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2019–2021 Cohort 22

PERFORMANCE
MEASUREMENT
DATA USERS
GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY

CENTERS
FOR MEDICARE
& MEDICAID
SERVICES

HEALTH
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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 *2019-2021 Cohort 22 Performance Measurement* **Data Users Guide** (DUG) explains the contents of beneficiary level *2019-2021 Cohort 22 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 files.

The *2019-2021 Cohort 22 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 2022. 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 Sample Reports page of the Resources section on 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 national HOS total but uses hypothetical data for the MAO and state 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/plan-compare), 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@hsag.com) 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] 2019 and HEDIS Measurement Year (MY) 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey manuals. The most recent manuals (HEDIS 2016 - HEDIS MY 2020 Volume 6) are available at no cost from the NCQA store (https://store.ncqa.org/hedis-quality-measurement/hedis-specifications-for-the-medicare-health-outcomes-survey.html).[2,3] Copies of other HEDIS publications may be obtained by calling NCQA Customer Support at 1-888-275-7585. Additionally, a glossary consisting of definitions relevant to the HOS may be accessed from the "Glossary" link at the bottom of each HOS webpage at www.HOSonline.org.

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

[2] National Committee for Quality Assurance. *HEDIS® 2019, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2019. Available at: www.ncqa.org/hedis/measures/hos. Accessed on: May 3, 2022.

[3] National Committee for Quality Assurance. *HEDIS® MY 2020 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2021. Available at: www.ncqa.org/hedis/measures/hos. Accessed on: May 3, 2022.

Methodology and Design

2019-2021 Medicare Advantage Organization Participation

MAOs with a minimum enrollment of 500 beneficiaries, and with Medicare contracts in effect on or before January 1, 2018, were required by CMS to administer the *Cohort 22 Baseline* survey in 2019:

- All MAOs, including all coordinated care contracts, 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 22 Baseline* survey in 2019 were required by CMS to administer the *Cohort 22 Follow Up* survey in 2021. In the event of a consolidation, merger, or novation, the surviving contract had to report Follow Up HOS for all members of all contracts involved. All eligible members of these contracts were resurveyed, and the results were reported as one under the surviving contract. For a contract conversion, the contract had to report if its new organization type was required to report. Refer to the MAO Performance Measurement Contract List available from the Survey Results 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, 2020, and with a minimum enrollment of 50 beneficiaries could elect to report the 2021 HOS or HOS-M at the plan benefit package (PBP) level for a frailty assessment under the Affordable Care Act. The assessment determined eligibility for a frailty adjustment payment, similar to the payments provided to Program of All-Inclusive Care for the Elderly (PACE), for FIDE SNPs with a similar average level of frailty to PACE. SNPs were permitted to choose whether their 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 for frailty assessment at the FIDE SNP level is in addition to standard HOS requirements for quality reporting at the contract level.

Sampling Methodology

2019 Cohort 22 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 beneficiaries, a simple random sample of 1,200 beneficiaries was selected.
- 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. Since 2019, MAOs could also request a survey sample larger than 1,200. Oversampling was expressed as a whole percentage of the standard sample size. Since 2019, Institutional Special Needs Plans (I-SNPs) were excluded at the PBP level from the HOS baseline survey.

2021 Cohort 22 Follow Up Sampling

CMS identified beneficiaries from the *2019 Cohort 22 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 were enrolled in the same MAO at the time of the follow up sampling.

Beneficiaries were excluded if they did not have summary scores at baseline, had disenrolled from their MAO at the time of the follow up sampling, or died subsequent to the baseline survey. Although deceased beneficiaries were excluded from the follow up sample, CMS includes deceased baseline respondents in the MAO files and when calculating the two-year death rate[4] for the HOS performance measurement results. Beneficiaries who were not enrolled in their original contract when the follow-up sample was drawn are not included in the MAO files; however, they are used in the calculation of the performance measurement results.

The baseline and follow up survey samples were comprised of beneficiaries who completed the HOS in English, Spanish, Chinese, or Russian language versions of the mail survey. While no mail surveys were completed in Russian for the *Cohort 22 Baseline* or *Cohort 22 Follow Up*, the Russian language option became available in 2019. For the telephone phase, a standardized version of an Electronic Telephone Interviewing System was used to collect interview data in English, Spanish, or Chinese. The Chinese language protocol was added to the HOS in 2020.

