowed<br>4 = Never married | ✓                        | ✓                        | ✓                        |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxEDCAT</i><br>Educational Status at Follow Up<br>Using Combined Groups                                       | Num        | 3            | Beneficiary's education level category at follow up, created by combining values of the <i>FxEDUC</i> variable<br>1 = Did not graduate from high school<br>2 = High school graduate or GED<br>3 = Some college or 2 year degree<br>4 = Four year college degree or more  | ✓                 | ✓                 | ✓                 |
| <i>FxINCCAT</i><br>Household Income at Follow Up<br>Using Combined Groups  | Num        | 3            | Beneficiary's household income category at follow up, created by combining values of the <i>FxHHINC</i> variable<br>1 = Less than \$10,000<br>2 = \$10,000 - \$19,999<br>3 = \$20,000 - \$29,999<br>4 = \$30,000 - \$49,999<br>5 = \$50,000 or more<br>6 = Don't know  | ✓                 | ✓                 | ✓                 |
| <i>FxDEP2SCRN</i><br>Positive Depression Indicator at Follow Up  | Num        | 3            | Beneficiary's depression status at follow up based on two depression questions, Q39a-b, with each assigned scores from 0-3.<br>The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered.<br>0 = Negative<br>1 = Positive | ✓                 | ✓                 | ✓                 |
| <i>FxCOMO</i><br>Number of Chronic Medical Conditions at Follow Up   | Num        | 3            | Beneficiary's number of chronic conditions at followup, obtained by counting the number of "yes" responses to questions 22 through 36 (range of 0-15) in <b>2013 HOS</b> ; and questions 20 through 34 (range of 0-15) in <b>2014 &amp; 2015 HOS</b> .   | ✓                 | ✓                 | ✓                 |
| <i>FxCOMOCT</i><br>Number of Chronic Medical Conditions Category at Follow Up                                    | Num        | 3            | Beneficiary's number of chronic conditions category at follow up, created by combining values of the <i>FxCOMO</i> variable<br>0 = No conditions<br>1 = 1 condition<br>2 = 2 conditions<br>3 = 3 conditions<br>4 = 4 or more conditions  | ✓                 | ✓                 | ✓                 |
| <i>FxPCS</i><br>Follow Up PCS Score  | Num        | 8            | Beneficiary's follow up PCS Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm  | ✓                 | ✓                 | ✓                 |
| <i>FxMCS</i><br>Follow Up MCS Score  | Num        | 8            | Beneficiary's follow up MCS Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm  | ✓                 | ✓                 | ✓                 |
| <i>PxCONTRACT</i><br>Plan Contract Number at the Time of Performance Measurement Reporting                       | Char       | 5            | Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report.  | ✓                 | ✓                 |                   |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>Px</i> CONT_ID<br>Blinded Plan Contract Number at the Time of Performance Measurement Reporting               | Char       | 5            | Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.  |                   |                   | √                 |
| <i>Px</i> HDOB<br>Beneficiary's Date of Birth  | Char       | 8            | Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.   | √                 | √                 | √                 |
| <i>Px</i> THDOB<br>Beneficiary's SAS Date of Birth   | Num        | 8            | Beneficiary's SAS date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.<br>MMDDYY10. format   | √                 | √                 | √                 |
| <i>Px</i> HDOD<br>Beneficiary's Date of Death  | Char       | 8            | Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.   | √                 | √                 | √                 |
| <i>Px</i> THDOD<br>Beneficiary's SAS Date of Death   | Num        | 8            | Beneficiary's SAS date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.<br>MMDDYY10. Format   | √                 | √                 | √                 |
| <i>Px</i> ACTDTH<br>Beneficiary's Death Within 2 Year Window Indicator   | Num        | 3            | Beneficiary's death within 2 year window indicator<br>0 = No<br>1 = Yes   | √                 | √                 | √                 |
| <i>Px</i> GROUP<br>Three-Level Baseline Status Indicator   | Char       | 6            | Three-level status indicator for all members of the baseline sample<br>Group1 = baseline members in plans not existing at follow up<br>Group2 = baseline members in plans still existing at follow up, but who were excluded from follow up sampling because they met one or more of the following criteria: they were non-responders to the baseline survey, they disenrolled from their plan, or they were deceased subsequent to the baseline survey<br>Group3 = baseline members in plans still existing at follow up and who were part of the follow up sample | √                 | √                 | √                 |

