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2016 – 2018 Cohort 19

PERFORMANCE
MEASUREMENT
DATA USERS
GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY



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Table of Contents

Preface	1
Medicare Health Outcomes Survey	1
Statutory Authority	1
Technical Assistance.....	2
Methodology and Design	3
2016-2018 Medicare Advantage Organization Participation	3
Sampling Methodology.....	3
Medicare HOS Instrument	5
Summary Measures.....	5
Data File Characteristics	8
New and Revised Fields.....	9
Excluded Fields.....	9
Field Overview.....	9
Data Field Utilization Notes	12
Appendix A	14
Data File Layout by Position	14
Appendix B (Annotated Baseline Survey Form)	37
2016 Medicare Health Outcomes Survey	37
Appendix C (Annotated Follow Up Survey Form)	46
2018 Medicare Health Outcomes Survey	46

Preface

Medicare Health Outcomes Survey

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs). The Medicare Health Outcomes Survey (HOS) is the first patient-reported health outcomes measure for the Medicare population in managed care settings. The HOS design is based on a randomly selected sample of individuals from each participating MAO, and measures physical and mental health over a two-year period. General information about the Medicare HOS Program is available on the CMS website at www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS/index.html and a full description of the program is available on the HOS website at www.HOSonline.org.

This HOS *2016-2018 Cohort 19 Performance Measurement Data Users Guide* (DUG) explains the contents of beneficiary level *2016-2018 Cohort 19 Performance Measurement* data files for MAOs. The DUG includes an overview of the file organization, an explanation of derived fields, a table defining the attributes of all fields in the files, and copies of the survey instruments annotated with the field names in the data file.

The *2016-2018 Cohort 19 Performance Measurement* Reports, which are based on these data, were made available to participating MAOs via the CMS Health Plan Management System (HPMS) in July 2019. The MAO reports summarize the results for an individual MAO compared with the national HOS total. The HOS Sample Performance Measurement report is also available on the Resources page of the HOS website (www.HOSonline.org). This report is an example of the reports distributed to the MAOs and describes the program background, methodology, design, and national HOS results. The sample report displays the actual results for the HOS national total, but uses hypothetical data for the MAO summaries.

Statutory Authority

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandates collecting, analyzing, and reporting health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must use the same types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the first patient-reported outcomes measure in Medicare managed care and therefore remains a critical part of assessing MAO quality. In addition, CMS includes the HOS results as a component of the Medicare Plan Finder (www.medicare.gov/find-a-plan), a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey components in the HOS, as appropriate, to provide outcome measures that MAOs can use in quality improvement initiatives.

Technical Assistance

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and Email Address (hos@HCQIS.org) are available to provide assistance with questions regarding the data file. For more detailed discussions on the sampling, survey administration, data collection, and instruments, please refer to the Healthcare Effectiveness Data and Information Set (HEDIS®)¹ 2016 and 2018 Volume 6: Specifications for the Medicare Health Outcomes Survey manuals.^{2,3} The manuals can be downloaded from the Survey Administration section on the Program page of the HOS website at (www.HOSonline.org). Copies of other HEDIS Volume 6 publications may be obtained by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 or accessing NCQA’s Publications Center (<https://store.ncqa.org>). Additionally, a glossary consisting of definitions relevant to the HOS may be accessed from the “Glossary” link at the bottom of site webpages (www.HOSonline.org).

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² National Committee for Quality Assurance. *HEDIS® 2016, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2016. Available at: www.hosonline.org/globalassets/hos-online/publications/hos_hedis_volume6_2016.pdf.

³ National Committee for Quality Assurance. *HEDIS® 2018 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2018. Available at: www.hosonline.org/globalassets/hos-online/publications/hos_hedis_volume6_2018.pdf.

Methodology and Design

2016-2018 Medicare Advantage Organization Participation

MAOs with a minimum enrollment of 500 beneficiaries, and with Medicare contracts in effect on or before January 1, 2015, were required by CMS to administer the *Cohort 19 Baseline* survey in 2016, including:

- All coordinated care contracts, including local and regional preferred provider organizations (PPO), Private Fee-for-Service (PFFS) contracts, and Medical Savings Account (MSA) contracts
- Section 1876 cost contracts, even if closed for enrollment
- Employer/union only contracts
- Medicare Medicaid Plans (MMP)

MAOs that administered the *Cohort 19 Baseline* survey in 2016 were required by CMS to administer the *Cohort 19 Follow Up* survey in 2018. Refer to the MAO Performance Measurement Contract List available from the Data page of the HOS website (www.HOSonline.org).

MAOs sponsoring Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNPs) within Medicare contracts in effect on or before January 1, 2015, and with a minimum enrollment of 50 beneficiaries could elect to report the 2016 HOS or HOS-Modified (HOS-M) at the FIDE SNP level to determine eligibility for a frailty adjustment payment under the Patient Protection and Affordable Care Act of 2010. These payments are similar to those provided to Program of All-Inclusive Care for the Elderly (PACE) programs that use the HOS-M survey. SNPs were permitted to choose whether their frailty assessments would be calculated based on activities of daily living (ADL) items reported in the HOS or on a separate sample of beneficiaries who completed the HOS-M. Voluntary reporting is in addition to standard HOS requirements for quality reporting at the contract level.

Sampling Methodology

2016 Cohort 19 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- MAOs with fewer than 500 beneficiaries enrolled were not required to report HOS.
- For MAOs with 500 to 1,200 beneficiaries, all eligible beneficiaries were included in the sample.
- For MAOs with more than 1,200 and less than 3,000 beneficiaries, a simple random sample of 1,200 beneficiaries was selected for the baseline survey.

- For MAOs with 3,000 or more beneficiaries, beneficiaries who responded to the previous year's baseline survey were excluded from the random sample of 1,200 for the current year.
- Beneficiaries were defined as eligible if they were 18 years or older on the date the sample was drawn. The six months enrollment requirement was waived beginning in 2009, and beneficiaries with End Stage Renal Disease (ESRD) were no longer excluded from the sampling beginning in 2010.

2018 Cohort 19 Follow Up Sampling

CMS identified beneficiaries from the *2016 Cohort 19 Baseline* sample who were eligible for remeasurement as follows:

- Beneficiaries were eligible for remeasurement if they had sufficient data to derive physical health or mental health summary scores at baseline, were not deceased, and remained in the same MAO at follow up.

Beneficiaries were excluded if they did not have summary scores at baseline, disenrolled from their MAO, or were deceased subsequent to the baseline survey. Although deceased beneficiaries were excluded from the follow up sample, CMS includes deceased baseline respondents when calculating the HOS performance measurement results.

The baseline and follow up survey samples were comprised of beneficiaries who completed the HOS in English, Spanish, or Chinese language versions of the mail survey. For the telephone phase, a standardized version of an Electronic Telephone Interviewing System was used to collect interview data in English or Spanish.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 3.0 for the *2016 Cohort 19 Baseline* and the *2018 Cohort 19 Follow Up*. The HOS 3.0 incorporated the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instruments is available in the HEDIS 2016 and 2018 Volume 6 manuals.^{2,3} The survey forms may be obtained from the Survey page of the HOS website at www.HOSonline.org. Annotated Baseline and Follow Up Survey forms showing the field names for each question are available in Appendix B and Appendix C of this DUG.

Summary Measures

Veterans RAND 12-Item Health Survey (VR-12)

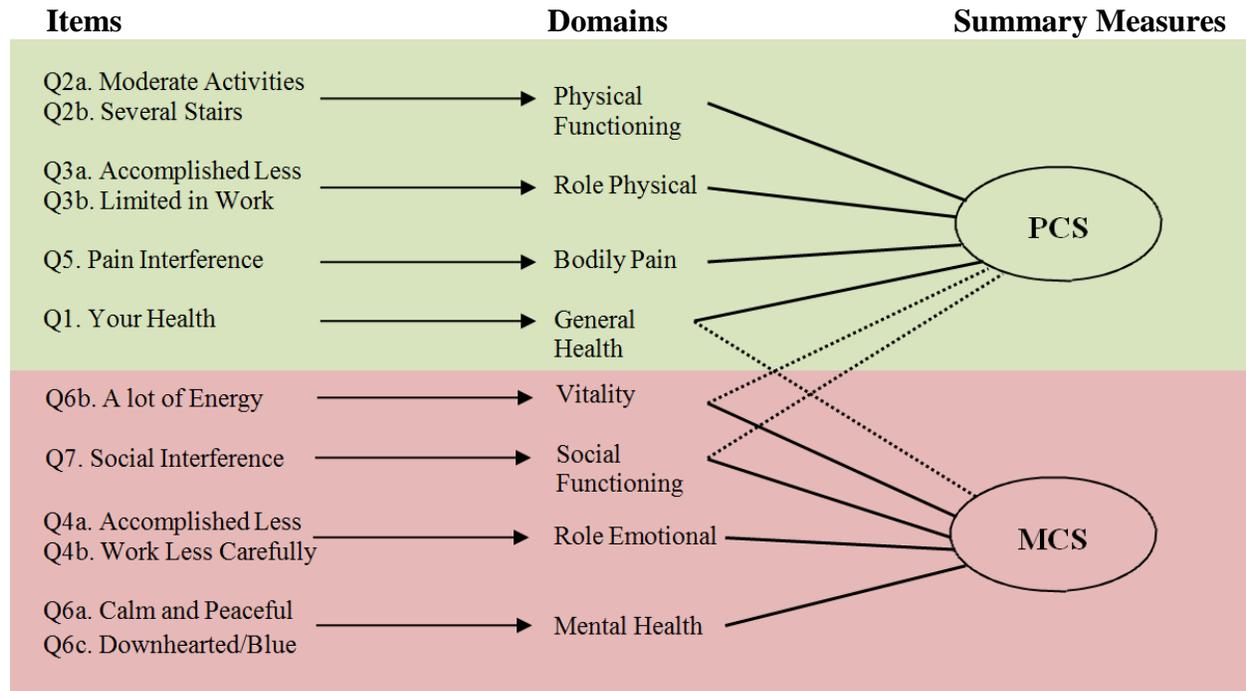
The key component of the HOS for assessment of the physical and mental health functioning is the VR-12 health survey.⁴ The VR-12 consists of 14 items, 12 of which are used in the calculation of the eight health domains and the two summary measures: the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the previously used 36-item health survey: 1) Physical Functioning, 2) Role-Physical, 3) Role-Emotional, 4) Bodily Pain, 5) Social Functioning, 6) Mental Health, 7) Vitality, and 8) General Health. Each domain aggregates one or two items and all eight domains are used to calculate the two summary measures, as illustrated in the VR-12 mapping model on the following page. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix “B19VR” for the baseline fields, and “F19VR” for the follow up fields in the data file.