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[4] The two-year death rate was calculated from an 870-day death interval, extended from the usual 730-day interval, to account for the delay in fielding the *2020 Cohort 21 Follow Up* and change to the fielding timeline in 2021.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 3.0 for the *2019 Cohort 22 Baseline* and the *2021 Cohort 22 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 2019 and HEDIS MY 2020 Volume 6 manuals.[2,3] Appendix A provides the data file layout by position, and the 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.[5] The VR-12 consists of 14 items, 12 of which are used in the calculation of eight health domains and two summary measures, the physical component summary (PCS) and mental component summary (MCS) scores, shown in Figure 1. The VR-12 measures the same eight health domains as the 36-item health survey previously used in HOS version 1.0. 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 (Figure 1). 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 "B22VR" for the baseline fields, and "F22VR" for the follow up fields in the data file.

The baseline and follow up PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and for imputation of missing data.[6] These unadjusted scores are used to create the final adjusted change scores that are discussed in the Physical and Mental Component Summary Scores section. 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.

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[5] 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: May 3, 2022.

[6] Iqbal SU, Rogers W, Selim A, et al. *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: May 3, 2022.

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

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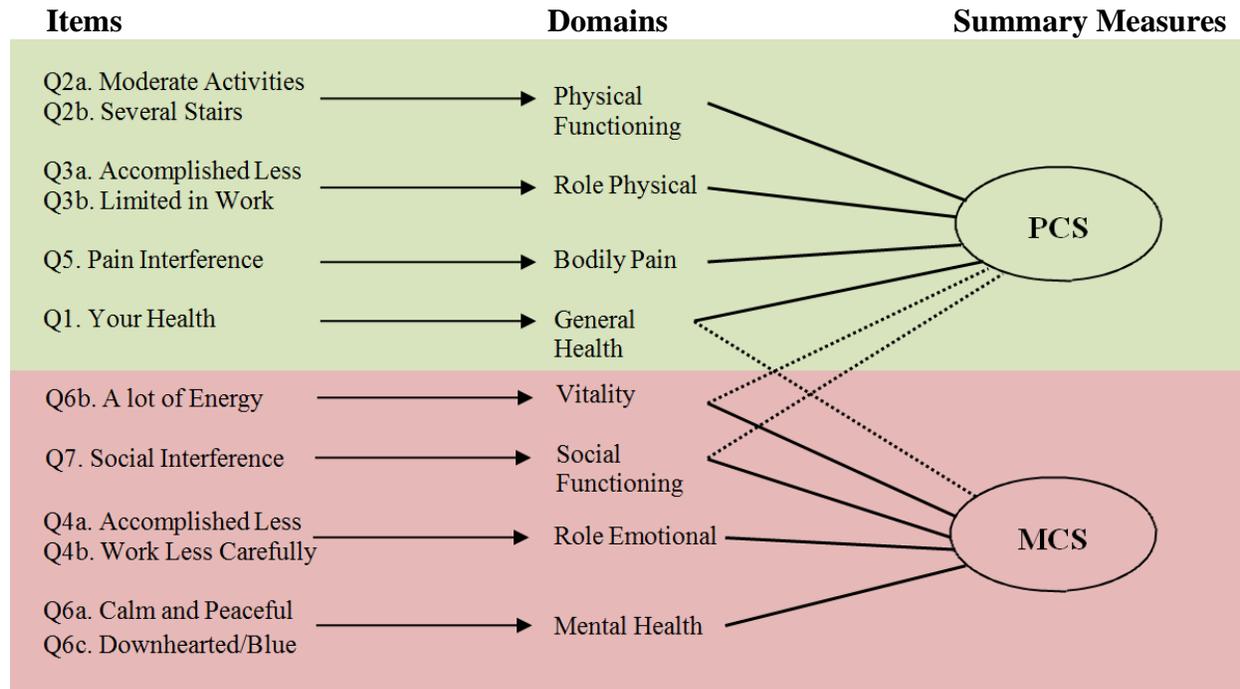
Note: Domains contributing the most to each summary measure are indicated by a solid line. Domains contributing to a lesser degree are indicated by a broken line; however, all domains contribute to some extent to the scoring of both summary measures (PCS and MCS).

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:[7]

- 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 were derived 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).

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[7] 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: May 3, 2022.