√ = Included Non-Survey Item

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† B15F15 = 2012-2014 Cohort 15 Merged Baseline and Follow Up LDS



| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>PxSTATUS</i><br>Nine-Level Status Indicator for Entire Sample   | Num        | 3            | Nine-level status indicator for the entire sample<br>1 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition<br>2 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition<br>3 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition<br>4 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition<br>5 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition<br>6 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition<br>7 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition<br>8 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition<br>9 = Beneficiary had ineligible baseline survey disposition | √                 | √                 | √                 |
| <i>PxANALYT</i><br>Performance Measurement Analytic Sample Indicator   | Num        | 3            | Indicator for performance measurement analytic sample<br>0 = Not included in performance measurement analytic sample<br>1 = Included in performance measurement analytic sample   | √                 | √                 | √                 |
| <i>PxPMRIND</i><br>Performance Measurement Sample Distribution Indicator   | Num        | 3            | Indicates status of the record in the performance measurement analytic sample<br>1 = Respondent<br>2 = Non-Respondent<br>3 = Ineligible<br>4 = Dead<br>5 = Disenrolled  | √                 | √                 | √                 |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>PxPHOUT</i><br>Plan Level Physical Health Performance Measurement Results Indicator                           | Num        | 3            | Plan level physical health performance measurement results<br>1 = Plan performed “worse than expected”<br>2 = Plan performed the “same as expected”<br>3 = Plan performed “better than expected”  | ✓                 | ✓                 | ✓                 |
| <i>PxMHOUT</i><br>Plan Level Mental Health Performance Measurement Results Indicator                             | Num        | 3            | Plan level mental health performance measurement results<br>1 = Plan performed “worse than expected”<br>2 = Plan performed the “same as expected”<br>3 = Plan performed “better than expected”  | ✓                 | ✓                 | ✓                 |
| <i>BxMONRPT</i><br>SAS Date of CMS Monthly Report of Managed Care Health Plans Utilized at Baseline              | Num        | 8            | SAS date of CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the baseline survey administration<br>MMDDYY10. format   | ✓                 | ✓                 | ✓                 |
| <i>BxPLTYPE</i><br>Plan Type at Baseline   | Char       | 39           | Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration  | ✓                 | ✓                 | ✓                 |
| <i>BxPLORGNM</i><br>Plan Organization Name at Baseline - source CMS  | Char       | 50           | Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration   | ✓                 | ✓                 |                   |
| <i>BxPLMEDP</i><br>Plan Medicare Product Name at Baseline - source CMS   | Char       | 50           | Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration   | ✓                 | ✓                 |                   |
| <i>BxPLPOP</i><br>Number Enrolled in Plan at Baseline  | Num        | 8            | Plan’s total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration  | ✓                 | ✓                 |                   |
| <i>BxPOPCAT</i><br>Number Enrolled in Plan Category at Baseline  | Num        | 8            | Plan’s total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration<br>1 = 1,200 or less<br>2 = 1,201 - 3,000<br>3 = 3,001 - 5,000<br>4 = 5,001 - 10,000<br>5 = 10,001 - 15,000<br>6 = 15,001 - 25,000<br>7 = 25,001 - 50,000<br>8 = 50,001 - 100,000<br>9 = 100,001 or more |                   |                   | ✓                 |
| <i>BxPLSTDT</i><br>Plan Contract Start SAS Date at Baseline  | Num        | 8            | Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration<br>MMDDYY10. format   | ✓                 | ✓                 |                   |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES   | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>BxPLANSTN</i><br>Plan State at Baseline   | Char       | 2            | Two letter state abbreviation for the plan as listed in the Health Plan Management System (HPMS) Plan Contract List at the time of the baseline survey administration   | √                 | √                 | √                 |
| <i>BxPLREGN</i><br>Plan's CMS Regional Office at Baseline  | Char       | 13           | Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the baseline survey administration   | √                 | √                 | √                 |
| <i>BxPLTAXST</i><br>Plan's tax status at Baseline  | Char       | 25           | Plan's tax status as listed in the HPMS Plan Contract List at the time of the baseline survey administration<br>For Profit<br>Not-for-Profit/Non-Profit<br>Not Applicable   | √                 | √                 | √                 |
| <i>BxPLREGCDE</i><br>Plan's CMS Regional Office Code at Baseline   | Num        | 3            | Plan's regional office code as derived from the regional office listed in the HPMS Plan Contract List at the time of the baseline survey administration<br>1 = Boston<br>2 = New York<br>3 = Philadelphia<br>4 = Atlanta<br>5 = Chicago<br>6 = Dallas<br>7 = Kansas City<br>8 = Denver<br>9 = San Francisco<br>10 = Seattle | √                 | √                 | √                 |
| <i>BxPLDUR</i><br>Duration of Plan Contract at Baseline  | Num        | 8            | Duration of plan contract, in years, calculated from the contract start SAS date ( <i>BxPLSTDT</i> ) from the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration   | √                 | √                 |                   |
| <i>BxPLNDCT</i><br>Duration of Plan Contract Categories at Baseline  | Num        | 8            | Duration of plan contract categories at the time of the baseline survey administration<br>1 = Less than 1 year<br>2 = 1.0 to 4.9 years<br>3 = 5.0 to 9.9 years<br>4 = 10 or more years  | √                 | √                 | √                 |
| <i>BxRPTST</i><br>Reporting Plan State   | Char       | 2            | <b>This field was the State level unit of analysis for the Baseline Reports.</b> All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>BxPLANSTN</i> field:<br>FS = PFFS<br>RS = RPPO  | √                 | √                 | √                 |