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and imputation of missing data.⁵ The MRE is a general method for obtaining scale scores in the context of missing data, where a different set of regression weights is applied depending on the pattern of missing item responses. With the MRE, it is possible to obtain scores for PCS alone, MCS alone, or for both scores. Therefore, a completed survey is defined as one that can be used to calculate at least one of the scores.

⁴ Information about the VR-36, VR-12, and VR-6D instruments is available on the Boston University School of Public Health website. The website offers details on development, applications, and references for the VR-12, which is the core health outcomes measure in the Medicare HOS and HOS-M. For information about the instruments and to request permission to use the documentation and scoring algorithms, go to: www.bu.edu/sph/about/departments/health-law-policy-and-management/research/vr-36-vr-12-and-vr-6d. Accessed on June 19, 2019.

⁵ Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren XS, Rothendler J, Miller D, Kazis L. The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used. 2007. Available at: www.hosonline.org/globalassets/hos-online/publications/veterans_rand_12_item_health_survey_vr-12_2007.pdf. Accessed on: June 19, 2019.

Mapping of HOS VR-12 to 8 Health Domains and 2 Summary Measures



Note: Domains contributing the most to each summary measure are indicated by a solid line. Domains contributing to a lesser degree are indicated by a broken line; however, all domains contribute to some extent to the scoring of both summary measures (PCS and MCS).

Physical and Mental Component Summary Scores

For those beneficiaries with complete responses across the VR-12, the following steps were taken to calculate PCS and MCS:⁶

- **Step One:** New variables were created for each response level choice with one level omitted. Using the 59 total response categories across the VR-12 questions, 47 indicator variables were created.
- **Step Two:** Aggregate PCS and MCS scores were created separately from a regression equation that weighted each of the 47 indicator variables. The weights derive from the Veterans SF-36 PCS and MCS Scales using the 1999 Large Health Survey of Veteran Enrollees.
- **Step Three:** A constant was added to each of the estimates obtained from Step Two. The scores were then standardized using normative values from a 1990 U.S. general population. Therefore, a mean score of 50 represents the national average, a 10-point difference above and below the mean score is one standard deviation, and, with few exceptions, the scores have a range of 0 through 100 (higher being better).

⁶ Spiro A, Rogers WH, Qian S, Kazis LE. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004. Available at: www.hosonline.org/globalassets/hos-online/publications/hos_veterans_12_imputation.pdf. Accessed on: June 19, 2019.

- Step Four: When a beneficiary had missing data across the VR-12 items, PCS and MCS scores were imputed using the MRE. Using the MRE algorithm, PCS and MCS scores can be calculated in as many as 90% of the cases in which one or more VR-12 responses are missing.⁷ Depending on the pattern of missing item responses for a beneficiary, a different set of regression weights was required to compute that individual's PCS and/or MCS scores.⁶ For each combination of missing data, the beneficiaries' data were merged with the stored regression weights and the PCS or MCS scores were computed and then standardized using the normative values from Step Three.
- Step Five: Beneficiary PCS and MCS results were mode adjusted for the impact of telephone administration compared to the reference mode of mail administration. Comparisons across the VR-12 of matched HOS and Veterans Administration surveys for the same respondents show that PCS and MCS scores are, on average, 1.9 and 4.5 points greater respectively for telephone compared to mail administered surveys.⁸ Therefore, for telephone surveys, 1.9 points were subtracted from the PCS score and 4.5 points were subtracted from the MCS score.

For the physical health summary measure, very high scores indicate no physical limitations, disabilities, or decline in well-being; high energy level; and a rating of health as "excellent." For the mental health summary measure, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

Case-mix Adjustment for Comparison of MAOs at Follow Up

The *2016-2018 Cohort 19 Performance Measurement Report* incorporates the results from the 2016 HOS 3.0 at baseline and the 2018 HOS 3.0 at follow up. There are three possible outcomes of the performance measurement analysis: death, change in physical health (as measured by the PCS score), and change in mental health (as measured by the MCS score). For the HOS results, death and PCS outcomes are combined into one overall measure of change in physical health. Thus, there are two primary outcomes: (1) Alive and PCS better or same (vs. PCS worse or death), and (2) MCS better or same (vs. MCS worse). The MAO level percentages derived for these outcomes are the two HOS *Improving or Maintaining Physical Health and Mental Health* measures used in the Medicare Star Ratings. These outcomes are designated as the primary outcomes of interest since health maintenance, rather than improvement, is a realistic clinical goal for many seniors. The outcomes are case-mix adjusted using multivariate logistic regression models. For more information about the calculation of outcomes and the Medicare Star Ratings, please refer to the HOS Sample Performance Measurement Report at www.hosonline.org/en/publications.

⁷ Selim A, Iqbal SU, Rogers W, Qian SX, Fincke BG, Rothendler J, Kazis LE. Medicare Health Outcomes Survey: An Alternative Case-Mix Methodology. Technical Report prepared by: Center for Health Quality, Outcomes, and Economic Research, VA Medical Center, Bedford, Massachusetts. 2007. Available at: www.hosonline.org/globalassets/hos-online/publications/hos_case_mix_final_technical_report.pdf. Accessed on: June 19, 2019.

⁸ Rogers WH, Gandek B, Sinclair SJ. Calculating Medicare Health Outcomes Survey Performance Measurement Results. Technical Report prepared by: Health Assessment Lab, Waltham, MA, The Health Institute, Department of Clinical Care Research, New England Medical Center, Boston, MA. 2004. Available at: www.hosonline.org/globalassets/hos-online/publications/hos_calculating_pm_results.pdf. Accessed on: June 19, 2019.

Data File Characteristics

The *2016-2018 Cohort 19 Performance Measurement* file is distributed to MAOs as a Comma Separated Values (CSV) file. The CSV file is generated using PROC EXPORT with the DBMS=CSV option in SAS Version 9.4. The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to ensure that character fields will not be truncated.

The baseline data is merged with the follow up data, so that the file contains one record per beneficiary. There are 292 fields in the MAO *Cohort 19 Performance Measurement* file distributed to MAOs. Fields from the baseline survey have a **B19** prefix, and fields from the follow up survey have a **F19** prefix. Fields derived at the time of the performance measurement analysis have a **P19** prefix. The Health Insurance Claim (HIC) number, **AHICNUM**, is a unique alphanumeric identifier used to identify each beneficiary in the file and is the only field without a prefix.

The MAO Performance Measurement data file contains only the records for beneficiaries in the *2016-2018 Cohort 19 Performance Measurement* analytic sample, which includes all beneficiaries who meet the following criteria:

- Completed the baseline survey, where a completed survey is one for which a PCS or MCS score can be calculated (i.e., B19PCS or B19MCS not equal to missing)
- MAO still existed at the time of the follow up survey (i.e., P19CONTRACT not blank), including contracts that consolidated after the baseline survey and by December 31 of the follow up survey measurement year.
- Age 65 or older at baseline (i.e., B19AGE greater than or equal to 65)

Disabled beneficiaries under the age of 65 are not included in the analytic sample and are not part of the MAO Performance Measurement data file.

Beneficiaries in the analytic sample are classified into a number of categories at the time of performance measurement, as indicated by P19PMRIND. These categories include: respondents; non-respondents; ineligible beneficiaries at follow up; those who died within two years of the baseline survey; and those who voluntarily disenrolled from their MAO prior to follow up. Ineligible beneficiaries at follow up met one of the following criteria:

- Not enrolled in the MAO
- Incorrect address and phone number
- Language barrier

Please note that beneficiaries who disenrolled from their MAO prior to the time of follow up are included in the Cohort 19 Performance Measurement analytic sample and in the calculation of certain MAO-level performance measurement results. However, in accordance with CMS policy, data on those beneficiaries are not included in the MAO-level performance measurement data files distributed to participating MAOs.

New and Revised Fields

There were no **new** questions in the 2016 HOS at baseline.

The question for the following field was **revised** in the 2016 HOS at baseline:

- The wording for the question (Q67) which asked for the first name (CMPFNAME) and last name (CMPLNAME) of the person who completed the survey form was revised to indicate that only the name of the person who helped complete the survey should be filled in.

There were no new fields in 2018 at follow up.

The following question was **revised** in the 2018 HOS at follow up:

- The wording for question (Q51) was revised to remove the statement “Check your blood pressure lying or standing.”

For this data file, the BMI categories (BMICAT) were modified to match at baseline and follow up. Underweight was changed from “<20” to “<18.5” and Normal weight was changed from “20 to 24.99” to “18.5 to 24.99.” Morbid obesity was combined with Obesity into one category (“≥30”).

Selected field attributes (i.e., field name, type, length, or label) may have been modified for some fields included in the *2016-2018 Cohort 19 Performance Measurement* data file, when compared to the same fields included in previous HOS data files. Refer to Appendix A for detailed information regarding all field attributes contained in the Performance Measurement data file.

Excluded Fields

There were no fields excluded in the *2016-2018 Cohort 19 Performance Measurement* data file compared with the *2015-2017 Cohort 18 Performance Measurement* data file.

Field Overview

The following is a general description of fields included in the Performance Measurement data file. The fields are listed in the order they appear in the MAO file.

Plan Level Fields (Fields 1 – 10)

Data from this section are taken from the header record of the baseline and follow up data files, as well as information obtained from the August 2018 HPMS Plan Contract List and the December 2018 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans from the CMS website (<http://go.cms.gov/mapddata>). These fields include the MAO contract number (P19CONTRACT), which was the **MAO level unit of analysis** for the *2016-2018 Cohort 19 Performance Measurement Reports*. Other fields in this section are the plan state field (P19PLANSTN), which is the two letter state abbreviation, and the CMS region

code (P19PLREGCDE), which in most cases was assigned to the MAO from the HPMS Plan Contract List. Typically, plan state and CMS region designations are determined at the MAO level and are assigned to the state and region in which an MAO is reported. However, a small number of MAOs were reassigned because a majority of beneficiaries resided in a different state from the one designated in HPMS, or were reassigned for consistency with previous cohorts. The reporting state field (P19RPTST) categorizes the PFFS and Regional PPO (RPPO) contracts into unique states (i.e., PFFS state = FS and RPPO state = RS) to exclude these contracts from any state level aggregate numbers, while retaining them in the national level analysis for the HOS performance measurement reporting. PFFS and RPPO plans usually include beneficiaries from several states, and therefore are not reported in any particular state or region and are excluded from any state totals. For all other MAOs, P19RPTST has the same value as P19PLANSTN. P19RPTST was the **state level unit of analysis** for the *2016-2018 Cohort 19 Performance Measurement Report*.