- Step Four: When a beneficiary had missing data across any of 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.[8] 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.[7] 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.[9] 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 *2019-2021 Cohort 22 Performance Measurement* Report incorporates the results from the 2019 HOS 3.0 at baseline and the 2021 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. More information about the calculation of outcomes and the Medicare Star Ratings is found in the HOS Sample Performance Measurement Report at https://www.hosonline.org/en/publications/.

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[8] Selim A, Iqbal SU, Rogers W, et al. *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: May 3, 2022.

[9] 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: May 3, 2022.

Data File Characteristics

The *2019-2021 Cohort 22 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 are merged with the follow up data, so that the file contains one record per beneficiary. There are 298 fields in the MAO *Cohort 22 Performance Measurement* file distributed to MAOs. Fields from the baseline survey have a **B22** prefix, and fields from the follow up survey have a **F22** prefix. Fields derived at the time of the performance measurement analysis have a **P22** prefix. The Medicare Beneficiary Identifier (MBI), **AMBIDNUM**, is a unique alphanumeric identifier used to identify each beneficiary in the file and is the only field without a prefix.

Analytic Sample Definition

The MAO Performance Measurement data file contains the records for beneficiaries in the *2019-2021 Cohort 22 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., B22PCS or B22MCS not equal to missing).
- MAO still existed at the time of the follow up survey (i.e., P22CONTRACT 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., B22AGE 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 P22PMRIND. 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 the follow up sampling. Ineligible beneficiaries at follow up met one of the following criteria:

- Not enrolled in the MAO
- Bad address and phone number
- Bad address and mail-only protocol (*Russian only*)
- Language barrier

Note: Beneficiaries who disenrolled from their MAO prior to follow up sampling are included in the Cohort 22 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 was one new field in the *2019 Cohort 22 Baseline* compared with the *2018 Cohort 21 Baseline* file.

- MBIDNUM - Medicare Beneficiary Identifier, an 11-digit alphanumeric variable.

There was one **revised field** in the *2019 Cohort 22 Baseline.*

- SRVLANG (Survey Language) was revised to add a new category (5) for Russian survey language.

There were no new fields in the *2021 Cohort 22 Follow Up,* but there was one additional field in the *2019-2021 Cohort 22 Performance Measurement* data file compared with the *2018-2020 Cohort 21 Performance Measurement* data file.

- AMBIDNUM - Analytic Medicare Beneficiary Identifier, an 11-digit alphanumeric variable.

There was one **revised field** in the *2021 Cohort 22 Follow Up.*

- PAINRATE (Q38) was revised to add the (0) response to the pain scale. The scale responses range from 0 - 10 and zero now corresponds with the answer "No pain."

Selected field attributes (i.e., field name, type, length, or label) may have been modified for some fields included in the *2019-2021 Cohort 22 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 two fields excluded in the *2019-2021 Cohort 22 Performance Measurement* data file compared with the *2018-2020 Cohort 21 Performance Measurement* data file.

- OTOTEST- the Bone Density Test question (Q52) was removed from the HOS questionnaire in 2021.
- AHICNUM - the unique member identifier derived from CMS databases was removed in 2021.

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 2021 HPMS Plan Contract List and the December 2021 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans from the CMS website (https://go.cms.gov/mapddata). These fields include the MAO contract number (P22CONTRACT), which was the **MAO level unit of analysis** for the *2019-2021 Cohort 22 Performance Measurement* Reports. Other fields in this section are the plan state field (P22PLANSTN), which is the two letter state abbreviation, and the CMS region code (P22PLREGCDE), 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 (P22RPTST) 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, P22RPTST has the same value as P22PLANSTN. P22RPTST was the **state level unit of analysis** for the *2019-2021 Cohort 22 Performance Measurement* Report.

Survey Level Fields (Fields 11 - 226)

This section contains an anonymous beneficiary identification (ID) number (B22PATID), as well as survey information from the 68 questions at baseline and 67 questions at follow up comprising the HOS 3.0 instrument. The questions in this section exclude the name of the person responding to the surveys, Q67 at baseline (B22NMCOMP) and Q66 at follow up (F22NMCOMP), 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; ADLs; health status indicators; chronic medical conditions; depression; number of physically and mentally unhealthy days; sleep duration and quality, urinary incontinence, physical activity, falls, demographics; and who completed the survey, Q66 at baseline (B22CMPWHO) and Q65 at follow up (F22CMPWHO). The data include responses at baseline and follow up for questions added 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 (B22WEIGHTLB, B22HEIGHTFT, B22HEIGHTIN, F22WEIGHTLB, F22HEIGHTFT, F22HEIGHTIN).