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| <b>FIELD NAME / DESCRIPTION</b><br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT | <b>FIELD TYPE</b> | <b>FIELD LENGTH</b> | <b>ADDITIONAL INFORMATION AND VALID VALUES</b>   | <b>B14F14*<br/>FIELDS</b> | <b>B15F15†<br/>FIELDS</b> | <b>B16F16#<br/>FIELDS</b> |
|---|-------------------|---------------------|--|---------------------------|---------------------------|---------------------------|
| <i>FxMONRPT</i><br>SAS Date of CMS Monthly Report of Managed Care Health Plans Utilized at Follow Up                    | Num               | 8                   | SAS Date of CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the follow up survey administration<br>MMDDYY10. format   | ✓                         | ✓                         | ✓                         |
| <i>FxPLTYPE</i><br>Plan Type at Follow Up   | Char              | 39                  | Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration  | ✓                         | ✓                         | ✓                         |
| <i>FxPLOGNM</i><br>Plan Organization Name at Follow Up - source CMS   | Char              | 50                  | Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration   | ✓                         | ✓                         |                           |
| <i>FxPLMEDP</i><br>Plan Medicare Product Name at Follow Up - source CMS   | Char              | 50                  | Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration   | ✓                         | ✓                         |                           |
| <i>FxPLPOP</i><br>Number Enrolled in Plan at Follow Up  | Num               | 8                   | Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration  | ✓                         | ✓                         |                           |
| <i>FxPOPCAT</i><br>Number Enrolled in Plan Category at Follow Up  | Num               | 8                   | Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration<br>1 = 1,200 or less<br>2 = 1,201 - 3,000<br>3 = 3,001 - 5,000<br>4 = 5,001 - 10,000<br>5 = 10,001 - 15,000<br>6 = 15,001 - 25,000<br>7 = 25,001 - 50,000<br>8 = 50,001 - 100,000<br>9 = 100,001 or more |                           |                           | ✓                         |
| <i>FxPLSTDT</i><br>Plan Contract Start SAS Date at Follow Up  | Num               | 8                   | Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration<br>MMDDYY10. format   | ✓                         | ✓                         |                           |
| <i>FxPLANSTN</i><br>Plan State at Follow Up   | Char              | 2                   | Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of the follow up survey administration   | ✓                         | ✓                         | ✓                         |
| <i>FxPLREGN</i><br>Plan's CMS Regional Office at Follow Up  | Char              | 13                  | Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the follow up survey administration   | ✓                         | ✓                         | ✓                         |
| <i>FxPLTAXST</i><br>Plan Tax Status at Follow Up  | Char              | 25                  | Plan's Tax Status at the time of follow up survey administration<br>For Profit<br>Not-for-Profit/Non-Profit<br>Not Applicable  | ✓                         | ✓                         | ✓                         |