Survey Level Fields (Fields 11 – 225)

This section contains an anonymous beneficiary identification (ID) number (B19PATID), as well as survey information from the 68 questions comprising the HOS 3.0 instrument at baseline and at follow up. The questions in this section exclude the name of the person responding to the surveys, Q67 at baseline (B19NMCOMP) and Q67 at follow up (F19NMCOMP), which are included in the Beneficiary Level Fields section. Other than the anonymous beneficiary ID, the information presented in this section represents each beneficiary's actual answers to the specific questions. These data include beneficiary responses at both baseline and follow up to questions pertaining to the VR-12; Activities of Daily Living (ADLs); health status indicators; chronic medical conditions; depression; number of physically and mentally unhealthy days; urinary incontinence, physical activity, falls, osteoporosis testing; demographics; and who completed the survey, Q66 at baseline (B19CMPWHO) and Q66 at follow up (F19CMPWHO). The data include responses at baseline and follow up for new questions in 2013 about Instrumental Activities of Daily Living (IADLs), memory problems, pain, living arrangements, and the questions revised in 2013 for depression, race, Hispanic ethnicity, vision, and hearing. The VR-12 survey portion (questions one [Q1] through seven [Q7] in the HOS 3.0 instruments) was used to obtain the physical and mental health summary scores at both baseline and follow up. The beneficiary's weight and height at baseline and follow up are obtained from open-ended questions (B19WEIGHTLB, B19HEIGHTFT, B19HEIGHTIN, F19WEIGHTLB, F19HEIGHTFT, F19HEIGHTIN).

Survey Administration Fields (Fields 226 – 238)

The fields that are presented in this section include the mode of survey administration, which indicates whether or not the beneficiary completed a baseline or follow up survey by mail or telephone (B19DISP, F19DISP), the dates the surveys were completed (B19TSRVDAT, B19TSRVDATIM, F19TSRVDAT, F19TSRVDATIM), and the language(s) in which the surveys were completed (B19SRVLANG, F19SRVLANG). The original baseline and follow up survey date fields (B19TSRVDAT, F19TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates. The imputed date fields (B19TSRVDATIM and F19TSRVDATIM) are equal to the original survey dates except in those instances where survey

dates have been imputed due to missing data. For beneficiaries with missing baseline survey dates, an imputed date was used (B19TSRV DATIM); similarly, beneficiaries with missing follow up survey dates also had a date imputed (F19TSRV DATIM). The imputed dates represent the midpoint dates for each of the sampling time frames. The imputed survey dates are used to calculate age for records with missing survey dates due to non-response or ineligible surveys. The imputed survey date field (B19TSRV DATIM) in combination with the date of birth was used to derive the beneficiary's age at baseline. The proxy status field (F19PROXST), which was assigned to beneficiaries at follow up, identifies whether a member or a proxy completed the survey at baseline and at follow up. In addition, when a proxy is identified for both surveys, this field provides information about whether the proxy is the same or a different proxy when sufficient information is available. This section also includes the request to be excluded from future surveys indicators (B19EXCLUDE, F19EXCLUDE).

Physical and Mental Health Summary Measures (Fields 239 – 242)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B19PCS, B19MCS, F19PCS, and F19MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms.

Analytic Fields (Fields 243 – 246)

Data from this section include the beneficiary's Body Mass Index (BMI) and BMI categories at baseline (B19BMI, B19BMICAT) and follow up (F19BMI, F19BMICAT). The weight and height fields in the baseline survey were used to calculate the beneficiary's baseline BMI, while the weight and height fields at follow up were used to calculate the follow up BMI. The BMI categories were then created using the beneficiary's calculated BMI measures.

For this data file, the BMI categories (BMICAT) were modified. Underweight was changed from "<20" to "<18.5" and Normal weight was changed from "20 to 24.99" to "18.5 to 24.99." Morbid obesity was combined with Obesity into one category ("≥30").

Beneficiary Level Fields (Fields 247 – 292)

Data from this section are taken primarily from the member level record of the baseline and follow up data files. These data recorded in baseline and follow up survey administrations were obtained from a combination of CMS databases. The Health Insurance Claim number (AHICNUM), which is a unique identifier used to identify each beneficiary, was the **beneficiary level unit of analysis** for the *Cohort 19 Performance Measurement* Report. The field AHICNUM is the beneficiary's HIC number at follow up, which is usually the same as the HIC number at baseline except for a small number of records where the HIC number changed.

The Plan Benefit Package (PBP) ID at baseline (B19PBPID) and follow up (F19PBPID) identify the plan benefit package(s) within a contract to which the beneficiary belongs. Each contract may contain one or more PBPs, and some PBPs are SNPs. The SNP type field at baseline (B19SNPTYPE) and follow up (F19SNPTYPE) identify the type of SNP PBP in which certain vulnerable beneficiaries are enrolled. Three types of special needs beneficiaries may be targeted for SNP enrollment, such as: 1) beneficiaries with severe or disabling chronic conditions, 2)

dual-eligibles, and 3) the institutionalized. Further information about SNPs, such as contract number, contract name, plan ID, enrollment, and type of medical condition(s) served, may be obtained from the SNP Comprehensive Report that is available on the CMS Medicare Advantage/Part D Contract and Enrollment Data page at <https://go.cms.gov/mapddata>.

Beneficiary addresses (mailing address, county, state, and ZIP Code), phone numbers, race, sex, date of birth, and reason for entitlement from baseline and follow up are included in this section. The End Stage Renal Disease (ESRD), Hospice, Medicaid, and Institutional Status indicators at baseline and follow up are also included. The beneficiary's date of death field (P19THDOD) was updated from the CMS databases in January 2019 to include available death dates. The beneficiary's baseline date of birth (B19TDOB), in combination with the baseline imputed survey date field (B19TSRVDATIM), was used to derive the beneficiary's age at baseline (B19AGE). This age field was used in the HOS performance measurement analysis.

The performance measurement analytic sample distribution indicator (P19PMRIND) identifies respondent, non-respondent, ineligible, deceased, and disenrolled beneficiaries. Note that beneficiaries who voluntarily disenrolled from the MAO subsequent to completing the baseline survey are not included in the MAO files; however, they are included in the calculation of the performance measurement results that appear in the *2016-2018 Cohort 19 Performance Measurement Reports*.

Data Field Utilization Notes

- The HOS questionnaire contains multiple skip patterns. Exercise caution when interpreting responses from questions that involve skip patterns, as not every beneficiary is asked the question. The skip patterns are indicated on the survey instruments in Appendix B and Appendix C.
- Some demographic fields (race and sex) are obtained both from CMS databases at the baseline and follow up samplings and also from the data provided by the respondent from each survey. Some inconsistencies exist between the CMS fields and the corresponding respondent survey data. Exercise caution when examining these fields.
- For the calculation of performance measurement results, beneficiaries are considered deceased if they died within two years of completing the baseline survey and did not complete a follow up survey. The performance measurement analytic sample distribution indicator (P19PMRIND) can be used to identify the status of each beneficiary in the MAO file.
- Some question numbers from the follow up survey may differ from the baseline survey, as well as from previous MAO Performance Measurement data files. Exercise caution when examining the data across multiple cohorts.
- Permanent HOS survey vendor IDs were assigned in 2010. Beginning with the *2010-2012 Cohort 13* merged data, the permanent baseline and follow up assignments for the survey vendor IDs, including the assignments in this file (B19VENDOR, F19VENDOR),

are consistent across the survey years for each survey vendor. Consult the fields in Appendix A for the participating survey vendors.

- Beginning with the 2013 HOS 2.5, two depression screening questions from the Patient Health Questionnaire-2 (PHQ-2) replaced the questions that served as the depression screening measure in previous versions of the HOS (Questions 39a-b). Due to the change in the depression screening questions, estimates of the proportion with positive depression screens derived from the 2013 and subsequent surveys are not comparable to estimates produced using past HOS versions. For more information, refer to the previous four depression screening questions, Questions 36-39, in the 2012 HOS 2.0 on the Survey page of the HOS website. A description of the depression screen is available in the glossary, which is accessible from the Glossary link at the bottom of site webpages at www.HOSonline.org.

Appendix A

Performance Measurement Data File Specifications

Data File Layout by Position

The following table describes the field attributes for the *2016-2018 Cohort 19 Performance Measurement* data file. The fields are sorted in the order they appear in the **MAO file**.