Survey Administration Fields (Fields 227 - 239)

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 (B22DISP, F22DISP), the dates the surveys were completed (B22TSRVDAT, B22TSRVDATIM, F22TSRVDAT, F22TSRVDATIM), and the language(s) in which the surveys were completed (B22SRVLANG, F22SRVLANG). The original baseline and follow up survey date fields (B22TSRVDAT, F22TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates. The imputed date fields (B22TSRVDATIM and F22TSRVDATIM) 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 (B22TSRVDATIM); similarly, beneficiaries with missing follow up survey dates also had a date imputed (F22TSRVDATIM). The imputed dates represent the midpoint dates for each of the data collection time frames. The imputed survey dates are used to calculate age at baseline and follow up for records with missing survey dates due to non-response or ineligible surveys. The imputed survey date field (B22TSRVDATIM) in combination with the date of birth was used to derive the beneficiary's age at baseline. The proxy status field (F22PROXST), 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 indicators for a member's request to be excluded from future surveys (B22EXCLUDE, F22EXCLUDE).

Physical and Mental Health Summary Measures (Fields 240 - 243)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B22PCS, B22MCS, F22PCS, and F22MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms.

Analytic Fields (Fields 244 - 247)

Data from this section include the beneficiary's Body Mass Index (BMI) and BMI categories at baseline (B22BMI, B22BMICAT) and follow up (F22BMI, F22BMICAT). 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.

Beneficiary Level Fields (Fields 248 -298)

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 MBI, a unique identifier added in 2019, is

included at baseline and follow up (B22MBIDNUM and F22MBIDNUM). The Analytic MBI (AMBIDNUM) was used to identify each beneficiary, and was the **beneficiary level unit of analysis** for the *Cohort 22 Performance Measurement* Report.

The Plan Benefit Package (PBP) ID at baseline (B22PBPID) and follow up (F22PBPID) 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 (B22SNPTYPE) and follow up (F22SNPTYPE) 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) dually-eligible members, and 3) the frail elderly who live in specific types of institutions. 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 via the side menu link to SNP Data.

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 ESRD, Hospice, Medicaid, Dual, and Institutional Status indicators at baseline and follow up are also included. The beneficiary's date of death field (P22THDOD) was updated from the CMS databases in December 2021 to include available death dates. The beneficiary's baseline date of birth (B22TDOB), in combination with the baseline imputed survey date field (B22TSRVDATIM), was used to derive the beneficiary's age at baseline (B22AGE). This age field was used in the HOS performance measurement analysis.

The performance measurement analytic sample distribution indicator (P22PMRIND) identifies respondent, non-respondent, ineligible, deceased, and disenrolled beneficiaries. Beneficiaries who had voluntarily disenrolled from their original MAO at the time of the follow up sampling are not included in the MAO files; however, they are included in the calculation of the performance measurement results that appear in the *2019-2021 Cohort 22 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 (P22PMRIND) 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 (B22VENDOR, F22VENDOR), 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, 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. A description of the depression screen is available in the glossary, which is accessible from the Glossary link at the bottom of the HOS site webpages.

- Beginning with the 2013 HOS 2.5, three questions recognized as Patient-Reported Outcomes Measurement Information System (PROMIS) pain items were added to the HOS questionnaire. These questions measure self-reported pain over the previous seven days. Question 36 asks how much pain interfered with day-to-day activities from 1 ("Not at all") to 5 ("Very much"), and Question 37 asks how often pain kept the member from socializing from 1 ("Never") to 5 ("Always"). Both questions 36 and 37 have five possible categorical responses. Question 38 asks the member to rate his/her average pain, ranging from 0 ("No pain") to 10 ("Worst imaginable pain"). The response options for Question 38 were changed in 2021 to span from 0 to 10. Prior to 2021, this scale ranged from 1-10, and the "No Pain" response is not comparable to earlier surveys.

- Beginning with the *2017-2019 HOS Cohort 20* merged file, the baseline and follow up fields for BMI category (B22BMICAT and F22BMICAT) were modified. Underweight category was changed from "<20" to "<18.5" and Normal weight category was changed from "20 to 24.99" to "18.5 to 24.99." Morbid obesity was combined with Obesity into one category ("≥30"). Due to the modifications, the category percentages for *Cohort 20* and subsequent cohorts are not comparable to percentages produced for past cohorts.