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| FIELD NAME / DESCRIPTION<br><i>Bx</i> = BASELINE<br><i>Fx</i> = FOLLOW UP<br><i>Px</i> = PERFORMANCE MEASUREMENT        | FIELD TYPE | FIELD LENGTH | ADDITIONAL INFORMATION AND VALID VALUES  | B14F14*<br>FIELDS | B15F15†<br>FIELDS | B16F16#<br>FIELDS |
|---|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>FxPLREGCDE</i><br>Plan's CMS Regional Office Code at Follow Up   | Num        | 3            | Plan's regional office code as derived from the regional office listed in the HPMS Plan Contract List at the time of the follow up survey administration<br>1 = Boston<br>2 = New York<br>3 = Philadelphia<br>4 = Atlanta<br>5 = Chicago<br>6 = Dallas<br>7 = Kansas City<br>8 = Denver<br>9 = San Francisco<br>10 = Seattle | ✓                 | ✓                 | ✓                 |
| <i>FxPLDUR</i><br>Duration of Plan Contract at Follow Up  | Num        | 8            | Duration of plan contract, in years, calculated from the plan start date (FxpLSTDT) from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration  | ✓                 | ✓                 |                   |
| <i>FxPLNDCT</i><br>Duration of Plan Contract Categories at Follow Up  | Num        | 8            | Duration of plan contract categories at the time of the follow up survey administration<br>1 = Less than 1 year<br>2 = 1.0 to 4.9 years<br>3 = 5.0 to 9.9 years<br>4 = 10 or more years  | ✓                 | ✓                 | ✓                 |
| <i>PxMONRPT</i><br>SAS Date of the CMS Monthly Report of Managed Care Health Plans Utilized for Performance Measurement | Num        | 8            | SAS Date of the CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of performance measurement reporting<br>MMDDYY10. format   | ✓                 | ✓                 | ✓                 |
| <i>PxPLTYPE</i><br>Plan Type at the Time of Performance Measurement Reporting   | Char       | 39           | Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting  | ✓                 | ✓                 | ✓                 |
| <i>PxPLORGNM</i><br>Plan Organization Name - source CMS   | Char       | 50           | Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting   | ✓                 | ✓                 |                   |
| <i>PxPLMEDP</i><br>Plan Medicare Product Name - source CMS  | Char       | 50           | Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting   | ✓                 | ✓                 |                   |
| <i>PxPLPOP</i><br>Plan Population at the Time of Performance Measurement Reporting                                      | Num        | 8            | Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting  | ✓                 | ✓                 |                   |

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|--|------------|--------------|--|-------------------|-------------------|-------------------|
| <i>PxPOPCAT</i><br>Number Enrolled in Plan Category at Time of Performance Measurement Reporting                 | Num        | 8            | Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting<br>1 = 1,200 or less<br>2 = 1,201 - 3,000<br>3 = 3,001 - 5,000<br>4 = 5,001 - 10,000<br>5 = 10,001 - 15,000<br>6 = 15,001 - 25,000<br>7 = 25,001 - 50,000<br>8 = 50,001 - 100,000<br>9 = 100,001 or more |                   |                   | ✓                 |
| <i>PxPLSTDT</i><br>Plan Contract Start SAS Date at the Time of Performance Measurement Reporting                 | Num        | 8            | Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting<br>MMDDYY10. format   | ✓                 | ✓                 |                   |
| <i>PxPLANSTN</i><br>Plan State at the Time of Performance Measurement Reporting                                  | Char       | 2            | Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of performance measurement reporting.  | ✓                 | ✓                 | ✓                 |
| <i>PxPLREGN</i><br>Plan's CMS Regional Office at the Time of Performance Measurement Reporting                   | Char       | 13           | Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of performance measurement reporting   | ✓                 | ✓                 | ✓                 |
| <i>PxPLTAXST</i><br>Plan Tax Status at the Time of Performance Measurement Reporting                             | Char       | 25           | Plan's Tax Status at the time of performance measurement reporting<br>For Profit<br>Not-for-Profit/Non-Profit<br>Not Applicable  | ✓                 | ✓                 | ✓                 |
| <i>PxPLREGCDE</i><br>Plan's CMS Regional Office Code at the Time of Performance Measurement Reporting            | Num        | 3            | Plan's regional office code as derived from the regional office listed in the HPMS Plan Contract List at the time of performance measurement reporting<br>1 = Boston<br>2 = New York<br>3 = Philadelphia<br>4 = Atlanta<br>5 = Chicago<br>6 = Dallas<br>7 = Kansas City<br>8 = Denver<br>9 = San Francisco<br>10 = Seattle                         | ✓                 | ✓                 | ✓                 |

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|--|------------|--------------|---|-------------------|-------------------|-------------------|
| <i>PxPLDUR</i><br>Duration of Plan Contract at the Time of Performance Measurement Reporting                     | Num        | 8            | Duration of plan contract, in years, calculated from the plan start date ( <i>PxPLSTDT</i> ) from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting  | √                 | √                 |                   |
| <i>PxPLNDCT</i><br>Duration of Plan Contract Categories at the Time of Performance Measurement Reporting         | Num        | 8            | Duration of plan contract categories at the time of performance measurement reporting<br>1 = Less than 1 year<br>2 = 1.0 to 4.9 years<br>3 = 5.0 to 9.9 years<br>4 = 10 or more years   | √                 | √                 | √                 |
| <i>PxRPTST</i><br>Reporting Plan State at the Time of Performance Measurement Reporting                          | Char       | 2            | <b>This field was the state level unit of analysis for the Performance Measurement Reports.</b> All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>PxPLANSTN</i> field.<br>FS = PFFS<br>RS = RPPO | √                 | √                 | √                 |

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