The “Comments” column indicates where the field was obtained, and if applicable, how it was derived. Fields obtained directly from the HOS instrument are so indicated. For the survey level items, the exact text of each question can be obtained from Appendix B and C, or by referring to the HEDIS 2016 and 2018, Volume 6 manuals.^{2,3}

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>P19CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 19 Performance Measurement</i> reporting in 2019 This was the MAO level unit of analysis for the Cohort 19 Performance Measurement Report.
2	<i>B19CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 19 Baseline</i> sampling in 2016 This was the MAO level unit of analysis for the Cohort 19 Baseline Report.
3	<i>F19CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 19 Follow Up</i> sampling in 2018
4	<i>P19PLREGCDE</i> Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NY, NJ, Puerto Rico, Virgin Islands) 3 = Region 3 - Philadelphia (DC, DE, MD, PA, VA, WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, TX) 7 = Region 7 - Kansas City (IA, KS, MO, NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10 = Region 10 - Seattle (AK, ID, OR, WA)	CMS region code created from the region field in the August 2018 HPMS Plan Contract List

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
5	<i>P19PLORGNM</i> Plan Organization Name - source CMS 12/18	Char	50		Obtained from the December 2018 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
6	<i>P19PLPTORG</i> Plan Parent Organization – source CMS 12/18	Char	50		Obtained from December 2018 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
7	<i>P19PLANSTN</i> Plan State - source HPMS 08/18	Char	2		Obtained from the state field in the August 2018 HPMS Plan Contract List
8	<i>P19RPTST</i> Reporting Plan State	Char	2		Derived field This was the state level unit of analysis for the Cohort 19 Performance Measurement Report.
9	<i>P19PLTYPE</i> Plan Type - source CMS 12/18	Char	39		Obtained from the December 2018 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
10	<i>P19PLTAXST</i> Plan Tax Status - source HPMS 08/18	Char	25		Obtained from the tax status field in the August 2018 HPMS Plan Contract List
11	<i>B19PATID</i> Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the <i>Cohort 19 Baseline</i> sample
12	<i>B19VRGENHTH</i> Q1 General Health Question	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix B)
13	<i>B19VRMACT</i> Q2a Health Limitation- In moderate activities	Num	3	1 =Yes, limited a lot 2 =Yes, limited a little 3 =No, not limited at all	Entered from the survey (See Appendix B)
14	<i>B19VRSTAIR</i> Q2b Health Limitation- Climbing several flights	Num	3	1 =Yes, limited a lot 2 =Yes, limited a little 3 =No, not limited at all	Entered from the survey (See Appendix B)
15	<i>B19VRPACCL</i> Q3a Physical- Accomplished less than you would like	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix B)
16	<i>B19VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix B)
17	<i>B19VRMACCL</i> Q4a Emotional- Accomplished less than you would like	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
18	<i>B19VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
19	<i>B19VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely	Entered from the survey (See Appendix B)
20	<i>B19VRCALM</i> Q6a Felt calm and peaceful	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix B)
21	<i>B19VRENERGY</i> Q6b Have a lot of energy	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix B)
22	<i>B19VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix B)
23	<i>B19VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix B)
24	<i>B19VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse	Entered from the survey (See Appendix B)
25	<i>B19VMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse	Entered from the survey (See Appendix B)
26	<i>B19ADLBTH</i> Q10a Difficulty Bathing	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
27	<i>B19ADLDRS</i> Q10b Difficulty Dressing	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
28	<i>B19ADLEAT</i> Q10c Difficulty Eating	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
29	<i>B19ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
30	<i>B19ADLWLK</i> Q10e Difficulty Walking	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
31	<i>B19ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix B)
32	<i>B19DIFMEALS</i> Q11a Difficulty Preparing Meals	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix B)
33	<i>B19DIFMONEY</i> Q11b Difficulty Managing Money	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix B)
34	<i>B19DIFMEDS</i> Q11c Difficulty Taking Medication as Prescribed	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix B)
35	<i>B19HDPHY</i> Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
36	<i>B19HDMEN</i> Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
37	<i>B19HDACT</i> Q14 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
38	<i>B19DIFSEE</i> Q15 Blind or Serious Difficulty Seeing	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
39	<i>B19DIFHEAR</i> Q16 Deaf or Serious Difficulty Hearing	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
40	<i>B19DIFREMEM</i> Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
41	<i>B19DIFERRND</i> Q18 Difficulty doing errands	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
42	<i>B19DIFMPROB</i> Q19 Memory problems interfered with activities in past month	Num	3	1=Every day (7 days a week) 2=Most days (5-6 days a week) 3=Some days (2-4 days a week) 4=Rarely (once a week or less) 5=Never	Entered from the survey (See Appendix B)
43	<i>B19CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
44	<i>B19CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)
45	<i>B19CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1=Yes 2=No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
46	<i>B19CCMI</i> Q23 Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
47	<i>B19CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
48	<i>B19CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
49	<i>B19CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
50	<i>B19CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
51	<i>B19CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
52	<i>B19CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
53	<i>B19CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
54	<i>B19CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
55	<i>B19CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
56	<i>B19CCDEP</i> Q33 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	<i>B19CCANYCA</i> Q34 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
58	<i>B19CACOLON</i> Q35a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
59	<i>B19CALUNG</i> Q35b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
60	<i>B19CABRST</i> Q35c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
61	<i>B19CAPROS</i> Q35d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
62	<i>B19CAOTHER</i> Q35e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
63	<i>B19PAINDACT</i> Q36 Pain interfered with activities in past 7 days	Num	3	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
64	<i>B19PAINSACT</i> Q37 Pain kept you from socializing in past 7 days	Num	3	1 =Never 2 =Rarely 3 =Sometimes 4 =Often 5 =Always	Entered from the survey (See Appendix B)
65	<i>B19PAINRATE</i> Q38 Average pain rating in past 7 days (1=No pain, 10=Worst pain)	Num	3	1 = 1 No pain 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10= 10 Worst imaginable pain	Entered from the survey (See Appendix B)
66	<i>B19DEPNOPLS</i> Q39a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix B)
67	<i>B19DEPDOWN</i> Q39b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix B)
68	<i>B19CMPHTH</i> Q40 General Health compared to peers	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix B)
69	<i>B19SMOKE</i> Q41 Smoke every day, some days, or not at all	Num	3	1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know	Entered from the survey (See Appendix B)
70	<i>B19MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
71	<i>B19MUIDACT</i> Q43 Urine Leakage Changed Daily Activities	Num	3	1 =A lot 2 =Somewhat 3 =Not at all	Entered from the survey (See Appendix B)
72	<i>B19MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
73	<i>B19MUITRT</i> Q45 Talked About Treatment for Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
74	<i>B19PAOTLK</i> Q46 Talked with Doctor About Physical Activities	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)
75	<i>B19PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
76	<i>B19FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
77	<i>B19FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
78	<i>B19FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
79	<i>B19FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix B)
80	<i>B19OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
81	<i>B19SLEEPHRS</i> Q53 Average Hours of Sleep per Night in Past Month	Num	3	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours	Entered from the survey (See Appendix B)
82	<i>B19SLEEPQUA</i> Q54 Overall Sleep Quality Rating in Past Month	Num	3	1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Entered from the survey (See Appendix B)
83	<i>B19WEIGHTLB</i> Q55 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix B)
84	<i>B19HEIGHTFT</i> Q56a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
85	<i>B19HEIGHTIN</i> Q56b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
86	<i>B19SRVSEX</i> Q57 Survey Sex	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix B)
87	<i>B19HPNOHISP</i> Q58a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
88	<i>B19HPMEX</i> Q58b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
89	<i>B19HPPR</i> Q58c Yes, Puerto Rican	Num	3	0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
90	<i>B19HPCUBA</i> Q58d Yes, Cuban	Num	3	0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
91	<i>B19HPOTHER</i> Q58e Yes, another Hispanic, Latino/a or Spanish origin	Num	3	0=Respondent did not check Other Hispanic 1=Respondent checked Other Hispanic	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
92	<i>B19RCWHITE</i> Q59a White	Num	3	0=Respondent did not check White 1=Respondent checked White	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
93	<i>B19RCAFRAM</i> Q59b Black or African American	Num	3	0=Respondent did not check Black or African American 1=Respondent checked Black or African American	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
94	<i>B19RCNATAM</i> Q59c American Indian or Alaskan Native	Num	3	0=Respondent did not check American Indian or Alaska Native 1=Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
95	<i>B19RCINDIA</i> Q59d Asian Indian	Num	3	0=Respondent did not check Asian Indian 1=Respondent checked Asian Indian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
96	<i>B19RCCHINA</i> Q59e Chinese	Num	3	0=Respondent did not check Chinese 1=Respondent checked Chinese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
97	<i>B19RCFILIP</i> Q59f Filipino	Num	3	0=Respondent did not check Filipino 1=Respondent checked Filipino	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
98	<i>B19RCJAPAN</i> Q59g Japanese	Num	3	0=Respondent did not check Japanese 1=Respondent checked Japanese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
99	<i>B19CKOREA</i> Q59h Korean	Num	3	0=Respondent did not check Korean 1=Respondent checked Korean	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
100	<i>B19RCVIET</i> Q59i Vietnamese	Num	3	0=Respondent did not check Vietnamese 1=Respondent checked Vietnamese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
101	<i>B19RCOTHASN</i> Q59j Other Asian	Num	3	0=Respondent did not check Other Asian 1=Respondent checked Other Asian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
102	<i>B19RCHAWAII</i> Q59k Native Hawaiian	Num	3	0=Respondent did not check Native Hawaiian 1=Respondent checked Native Hawaiian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
103	<i>B19RCGUAM</i> Q59l Guamanian or Chamorro	Num	3	0=Respondent did not check Guamanian or Chamorro 1=Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
104	<i>B19RCSAMOA</i> Q59m Samoan	Num	3	0=Respondent did not check Samoan 1=Respondent checked Samoan	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
105	<i>B19RCOTHPAC</i> Q59n Other Pacific Islander	Num	3	0=Respondent did not check Other Pacific Islander 1=Respondent checked Other Pacific Islander	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
106	<i>B19SPEAKLNG</i> Q60a Language Mainly Spoken at Home	Num	3	1=English 2=Spanish 3=Chinese 4=Some other language	Entered from the survey (See Appendix B)
107	<i>B19SPEAKOTH</i> Q60b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix B)
108	<i>B19MARITAL</i> Q61 Marital Status	Num	3	1=Married 2=Divorced 3=Separated 4=Widowed 5=Never Married	Entered from the survey (See Appendix B)
109	<i>B19EDUC</i> Q62 Education Level	Num	3	1=8th Grade or less 2=Some high school, but did not graduate 3=High school graduate or GED 4=Some college or 2 year degree 5=4 year college graduate 6=More than a 4 year college degree	Entered from the survey (See Appendix B)
110	<i>B19LVALONE</i> Q63a Live alone	Num	3	0=Respondent did not check live alone 1=Respondent checked live alone	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
111	<i>B19LVSPOUSE</i> Q63b Live with spouse/significant other	Num	3	0=Respondent did not check live with spouse 1=Respondent checked live with spouse	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
112	<i>B19LVCHILD</i> Q63c Live with children/other relatives	Num	3	0=Respondent did not check live with child/relative 1=Respondent checked live with child/relative	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
113	<i>B19LVNONREL</i> Q63d Live with non-relatives	Num	3	0=Respondent did not check live with non-relatives 1=Respondent checked live with non-relatives	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
114	<i>B19LVCAREGV</i> Q63e Live with paid caregiver	Num	3	0=Respondent did not check live with paid caregiver 1=Respondent checked live with paid caregiver	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
115	<i>B19WHERELV</i> Q64 Where do you live	Num	3	1=House, apartment, condominium, or mobile home 2=Assisted living or board and care home 3=Nursing home 4=Other	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
116	<i>B19HMOWN</i> Q65 Homeowner Status	Num	3	1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and you live in without payment of rent 5 = None of the above	Entered from the survey (See Appendix B)
117	<i>B19CMPWHO</i> Q66 Who completed Survey	Num	3	1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix B)