- Beginning with the *2018-2020 HOS Cohort 21* merged file, two derived fields were added for inclusion in the beneficiary level data (B22HISPANA and F22HISPANA). These fields are indicators for Hispanic ethnicity that are used for the Performance Measurement analyses. The baseline and follow-up HISPANA variables are derived from the multiple response categories in Question 58a-e in 2019 or Q57a-e in 2021. HISPANA=1 indicates Hispanic ethnicity if the beneficiary selects one or more Hispanic categories in Q58b-e or Q57b-e (HPMEX, HPPR, HPCUBA, and/or HPOTHER=1) and does not select "No, not Hispanic, Latino/a or Spanish origin" in Q58a or Q57a (HPNOHISP=0). HISPANA=2 indicates the beneficiary selects "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=1) and all categories of Q58b-e=0 or Q57b-e=0.

- In the 2020 HOS 3.0, the SPEAKLNG field (Q59a in 2021) was revised to add a new Russian language option. The baseline response of 4 ("Some other language") was revised in the follow up field to 4 ("Russian") and 7 ("Some other language"). Responses for 1 ("English"), 2 ("Spanish"), and 3 ("Chinese") did not change.

Appendix A
Performance Measurement Data File Specifications

Data File Layout by Position

The following table describes the field attributes for the *2019-2021 Cohort 22 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 2019 and HEDIS MY 2020, Volume 6 manuals.[2,3]

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	*P22CONTRACT* Contract Number	Char	5		Contract number that represents the beneficiary's MAO assignment at the time of the *Cohort 22 Performance Measurement* reporting in 2022 **This was the MAO level unit of analysis for the *Cohort 22 Performance Measurement* Report.**
2	*B22CONTRACT* Contract Number	Char	5		Contract number that represents the beneficiary's MAO assignment at the time of the *Cohort 22 Baseline* sampling in 2019 **This was the MAO level unit of analysis for the *Cohort 22 Baseline* Report.**
3	*F22CONTRACT* Contract Number	Char	5		Contract number that represents the beneficiary's MAO assignment at the time of the *Cohort 22 Follow Up* sampling in 2021.
4	*P22PLREGCDE* Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NJ, NY, 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 2021 HPMS Plan Contract List

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
5	*P22PLORGNM* Plan Organization Name - source CMS 12/21	Char	50		Obtained from December 2021 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
6	*P22PLPTORG* Plan Parent Organization – source CMS 12/21	Char	50		Obtained from December 2021 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
7	*P22PLANSTN* Plan State - source HPMS 08/21	Char	2		Obtained from the state field in the August 2021 HPMS Plan Contract List
8	*P22RPTST* Reporting Plan State	Char	2		Derived field **This was the state level unit of analysis for the *Cohort 22 Performance Measurement* Report**.
9	*P22PLTYPE* Plan Type - source CMS 12/21	Char	39		Obtained from December 2021 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
10	*P22PLTAXST* Plan Tax Status - source HPMS 08/21	Char	25		Obtained from the tax status field in the August 2021 HPMS Plan Contract List
11	*B22PATID* Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the *Cohort 22 Baseline* sample
12	*B22VRGENHTH* 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	*B22VRMACT* 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	*B22VRSTAIR* 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	*B22VRPACCL* 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	*B22VRPWORK* 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	*B22VRMACCL* 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)
18	*B22VRMWORK* 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
19	*B22VRPAIN* 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	*B22VRCALM* 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	*B22VRENERGY* 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	*B22VRDOWN* 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	*B22VRSACT* 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	*B22VRPHCMP* 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	*B22VRMHCMP* 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	*B22ADLBTH* 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	*B22ADLDRS* 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	*B22ADLEAT* 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	*B22ADLCHR* 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)
30	*B22ADLWLK* 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	*B22ADLTLT* 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
32	*B22DIFMEALS* 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	*B22DIFMONEY* 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	*B22DIFMEDS* 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	*B22HDPHY* 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	*B22HDMEN* 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	*B22HDACT* 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	*B22DIFSEE* Q15 Blind or Serious Difficulty Seeing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
39	*B22DIFHEAR* Q16 Deaf or Serious Difficulty Hearing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
40	*B22DIFREMEM* Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
41	*B22DIFERRND* Q18 Difficulty doing errands	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
42	*B22DIFMPROB* 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	*B22CCHBP* Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
44	*B22CC_CAD* Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
45	*B22CC_CHF* Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
46	*B22CCMI* Q23 Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
47	*B22CCHRTOTH* Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
48	*B22CCSTROKE* Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
49	*B22CC_COPD* Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
50	*B22CCGI* Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
51	*B22CCARTHIP* Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
52	*B22CCARTHND* Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
53	*B22CCOSTEO* Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
54	*B22CCSCIATI* Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
55	*B22CCDIABET* 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	*B22CCDEP* Q33 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	*B22CCANYCA* Q34 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
58	*B22CACOLON* Q35a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
59	*B22CALUNG* Q35b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
60	*B22CABRST* Q35c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
61	*B22CAPROS* Q35d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
62	*B22CAOTHER* Q35e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
63	*B22PAINDACT* 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)
64	*B22PAINSACT* 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
65	*B22PAINRATE* 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	*B22DEPNOPLS* 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	*B22DEPDOWN* 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	*B22CMPHTH* 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	*B22SMOKE* 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	*B22MUILKG* Q42 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
71	*B22MUIDACT* 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	*B22MUITLK* Q44 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
73	*B22MUITRT* Q45 Talked About Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
74	*B22PAOTLK* 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	*B22PAOADV* Q47 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
76	*B22FRMTLK* 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)
77	*B22FRMFALL* Q49 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

Field #	Field Name/ Description	Field Type	Field Length	Valid Values	Comments
78	*B22FRMBAL* Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
79	*B22FRMPREV* 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	*B22OTOTEST* Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
81	*B22SLEEPHRS* 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	*B22SLEEPQUA* 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	*B22WEIGHTLB* Q55 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix B)
84	*B22HEIGHTFT* Q56a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
85	*B22HEIGHTIN* Q56b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
86	*B22SRVSEX* Q57 Survey Sex	Num	3	1 = Male 2 = Female 3 = Missing (*Telephone survey only*)	Entered from the survey (See Appendix B)
87	*B22RETIRED*	NA	NA	Retired Variable	Blank field
88	*B22HPNOHISP* 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.
89	*B22HPMEX* 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.
90	*B22HPPR* 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.
91	*B22HPCUBA* 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
92	*B22HPOTHER* 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.
93	*B22RCWHITE* 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.
94	*B22RCAFRAM* 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.
95	*B22RCNATAM* 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.
96	*B22RCINDIA* 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.
97	*B22RCCHINA* 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.
98	*B22RCFILIP* 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.
99	*B22RCJAPAN* 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.
100	*B22RCKOREA* 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.
101	*B22RCVIET* 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.
102	*B22RCOTHASN* 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.
103	*B22RCHAWAII* 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.
104	*B22RCGUAM* 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.
105	*B22RCSAMOA* 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
106	*B22RCOTHPAC* 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.
107	*B22SPEAKLNG* 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)
108	*B22SPEAKOTH* Q60b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix B)
109	*B22MARITAL* Q61 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix B)
110	*B22EDUC* 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)
111	*B22LVALONE* 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?"
112	*B22LVSPOUSE* 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?"
113	*B22LVCHILD* 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?"
114	*B22LVNONREL* 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?"
115	*B22LVCAREGV* 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?"
116	*B22WHERELV* 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
117	*B22HMOWN* 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)
118	*B22CMPWHO* 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)
119	*B22HHINC* 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)
120	*F22VRGENHTH* Q1 General Health Question	Num	3	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor	Entered from the survey (See Appendix C)
121	*F22VRMACT* 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)
122	*F22VRSTAIR* 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)
123	*F22VRPACCL* 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)
124	*F22VRPWORK* 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)
125	*F22VRMACCL* 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)
126	*F22VRMWORK* 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
127	*F22VRPAIN* 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)
128	*F22VRCALM* 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)
129	*F22VRENERGY* 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)
130	*F22VRDOWN* 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)
131	*F22VRSACT* 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)
132	*F22VRPHCMP* 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)
133	*F22VRMHCMP* 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)
134	*F22ADLBTH* 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)
135	*F22ADLDRS* 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)
136	*F22ADLEAT* 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)
137	*F22ADLCHR* 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)
138	*F22ADLWLK* 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)
139	*F22ADLTLT* 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
140	*F22DIFMEALS* 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)
141	*F22DIFMONEY* 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)
142	*F22DIFMEDS* 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)
143	*F22HDPHY* Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
144	*F22HDMEN* Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
145	*F22HDACT* 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.
146	*F22DIFSEE* Q15 Blind or Serious Difficulty Seeing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
147	*F22DIFHEAR* Q16 Deaf or Serious Difficulty Hearing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
148	*F22DIFREMEM* Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
149	*F22DIFERRND* Q18 Difficulty doing errands	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
150	*F22DIFMPROB* 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)
151	*F22CCHBP* Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
152	*F22CC_CAD* Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
153	*F22CC_CHF* Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
154	*F22CCMI* Q23 Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
155	*F22CCHRTOTH* Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
156	*F22CCSTROKE* Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
157	*F22CC_COPD* Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
158	*F22CCGI* Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
159	*F22CCARTHIP* Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
160	*F22CCARTHND* Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
161	*F22CCOSTEO* Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
162	*F22CCSCIATI* Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
163	*F22CCDIABET* Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
164	*F22CCDEP* Q33 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
165	*F22CCANYCA* Q34 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
166	*F22CACOLON* Q35a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
167	*F22CALUNG* Q35b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
168	*F22CABRST* Q35c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
169	*F22CAPROS* Q35d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
170	*F22CAOTHER* Q35e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
171	*F22PAINDACT* 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)
172	*F22PAINSACT* 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
173	*F22PAINRATE* Q38 Average pain rating in past 7 days (0=No pain, 10=Worst pain)	Num	3	0 = 0 No pain 1 = 1 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)
174	*F22DEPNOPLS* 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)
175	*F22DEPDOWN* 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)
176	*F22CMPHTH* 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)
177	*F22SMOKE* 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)
178	*F22MUILKG* Q42 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
179	*F22MUIDACT* Q43 Urine Leakage Changed Daily Activities	Num	3	1 = A lot 2 = Somewhat 3 = Not at all	Entered from the survey (See Appendix C)
180	*F22MUITLK* Q44 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
181	*F22MUITRT* Q45 Talked About Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
182	*F22PAOTLK* 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)
183	*F22PAOADV* Q47 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
184	*F22FRMTLK* 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)
185	*F22FRMFALL* 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
186	*F22FRMBAL* Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
187	*F22FRMPREV* 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)
188	*F22SLEEPHRS* Q52 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	*F22SLEEPQUA* Q53 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	*F22WEIGHTLB* Q54 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix C)
191	*F22HEIGHTFT* Q55a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
192	*F22HEIGHTIN* Q55b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
193	*F22SRVSEX* Q56 Survey Sex	Num	3	1 = Male 2 = Female 3 = Missing (*Telephone survey only*)	Entered from the survey (See Appendix C)
194	*F22RETIRED*	NA	NA	Retired variable	Blank field
195	*F22HPNOHISP* Q57a 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.
196	*F22HPMEX* Q57b 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.
197	*F22HPPR* Q57c 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.
198	*F22HPCUBA* Q57d 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.
199	*F22HPOTHER* Q57e 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
200	*F22RCWHITE* Q58a 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.
201	*F22RCAFRAM* Q58b 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.
202	*F22RCNATAM* Q58c 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.
203	*F22RCINDIA* Q58d 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.
204	*F22RCCHINA* Q58e 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.
205	*F22RCFILIP* Q58f 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.
206	*F22RCJAPAN* Q58g 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.
207	*F22RCKOREA* Q58h 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.
208	*F22RCVIET* Q58i 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.
209	*F22RCOTHASN* Q58j 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.
210	*F22RCHAWAII* Q58k 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.
211	*F22RCGUAM* Q58l 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.
212	*F22RCSAMOA* Q58m 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.
213	*F22RCOTHPAC* Q58n 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
214	*F22SPEAKLNG* Q59a Language Mainly Spoken at Home	Num	3	1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language	Entered from the survey (See Appendix C)
215	*F22SPEAKOTH* Q59b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix C)
216	*F22MARITAL* Q60 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix C)
217	*F22EDUC* Q61 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)
218	*F22LVALONE* Q62a 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?"
219	*F22LVSPOUSE* Q62b 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?"
220	*F22LVCHILD* Q62c 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?"
221	*F22LVNONREL* Q62d 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?"
222	*F22LVCAREGV* Q62e 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?"
223	*F22WHERELV* Q63 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
224	*F22HMOWN* Q64 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)
225	*F22CMPWHO* Q65 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)
226	*F22HHINC* Q67 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)
227	*B22DISP* Survey Disposition Indicator	Num	3	1=Mail Survey Completed 2=Telephone Survey Completed	*Cohort 22 Baseline* respondent's survey disposition indicator
228	*F22DISP* Survey Disposition Indicator	Num	3	1=Mail Survey Completed 2=Telephone Survey Completed	*Cohort 22 Follow Up* respondent's survey disposition indicator
229	*B22TSRVDAT* SAS Date of Survey	Num	8		*Cohort 22 Baseline* respondent's survey date
230	*B22TSRVDATIM* SAS Date of Survey (Missing Imputed)	Num	8		Baseline survey date created from the original survey date field (B22TSRVDAT). For records with a missing survey date, a date of May 5, 2019 was imputed to represent the midpoint date for the data collection.
231	*F22TSRVDAT* SAS Date of Survey	Num	8		*Cohort 22 Follow Up* respondent's survey date
232	*F22TSRVDATIM* SAS Date of Survey (Missing Imputed)	Num	8		Follow Up survey date created from the original survey date field (F22TSRVDAT). For records with a missing survey date, a date of Aug 27, 2021 was imputed to represent the midpoint date for the data collection.
233	*B22SRVLANG* Survey Language	Num	3	1=English 2=Spanish 3=Not applicable 4=Chinese 5=Russian	*Cohort 22 Baseline* survey language