118	<i>B19HHINC</i> Q68 Household Income	Num	3	1 = Less than \$5,000 2 = \$5,000-\$9,999 3 = \$10,000-\$19,999 4 = \$20,000-\$29,999 5 = \$30,000-\$39,999 6 = \$40,000-\$49,999 7 = \$50,000-\$79,999 8 = \$80,000-\$99,999 9 = \$100,000 or More 10 = Don't Know	Entered from the survey (See Appendix B)
119	<i>F19VRGENHTH</i> Q1 General Health Question	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix C)
120	<i>F19VRMACT</i> Q2a Health Limitation- In moderate activities	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix C)
121	<i>F19VRSTAIR</i> Q2b Health Limitation- Climbing several flights	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix C)
122	<i>F19VRPACCL</i> Q3a Physical- Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
123	<i>F19VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
124	<i>F19VRMACCL</i> Q4a Emotional- Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
125	<i>F19VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
126	<i>F19VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely	Entered from the survey (See Appendix C)
127	<i>F19VRCALM</i> Q6a Felt calm and peaceful	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix C)
128	<i>F19VREENERGY</i> Q6b Have a lot of energy	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix C)
129	<i>F19VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time	Entered from the survey (See Appendix C)
130	<i>F19VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time	Entered from the survey (See Appendix C)
131	<i>F19VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse	Entered from the survey (See Appendix C)
132	<i>F19VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse	Entered from the survey (See Appendix C)
133	<i>F19ADLBTH</i> Q10a Difficulty Bathing	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)
134	<i>F19ADLDRS</i> Q10b Difficulty Dressing	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)
135	<i>F19ADLEAT</i> Q10c Difficulty Eating	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)
136	<i>F19ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)
137	<i>F19ADLWLK</i> Q10e Difficulty Walking	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)
138	<i>F19ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
139	<i>F19DIFMEALS</i> Q11a Difficulty Preparing Meals	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix C)
140	<i>F19DIFMONEY</i> Q11b Difficulty Managing Money	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix C)
141	<i>F19DIFMEDS</i> Q11c Difficulty Taking Medication as Prescribed	Num	3	1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity	Entered from the survey (See Appendix C)
142	<i>F19HDPHY</i> Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
143	<i>F19HDMEN</i> Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
144	<i>F19HDACT</i> Q14 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
145	<i>F19DIFSEE</i> Q15 Blind or Serious Difficulty Seeing	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
146	<i>F19DIFHEAR</i> Q16 Deaf or Serious Difficulty Hearing	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
147	<i>F19DIFREMEM</i> Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
148	<i>F19DIFERRND</i> Q18 Difficulty doing errands	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
149	<i>F19DIFMPROB</i> Q19 Memory problems interfered with activities in past month	Num	3	1=Every day (7 days a week) 2=Most days (5-6 days a week) 3=Some days (2-4 days a week) 4=Rarely (once a week or less) 5=Never	Entered from the survey (See Appendix C)
150	<i>F19CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
151	<i>F19CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
152	<i>F19CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
153	<i>F19CCMI</i> Q23 Myocardial Infarction or Heart Attack	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)
154	<i>F19CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1=Yes 2=No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
155	<i>F19CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
156	<i>F19CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
157	<i>F19CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
158	<i>F19CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
159	<i>F19CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
160	<i>F19CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
161	<i>F19CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
162	<i>F19CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
163	<i>F19CCDEP</i> Q33 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
164	<i>F19CCANYCA</i> Q34 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
165	<i>F19CACOLON</i> Q35a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
166	<i>F19CALUNG</i> Q35b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
167	<i>F19CABRST</i> Q35c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
168	<i>F19CAPROS</i> Q35d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
169	<i>F19CAOTHER</i> Q35e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
170	<i>F19PAINDACT</i> Q36 Pain interfered with activities in past 7 days	Num	3	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Entered from the survey (See Appendix C)
171	<i>F19PAINSACT</i> Q37 Pain kept you from socializing in past 7 days	Num	3	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
172	<i>F19PAINRATE</i> Q38 Average pain rating in past 7 days (1=No pain, 10=Worst pain)	Num	3	1 = 1 No pain 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10 = 10 Worst imaginable pain	Entered from the survey (See Appendix C)
173	<i>F19DEPNOPLS</i> Q39a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 =Not at all 2=Several days 3=More than half the days 4=Nearly every day	Entered from the survey (See Appendix C)
174	<i>F19DEPDOWN</i> Q39b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 =Not at all 2=Several days 3=More than half the days 4=Nearly every day	Entered from the survey (See Appendix C)
175	<i>F19CMPHTH</i> Q40 General Health compared to peers	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix C)
176	<i>F19SMOKE</i> Q41 Smoke every day, some days, or not at all	Num	3	1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know	Entered from the survey (See Appendix C)
177	<i>F19MUIILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
178	<i>F19MUIDACT</i> Q43 Urine Leakage Changed Daily Activities	Num	3	1 =A lot 2 =Somewhat 3 =Not at all	Entered from the survey (See Appendix C)
179	<i>F19MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
180	<i>F19MUITRT</i> Q45 Talked About Treatment for Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
181	<i>F19PAOTLK</i> Q46 Talked with Doctor About Physical Activities	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix C)
182	<i>F19PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
183	<i>F19FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix C)
184	<i>F19FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
185	<i>F19FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
186	<i>F19FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix C)
187	<i>F19OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
188	<i>F19SLEEPHRS</i> Q53 Average Hours of Sleep per Night in Past Month	Num	3	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours	Entered from the survey (See Appendix C)
189	<i>F19SLEEPQUA</i> Q54 Overall Sleep Quality Rating in Past Month	Num	3	1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Entered from the survey (See Appendix C)
190	<i>F19WEIGHTLB</i> Q55 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix C)
191	<i>F19HEIGHTFT</i> Q56a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
192	<i>F19HEIGHTIN</i> Q56b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
193	<i>F19SRVSEX</i> Q57 Survey Sex	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix C)
194	<i>F19HPNOHISP</i> Q58a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
195	<i>F19HPMEX</i> Q58b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
196	<i>F19HPPR</i> Q58c Yes, Puerto Rican	Num	3	0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
197	<i>F19HPCUBA</i> Q58d Yes, Cuban	Num	3	0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
198	<i>F19HPOTHER</i> Q58e Yes, another Hispanic, Latino/a or Spanish origin	Num	3	0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
199	<i>F19RCWHITE</i> Q59a White	Num	3	0=Respondent did not check White 1=Respondent checked White	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
200	<i>F19RCAFRAM</i> Q59b Black or African American	Num	3	0=Respondent did not check Black or African American 1=Respondent checked Black or African American	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
201	<i>F19RCNATAM</i> Q59c American Indian or Alaska Native	Num	3	0=Respondent did not check American Indian or Alaska Native 1=Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
202	<i>F19RCINDIA</i> Q59d Asian Indian	Num	3	0=Respondent did not check Asian Indian 1=Respondent checked Asian Indian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
203	<i>F19RCCHINA</i> Q59e Chinese	Num	3	0=Respondent did not check Chinese 1=Respondent checked Chinese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
204	<i>F19RCFILIP</i> Q59f Filipino	Num	3	0=Respondent did not check Filipino 1=Respondent checked Filipino	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
205	<i>F19RCJAPAN</i> Q59g Japanese	Num	3	0=Respondent did not check Japanese 1=Respondent checked Japanese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
206	<i>F19RCKOREA</i> Q59h Korean	Num	3	0=Respondent did not check Korean 1=Respondent checked Korean	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
207	<i>F19RCVIET</i> Q59i Vietnamese	Num	3	0=Respondent did not check Vietnamese 1=Respondent checked Vietnamese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
208	<i>F19RCOTHASN</i> Q59j Other Asian	Num	3	0=Respondent did not check Other Asian 1=Respondent checked Other Asian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
209	<i>F19RCHAWAII</i> Q59k Native Hawaiian	Num	3	0=Respondent did not check Native Hawaiian 1=Respondent checked Native Hawaiian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
210	<i>F19RCGUAM</i> Q59l Guamanian or Chamorro	Num	3	0=Respondent did not check Guamanian or Chamorro 1=Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
211	<i>F19RCSAMOA</i> Q59m Samoan	Num	3	0=Respondent did not check Samoan 1=Respondent checked Samoan	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
212	<i>F19RCOTHPAC</i> Q59n Other Pacific Islander	Num	3	0=Respondent did not check Other Pacific Islander 1=Respondent checked Other Pacific Islander	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
213	<i>F19SPEAKLNG</i> Q60a Language Mainly Spoken at Home	Num	3	1 =English 2 =Spanish 3 =Chinese 4 =Some other language	Entered from the survey (See Appendix C)
214	<i>F19SPEAKOTH</i> Q60b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix C)
215	<i>F19MARITAL</i> Q61 Marital Status	Num	3	1 =Married 2 =Divorced 3 =Separated 4 =Widowed 5 =Never Married	Entered from the survey (See Appendix C)
216	<i>F19EDUC</i> Q62 Education Level	Num	3	1 =8th Grade or less 2 =Some high school, but did not graduate 3 =High school graduate or GED 4 =Some college or 2 year degree 5 =4 year college graduate 6 =More than a 4 year college degree	Entered from the survey (See Appendix C)
217	<i>F19LVALONE</i> Q63a Live alone	Num	3	0 =Respondent did not check live alone 1 =Respondent checked live alone	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for "Do you live alone or with others?"
218	<i>F19LVSPOUSE</i> Q63b Live with spouse/significant other	Num	3	0 =Respondent did not check live with spouse 1 =Respondent checked live with spouse	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for "Do you live alone or with others?"
219	<i>F19LVCHILD</i> Q63c Live with children/other relatives	Num	3	0 =Respondent did not check live with child/relative 1 =Respondent checked live with child/relative	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for "Do you live alone or with others?"
220	<i>F19LVNONREL</i> Q63d Live with non-relatives	Num	3	0 =Respondent did not check live with non-relatives 1 =Respondent checked live with non-relatives	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for "Do you live alone or with others?"
221	<i>F19LVCAREGV</i> Q63e Live with paid caregiver	Num	3	0 =Respondent did not check live with paid caregiver 1 =Respondent checked live with paid caregiver	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for "Do you live alone or with others?"
222	<i>F19WHERELV</i> Q64 Where do you live	Num	3	1 =House, apartment, condominium, or mobile home 2 =Assisted living or board and care home 3 =Nursing home 4 =Other	Entered from the survey (See Appendix C)
223	<i>F19HMOWN</i> Q65 Homeowner Status	Num	3	1 =Owned or being bought by you 2 =Owned or being bought by someone in your family other than you 3 =Rented for money 4 =Not owned and you live in without payment of rent 5 =None of the above	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
224	F19CMPWHO Q66 Who completed Survey	Num	3	1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix C)
225	F19HHINC Q68 Household Income	Num	3	1 = Less than \$5,000 2 = \$5,000-\$9,999 3 = \$10,000-\$19,999 4 = \$20,000-\$29,999 5 = \$30,000-\$39,999 6 = \$40,000-\$49,999 7 = \$50,000-\$79,999 8 = \$80,000-\$99,999 9 = \$100,000 or More 10 = Don't Know	Entered from the survey (See Appendix C)
226	B19DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 19 Baseline</i> respondent's survey disposition indicator
227	F19DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 19 Follow Up</i> respondent's survey disposition indicator
228	B19TSRVDAT SAS Date of Survey	Num	8		<i>Cohort 19 Baseline</i> respondent's survey date
229	B19TSRVDATIM SAS Date of Survey (Missing Imputed)	Num	8		Baseline survey date created from the original survey date field (B19TSRVDAT). For records with a missing survey date, a date of May 5, 2016 was imputed to represent the midpoint date for the data collection.
230	F19TSRVDAT SAS Date of Survey	Num	8		<i>Cohort 19 Follow Up</i> respondent's survey date
231	F19TSRVDATIM SAS Date of Survey (Missing Imputed)	Num	8		Follow Up survey date created from the original survey date field (F19TSRVDAT). For records with a missing survey date, a date of May 5, 2018 was imputed to represent the midpoint date for the data collection.
232	B19SRVLANG Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 19 Baseline</i> survey language
233	F19SRVLANG Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 19 Follow Up</i> survey language