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
234	*F22SRVLANG* Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese 5 = Russian	*Cohort 22 Follow Up* survey language
235	*B22VENDOR* Vendor	Num	8	1413 = CSS 1415 = DataStat 1417 = DSS Research 1440 = SPH Analytics – Farmington Hills (formerly Morpace Inc.) 1463 = SPH Analytics – Duluth	*Cohort 22 Baseline* survey vendor
236	*F22VENDOR* Vendor	Num	8	1413 = CSS 1415 = DataStat 1463 = SPH Analytics 290721 = MDR	*Cohort 22 Follow Up* survey vendor
237	*F22PROXST* 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)	*Cohort 22 Follow Up* proxy status
238	*B22EXCLUDE* 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	*F22EXCLUDE* 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
240	*B22PCS* Physical Component Summary (PCS) Score	Num	8		Derived field *Cohort 22 Baseline* unadjusted PCS Score
241	*B22MCS* Mental Component Summary (MCS) Score	Num	8		Derived field *Cohort 22 Baseline* unadjusted MCS Score
242	*F22PCS* Physical Component Summary (PCS) Score	Num	8		Derived field *Cohort 22 Follow Up* unadjusted PCS Score
243	*F22MCS* Mental Component Summary (MCS) Score	Num	8		Derived field *Cohort 22 Follow Up* unadjusted MCS Score