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
234	<i>B19VENDOR</i> Vendor	Num	8	1413 = CSS 1415 = DataStat 1417 = DSS Research 1437 = Ipsos 1440 = Morpace Inc. 1463 = SPH Analytics (formerly The Myers Group) 11778= Thoroughbred Research Group	<i>Cohort 19 Baseline</i> survey vendor
235	<i>F19VENDOR</i> Vendor	Num	8	1413 = CSS 1415 = DataStat 1417 = DSS Research 1440 = SPH Analytics - Farmington Hills (formerly Morpace Inc.) 1463 = SPH Analytics – Duluth	<i>Cohort 19 Follow Up</i> survey vendor
236	<i>F19PROXST</i> Proxy Status	Num	8	1 = Member (Baseline)/Member (Follow Up) 2 = Member (Baseline)/Proxy (Follow Up) 3 = Proxy (Baseline)/Member (Follow Up) 4 = Proxy (Baseline)/Same Proxy (Follow Up) 5 = Proxy (Baseline)/Diff Proxy (Follow Up) 6 = Not Enough Information (Baseline) 7 = Not Enough Information (Follow Up)	<i>Cohort 19 Follow Up</i> proxy status
237	<i>B19EXCLUDE</i> Request to be Excluded	Num	3	1 = Member requested "Take me off your list and/or never contact me again" 2 = Member did not request "Take me off your list and/or never contact me again"	Generated by survey vendor
238	<i>F19EXCLUDE</i> Request to be Excluded	Num	3	1 = Member requested "Take me off your list and/or never contact me again" 2 = Member did not request "Take me off your list and/or never contact me again"	Generated by survey vendor
239	<i>B19PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 19 Baseline</i> unadjusted PCS Score
240	<i>B19MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 19 Baseline</i> unadjusted MCS Score
241	<i>F19PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 19 Follow Up</i> unadjusted PCS Score
242	<i>F19MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 19 Follow Up</i> unadjusted MCS Score

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
243	<i>B19BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height ²)*703 Units: weight in pounds; height in inches
244	<i>B19BMICAT</i> Categories of Body Mass Index	Num	8	1= Underweight (BMI <18.5) 2=Normal (BMI 18.5 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI ≥30)	Derived from B19BMI
245	<i>F19BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height ²)*703 Units: weight in pounds; height in inches
246	<i>F19BMICAT</i> Categories of Body Mass Index	Num	8	1= Underweight (BMI <18.5) 2=Normal (BMI 18.5 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI ≥30)	Derived from F19BMI
247	<i>AHICNUM</i> HIC Number for Cohort 19 Analytic Members	Char	12		Unique beneficiary identifier derived from CMS databases This was the beneficiary level unit of analysis for the Cohort 19 Performance Measurement Report.
248	<i>B19LNAME</i> Last Name	Char	24		Beneficiary's last name from the <i>Cohort 19 Baseline</i> member level record
249	<i>B19MIDINIT</i> Middle Initial	Char	1		Beneficiary's middle initial from the <i>Cohort 19 Baseline</i> member level record
250	<i>B19FNAME</i> First Name	Char	15		Beneficiary's first name from the <i>Cohort 19 Baseline</i> member level record
251	<i>B19BPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the SNP Comprehensive Report on the CMS website
252	<i>B19SNPTYPE</i> Type of Special Needs Plan	Num	3	1=Chronic or Disabling Condition 2=Dual-Eligible 3=Institutional	Obtained from the Sample File
253	<i>B19BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
254	<i>B19PHONE</i> Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the <i>Cohort 19 Baseline</i> survey
255	<i>B19ADDRESS</i> Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the <i>Cohort 19 Baseline</i> member level record
256	<i>B19STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 19 Baseline</i> member level record
257	<i>B19CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 19 Baseline</i> member level record

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
258	<i>B19STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 19 Baseline</i> state SSA code (B19STATECDE)
259	<i>B19CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the <i>Cohort 19 Baseline</i> county SSA code (B19CNTYCDE)
260	<i>B19ZIP</i> Member Zipcode	Char	22		Beneficiary's ZIP Code from the <i>Cohort 19 Baseline</i> member level record
261	<i>F19BPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the SNP Comprehensive Report on the CMS website
262	<i>F19SNPTYPE</i> Type of Special Needs Plan	Num	3	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	Obtained from the Sample File
263	<i>F19BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
264	<i>F19PHONE</i> Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the <i>Cohort 19 Follow Up</i> survey
265	<i>F19ADDRESS</i> Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the <i>Cohort 19 Follow Up</i> member level record
266	<i>F19STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 19 Follow Up</i> member level record
267	<i>F19CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 19 Follow Up</i> member level record
268	<i>F19STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 19 Follow Up</i> state SSA code (F19STATECDE)
269	<i>F19CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the <i>Cohort 19 Follow Up</i> county SSA code (F19CNTYCDE)
270	<i>F19ZIP</i> Member Zipcode	Char	22		Beneficiary's ZIP Code from the <i>Cohort 19 Follow Up</i> member level record
271	<i>B19RACE</i> Race (CMS)	Num	3	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Beneficiary's race from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
272	<i>B19SEX</i> Sex (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's sex from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
273	<i>B19TDOB</i> SAS Date of Birth	Num	8		Beneficiary's date of birth, which in combination with the survey date with missing values imputed (<i>B19TSRVDATIM</i>), was used to calculate baseline age (<i>B19AGE</i>) for all beneficiaries
274	<i>B19ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Beneficiary's ESRD status from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
275	<i>B19INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Beneficiary's institutional status from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
276	<i>B19HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Beneficiary's hospice status from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
277	<i>B19MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid (Full or Partial benefit in March)	Beneficiary's Medicaid status from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
278	<i>B19ENTITLE</i> Reason for Entitlement	Num	3	10=Aged without ESRD 11=Aged with ESRD 20=Disabled without ESRD 21=Disabled with ESRD 31=ESRD only	Beneficiary's reason for entitlement from the <i>Cohort 19 Baseline</i> member level record, obtained from CMS databases
279	<i>B19NMCOMP</i> Q67 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q67 from the <i>Cohort 19 Baseline</i> survey: <i>What is the name of the person who completed this survey form?</i>
280	<i>F19RACE</i> Race (CMS)	Num	3	0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native	Beneficiary's race from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
281	<i>F19SEX</i> Sex (CMS)	Num	3	1=Male 2=Female	Beneficiary's sex from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
282	<i>F19TDOB</i> SAS Date of Birth	Num	8		Beneficiary's date of birth from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
283	<i>F19ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Beneficiary's ESRD status from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
284	<i>F19INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Beneficiary's institutional status from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
285	<i>F19HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Beneficiary's hospice status from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
286	<i>F19MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid (Full or Partial Benefit in March)	Beneficiary's Medicaid status from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
287	<i>F19DUAL</i> Dual Status	Num	3	0=Not Dual Status 1=Dual Status (Full Benefit any time during the year)	Beneficiary's Dual status from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
288	<i>F19ENTITLE</i> Reason for Entitlement	Num	3	10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	Beneficiary's reason for entitlement from the <i>Cohort 19 Follow Up</i> member level record, obtained from CMS databases
289	<i>F19NMCOMP</i> Q67 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q67 from the <i>Cohort 19 Follow Up</i> survey: <i>What is the name of the person who completed this survey form?</i>
290	<i>P19THDOD</i> SAS Date of Death - source CMS 01/19	Num	8		Beneficiary's date of death obtained from CMS databases in January 2019
291	<i>B19AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the baseline date of birth (B19TDOB) and survey date with missing values imputed (B19TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age
292	<i>P19PMRIND</i> Performance Measurement Report Sample Distribution Indicator	Num	3	1=Respondent 2=Non-respondent 3=Ineligible 4=Dead 5=Voluntarily Disenrolled	Status indicator of the record in this analytic file <i>Note that beneficiaries who disenrolled from the MAO subsequent to completing the baseline survey are not included in the MAO files; however, they are used in the calculation of performance measurement results.</i>

Appendix B (Annotated Baseline Survey Form)

2016 Medicare Health Outcomes Survey

1. In general, would you say your health is:

1 Excellent

B19VRGENHTH

2 Very good

3 Good

4 Fair

5 Poor

2. 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?

a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

1 Yes, limited a lot

B19VRMACT

2 Yes, limited a little

3 No, not limited at all

b. Climbing **several** flights of stairs

1 Yes, limited a lot

B19VRSTAIR

2 Yes, limited a little

3 No, not limited at all

3. 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**?

a. **Accomplished less** than you would like **as a result of your physical health**?

1 No, none of the time

B19VRPACCL

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

b. Were limited in the **kind** of work or other activities **as result of your physical health**?

1 No, none of the time

B19VRPWORK

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

4. 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)?

a. **Accomplished less** than you would like **as a result of any emotional problems**

1 No, none of the time

B19VRMACCL

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

b. Didn't do work or other activities as **carefully** as usual **as a result of any emotional problems**

1 No, none of the time

B19VRMWORK

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

B19VRPAIN

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.

6. How much of the time during the **past 4 weeks**:

a. Have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B19VRCALM

b. Did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B19VRENERGY

c. Have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B19VRDOWN

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

B19VRSACT

Now, we'd like to ask you some questions about how your health may have changed.

8. **Compared to one year ago**, how would you rate your **physical health** in general **now**?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

B19VRPHCMP

9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

B19VRMHCMP

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?**

a. Bathing

B19ADLBTH

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

b. Dressing

B19ADLDRS

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

c. Eating

B19ADLEAT

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

d. Getting in or out of chairs

B19ADLCHR

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

e. Walking

B19ADLWLK

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

f. Using the toilet

B19ADLTLT

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

11. Because of a health or physical problem, do you have any difficulty doing the following activities?

a. Preparing meals

B19DIFMEALS

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I don't do this activity

b. Managing money

B19DIFMONEY

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I don't do this activity

c. Taking medication as prescribed

B19DIFMEDS

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I don't do this activity

These next questions ask about your physical and mental health during the past 30 days.

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not** good?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B19HDPHY

13. 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?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B19HDMEN

14. 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 would be fine.**

 days

B19HDACT

Now we are going to ask some questions about specific medical conditions.

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
2 No

B19DIFSEE

16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?

- 1 Yes
2 No

B19DIFHEAR

17. **Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?

- 1 Yes
2 No

B19DIFREMEM

18. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

- 1 Yes
2 No

B19DIFERRND

19. In the **past month**, how often did memory problems interfere with your daily activities?

- 1 Every day (7 days a week)
2 Most days (5-6 days a week)
3 Some days (2-4 days a week)
4 Rarely (once a week or less)
5 Never

B19DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

- 1 Yes
2 No

B19CCHBP

21. Angina pectoris or coronary artery disease

- 1 Yes
2 No

B19CC_CAD

22. Congestive heart failure

- 1 Yes
2 No

B19CC_CHF

23. A myocardial infarction or heart attack

- 1 Yes
2 No

B19CCMI

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat

- 1 Yes
2 No

B19CCHRTOTH

25. A stroke

- 1 Yes
2 No

B19CCSTROKE

Has a doctor ever told you that you had:

26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)

1 Yes

B19CC_COPD

2 No

27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease

1 Yes

B19CCGI

2 No

28. Arthritis of the hip or knee

1 Yes

B19CCARTHIP

2 No

29. Arthritis of the hand or wrist

1 Yes

B19CCARTHND

2 No

30. Osteoporosis, sometimes called thin or brittle bones

1 Yes

B19CCOSTEO

2 No

31. Sciatica (pain or numbness that travels down your leg to below your knee)

1 Yes

B19CCSCIATI

2 No

32. Diabetes, high blood sugar, or sugar in the urine

1 Yes

B19CCDIABET

2 No

33. Depression

1 Yes

B19CCDEP

2 No

34. Any cancer (other than skin cancer)

1 Yes → **Go to Question 35**

B19CCANYCA

2 No → **Go to Question 36**

35. Are you **currently** under treatment for:

a. Colon or rectal cancer

1 Yes

B19CACOLON

2 No

b. Lung cancer

1 Yes

B19CALUNG

2 No

c. Breast cancer

1 Yes

B19CABRST

2 No

d. Prostate cancer

1 Yes

B19CAPROS

2 No

e. Other cancer (other than skin cancer)

1 Yes

B19CAOTHER

2 No

36. In the **past 7 days**, how much did pain interfere with your day to day activities?

1 Not at all

B19PAINDACT

2 A little bit

3 Somewhat

4 Quite a bit

5 Very much

37. In the **past 7 days**, how often did pain keep you from socializing with others?

1 Never

B19PAINSACT

2 Rarely

3 Sometimes

4 Often

5 Always

38. In the **past 7 days**, how would you rate your pain **on average**?

01 1 No pain

B19PAINRATE

02 2

03 3

04 4

05 5

06 6

07 7

08 8

09 9

10 10 Worst imaginable pain

39. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

1 Not at all

B19DEPNOPLS

2 Several days

3 More than half the days

4 Nearly every day

b. Feeling down, depressed or hopeless

1 Not at all

B19DEPDOWN

2 Several days

3 More than half the days

4 Nearly every day

40. In general, compared to other people your age, would you say that your health is:

1 Excellent

B19CMPPTH

2 Very good

3 Good

4 Fair

5 Poor

41. Do you **now** smoke every day, some days, or not at all?

1 Every day

B19SMOKE

2 Some days

3 Not at all

4 Don't know

42. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

B19MUILKG

1 Yes → **Go to Question 43**

2 No → **Go to Question 46**

43. During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?

1 A lot

B19MUIDACT

2 Somewhat

3 Not at all

44. Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?

1 Yes

B19MUITLK

2 No

45. 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?

1 Yes

B19MUITRT

2 No

46. 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.

B19PAOTLK

Yes → **Go to Question 47**

No → **Go to Question 47**

I had no visits in the past 12 months → **Go to Question 48**

47. 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.

Yes

No

B19PAOADV

48. 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?

Yes

No

I had no visits in the past 12 months

B19FRMTLK

49. Did you fall in the **past 12 months**?

Yes

No

B19FRMFALL

50. In the **past 12 months**, have you had a problem with balance or walking?

Yes

No

B19FRMBAL

51. 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:

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

Yes

No

I had no visits in the past 12 months

B19FRMPREV

52. Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test would have been done to your back or hip.

Yes

No

B19OTOTEST

53. During the **past month**, 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.)

Less than 5 hours

5–6 hours

7–8 hours

9 or more hours

B19SLEEPHRS

54. During the **past month**, how would you rate your overall sleep quality?

Very Good

Fairly Good

Fairly Bad

Very Bad

B19SLEEPQUA

55. How much do you weigh in pounds (lbs.)?

lbs.

B19WEIGHTLB

56. 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.

ft. in.

B19HEIGHTFT

B19HEIGHTIN

57. Are you male or female?

1 Male

B19SRVSEX

2 Female

58. Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)

1 No, not of Hispanic, Latino/a or

Spanish origin

B19HPNOHISP

2 Yes, Mexican, Mexican American, Chicano/a

B19HPMEX

3 Yes, Puerto Rican

B19HPPR

4 Yes, Cuban

B19HPCUBA

5 Yes, Another Hispanic, Latino/a or Spanish origin

B19HPOTHER

59. What is your race? (One or more categories may be selected)

01 White

B19RCWHITE

02 Black or African American

B19RCAFRAM

03 American Indian or Alaska Native

B19RCNATAM

04 Asian Indian

B19RCINDIA

05 Chinese

B19RCCHINA

06 Filipino

B19RCFILIP

07 Japanese

B19RCJAPAN

08 Korean

B19RCKOREA

09 Vietnamese

B19RCVIET

10 Other Asian

B19RCOTHASN

11 Native Hawaiian

B19RCHAWAII

12 Guamanian or Chamorro

B19RCGUAM

13 Samoan

B19RCSAMOA

14 Other Pacific Islander

B19RCOTHPAC

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

1 English

B19SPEAKLNG

2 Spanish

3 Chinese

4 Some other language (please specify)

B19SPEAKOTH

61. What is your current marital status?

1 Married

B19MARITAL

2 Divorced

3 Separated

4 Widowed

5 Never married

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

1 8th grade or less

B19EDUC

2 Some high school, but did not graduate

3 High school graduate or GED

4 Some college or 2 year degree

5 4 year college graduate

6 More than a 4 year college degree

63. Do you live alone or with others? (One or more categories may be selected)

1 Alone

B19LVALONE

2 With spouse/significant other

B19LVSPOUSE

3 With children/other relatives

B19LVCHILD

4 With non-relatives

B19LVNONREL

5 With paid caregiver

B19LVCAREGV

64. Where do you live? B19WHERELV

- 1 House, apartment, condominium or mobile home → **Go to Question 65**
- 2 Assisted living or board and care home → **Go to Question 65**
- 3 Nursing home → **Go to Question 66**
- 4 Other → **Go to Question 66**

65. Is the house or apartment you currently live in: B19HMOWN

- 1 Owned or being bought by you
- 2 Owned or being bought by someone in your family other than you
- 3 Rented for money
- 4 Not owned and one in which you live without payment of rent
- 5 None of the above

66. Who completed this survey form? B19CMPWHO

- 1 Person to whom survey was addressed → **Go to Question 68**
- 2 Family member or relative of person to whom the survey was addressed
- 3 Friend of person to whom the survey was addressed
- 4 Professional caregiver of person to whom the survey was addressed

67. Did someone help you complete this survey? If so, please fill in that person's name.

DO NOT enter the name of the person to whom this survey was addressed.

Please **print** clearly.

First Name: _____ B19NMCOMP

Last Name: _____

68. Which of the following categories best represents the **combined income for all family members in your household** for the **past 12 months**?

- 01 Less than \$5,000
- 02 \$5,000–\$9,999
- 03 \$10,000–\$19,999
- 04 \$20,000–\$29,999
- 05 \$30,000–\$39,999
- 06 \$40,000–\$49,999
- 07 \$50,000–\$79,999
- 08 \$80,000–\$99,999
- 09 \$100,000 or more
- 10 Don't know

B19HHINC

**YOU HAVE COMPLETED THE SURVEY.
THANK YOU**

Appendix C (Annotated Follow Up Survey Form)

2018 Medicare Health Outcomes Survey

1. In general, would you say your health is:

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

F19VRGENHTH

2. 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?

a. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F19VRMACT

b. Climbing **several** flights of stairs

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

F19VRSTAIR

3. 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?**

a. **Accomplished less** than you would like **as a result of your physical health?**

1 No, none of the time

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

F19VRPACCL

b. Were limited in the **kind** of work or other activities **as result of your physical health?**

1 No, none of the time

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

F19VRPWORK

4. 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)?

a. **Accomplished less** than you would like **as a result of any emotional problems**

1 No, none of the time

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

F19VRMACCL

b. Didn't do work or other activities **as carefully** as usual **as a result of any emotional problems**

1 No, none of the time

2 Yes, a little of the time

3 Yes, some of the time

4 Yes, most of the time

5 Yes, all of the time

F19VRMWORK

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

F19VRPAIN

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.

6. How much of the time during the **past 4 weeks**:

a. Have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

F19VRCALM

b. Did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

F19VRENERGY

c. Have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

F19VRDOWN

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

F19VRSACT

Now, we'd like to ask you some questions about how your health may have changed.

8. **Compared to one year ago**, how would you rate your **physical health** in general **now**?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

F19VRPHCMP

9. **Compared to one year ago**, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) in general **now**?

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

F19VRMHCMP

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

a. Bathing F19ADLBTH

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

b. Dressing F19ADLDRS

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

c. Eating F19ADLEAT

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

d. Getting in or out of chairs F19ADLCHR

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

e. Walking F19ADLWLK

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

f. Using the toilet F19ADLTLT

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I am unable to do this activity

11. Because of a health or physical problem, do you have any difficulty doing the following activities?

a. Preparing meals F19DIFMEALS

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I don't do this activity

b. Managing money F19DIFMONEY

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty
- 3 I don't do this activity

c. Taking medication as prescribed

- 1 No, I do not have difficulty
- 2 Yes, I have difficulty F19DIFMEDS
- 3 I don't do this activity

These next questions ask about your physical and mental health during the past 30 days.

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not** good?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days F19HDPHY

13. 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?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days F19HDMEN

14. 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 would be fine.**

 days

F19HDACT

Now we are going to ask some questions about specific medical conditions.

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

F19DIFSEE

16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?

1 Yes

2 No

F19DIFHEAR

17. **Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?

1 Yes

2 No

F19DIFREMEM

18. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1 Yes

2 No

F19DIFERRND

19. In the **past month**, how often did memory problems interfere with your daily activities?

1 Every day (7 days a week)

2 Most days (5-6 days a week)

3 Some days (2-4 days a week)

4 Rarely (once a week or less)

5 Never

F19DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

1 Yes

2 No

F19CCHBP

21. Angina pectoris or coronary artery disease

1 Yes

2 No

F19CC_CAD

22. Congestive heart failure

1 Yes

2 No

F19CC_CHF

23. A myocardial infarction or heart attack

1 Yes

2 No

F19CCMI

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat

1 Yes

2 No

F19CCHRTOTH

25. A stroke

1 Yes

2 No

F19CCSTROKE

Has a doctor ever told you that you had:

26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)

1 Yes

F19CC_COPD

2 No

27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease

1 Yes

F19CCGI

2 No

28. Arthritis of the hip or knee

1 Yes

F19CCARTHIP

2 No

29. Arthritis of the hand or wrist

1 Yes

F19CCARTHND

2 No

30. Osteoporosis, sometimes called thin or brittle bones

1 Yes

F19CCOSTEO

2 No

31. Sciatica (pain or numbness that travels down your leg to below your knee)

1 Yes

F19CCSCIATI

2 No

32. Diabetes, high blood sugar, or sugar in the urine

1 Yes

F19CCDIABET

2 No

33. Depression

1 Yes

F19CCDEP

2 No

34. Any cancer (other than skin cancer)

1 Yes → Go to Question 35

2 No → Go to Question 36

F19CCANYCA

35. Are you **currently** under treatment for:

a. Colon or rectal cancer

1 Yes

F19CACOLON

2 No

b. Lung cancer

1 Yes

F19CALUNG

2 No

c. Breast cancer

1 Yes

F19CABRST

2 No

d. Prostate cancer

1 Yes

F19CAPROS

2 No

e. Other cancer (other than skin cancer)

1 Yes

F19CAOTHER

2 No

36. In the **past 7 days**, how much did pain interfere with your day to day activities?

1 Not at all

F19PAINDACT

2 A little bit

3 Somewhat

4 Quite a bit

5 Very much

37. In the **past 7 days**, how often did pain keep you from socializing with others?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Always

F19PAINSACT

38. In the **past 7 days**, how would you rate your pain **on average**?

- 01 1 No pain
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Worst imaginable pain

F19PAINRATE

39. Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

F19DEPNOPLS

b. Feeling down, depressed or hopeless

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

F19DEPDOWN

40. In general, compared to other people your age, would you say that your health is:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

F19CMPHTH

41. Do you **now** smoke every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Don't know

F19SMOKE

42. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

- 1 Yes → **Go to Question 43**
- 2 No → **Go to Question 46**

F19MUILKG

43. During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?

- 1 A lot
- 2 Somewhat
- 3 Not at all

F19MUIDACT

44. Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?

- 1 Yes
- 2 No

F19MUITLK

45. 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?

- 1 Yes
2 No

F19MUITRT

46. 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.

- 1 Yes → **Go to Question 47**
2 No → **Go to Question 47**
3 I had no visits in the past 12 months → **Go to Question 48**

F19PAOTLK

47. 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.

- 1 Yes
2 No

F19PAOADV

48. 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?

- 1 Yes
2 No
3 I had no visits in the past 12 months

F19FRMTLK

49. Did you fall in the **past 12 months**?

- 1 Yes
2 No

F19FRMFALL

50. In the **past 12 months**, have you had a problem with balance or walking?

- 1 Yes
2 No

F19FRMBAL

51. 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:

- Suggest that you use a cane or walker.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing test.

- 1 Yes
2 No
3 I had no visits in the past 12 months

F19FRMPREV

52. Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test would have been done to your back or hip.

- 1 Yes
2 No

F19TOTEST

53. During the **past month**, 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.)

- 1 Less than 5 hours
2 5–6 hours
3 7–8 hours
4 9 or more hours

F19SLEEPHRS

54. During the **past month**, how would you rate your overall sleep quality?

- 1 Very Good
2 Fairly Good
3 Fairly Bad
4 Very Bad

F19SLEEPQUA

55. How much do you weigh in pounds (lbs.)?

lbs.

F19WEIGHTLB

56. How tall are you without shoes on in feet (ft.) and inches (in.)? Please fill in both feet and inches for example: 5 ft. 04 inches (if 1/2 in., please round up).

 ft. in.

F19HEIGHTFT

F19HEIGHTIN

57. Are you male or female?

1 Male

F19SRVSEX

2 Female

58. Are you Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)

1 No, not of Hispanic, Latino/a or Spanish origin

F19HPNOHISP

2 Yes, Mexican, Mexican American, Chicano/a

F19HPMEX

3 Yes, Puerto Rican

F19HPPR

4 Yes, Cuban

F19HPCUBA

5 Yes, Another Hispanic, Latino/a or Spanish origin

F19HPOTHER

59. What is your race? (One or more categories may be selected)

01 White

F19RCWHITE

02 Black or African American

F19RCAFRAM

03 American Indian or Alaska Native

F19RCNATAM

04 Asian Indian

F19RCINDIA

05 Chinese

F19RCCHINA

06 Filipino

F19RCFILIP

07 Japanese

F19RCJAPAN

08 Korean

F19RCKOREA

09 Vietnamese

F19RCVIET

10 Other Asian

F19RCOTHASN

11 Native Hawaiian

F19RCHAWAII

12 Guamanian or Chamorro

F19RCGUAM

13 Samoan

F19RCSAMOA

14 Other Pacific Islander

F19RCOTHPAC

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

1 English

F19SPEAKLNG

2 Spanish

3 Chinese

4 Some other language (please specify)

F19SPEAKOTH

61. What is your current marital status?

1 Married

F19MARITAL

2 Divorced

3 Separated

4 Widowed

5 Never married

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

- 1 8th grade or less F19EDUC
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2 year degree
- 5 4 year college graduate
- 6 More than a 4 year college degree

63. Do you live alone or with others? (One or more categories may be selected)

- 1 Alone F19LVALONE
- 2 With spouse/significant other F19LVSPOUSE
- 3 With children/other relatives F19LVCHILD
- 4 With non-relatives F19LVNONREL
- 5 With paid caregiver F19LVCAREGV

64. Where do you live?

- 1 House, apartment, condominium or mobile home → **Go to Question 65** F19WHERELV
- 2 Assisted living or board and care home → **Go to Question 65**
- 3 Nursing home → **Go to Question 66**
- 4 Other → **Go to Question 66**

65. Is the house or apartment you currently live in:

- 1 Owned or being bought by you F19HMOWN
- 2 Owned or being bought by someone in your family other than you
- 3 Rented for money
- 4 Not owned and one in which you live without payment of rent
- 5 None of the above

66. Who completed this survey form?

- 1 Person to whom survey was addressed → **Go to Question 68** F19CMPWHO
- 2 Family member or relative of person to whom the survey was addressed
- 3 Friend of person to whom the survey was addressed
- 4 Professional caregiver of person to whom the survey was addressed

67. Did someone help you complete this survey? If so, please fill in that person's name.

DO NOT enter the name of the person to whom this survey was addressed.

Please **print** clearly.

First Name: _____

Last Name: _____ F19NMCOMP

68. Which of the following categories best represents the **combined income for all family members in your household** for the **past 12 months**?

- 01 Less than \$5,000
- 02 \$5,000–\$9,999
- 03 \$10,000–\$19,999 F19HHINC
- 04 \$20,000–\$29,999
- 05 \$30,000–\$39,999
- 06 \$40,000–\$49,999
- 07 \$50,000–\$79,999
- 08 \$80,000–\$99,999
- 09 \$100,000 or more
- 10 Don't know

**YOU HAVE COMPLETED THE SURVEY.
THANK YOU**