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
244	*B22BMI* Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height^2)*703 Units: weight in pounds; height in inches
245	*B22BMICAT* 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 B22BMI
246	*F22BMI* Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height^2)*703 Units: weight in pounds; height in inches
247	*F22BMICAT* 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 F22BMI
248	*AMBIDNUM* Analytic Medicare Beneficiary Identifier	Char	11		Unique beneficiary identifier derived from CMS databases MBIDNUM **was the beneficiary level unit of analysis for the *Cohort 22 Performance Measurement* Report.**
249	*B22MBIDNUM* Medicare Beneficiary Identifier	Char	11		Unique member identifier derived from CMS databases
250	*B22LNAME* Last Name	Char	24		Beneficiary's last name from the *Cohort 22 Baseline* member level record
251	*B22MIDINIT* Middle Initial	Char	1		Beneficiary's middle initial from the *Cohort 22 Baseline* member level record
252	*B22FNAME* First Name	Char	15		Beneficiary's first name from the *Cohort 22 Baseline* member level record
253	*B22PBPID* 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
254	*B22SNPTYPE* Type of Special Needs Plan	Num	3	1=Chronic or Disabling Condition 2=Dual-Eligible 3=Institutional	Obtained from the Sample File
255	*B22BLKEY* Beneficiary Link Key	Char	13		Obtained from the Sample File
256	*B22PHONE* Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the *Cohort 22 Baseline* survey
257	*B22ADDRESS* Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the *Cohort 22 Baseline* member level record
258	*B22STATECDE* State SSA Code	Char	2		Beneficiary's state SSA code from the *Cohort 22 Baseline* member level record

Field #	Field Name/ Description	Field Type	Field Length	Valid Values	Comments
259	*B22CNTYCDE* County SSA Code	Char	3		Beneficiary's county SSA code from the *Cohort 22 Baseline* member level record
260	*B22STATEABV* State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the *Cohort 22 Baseline* state SSA code (B22STATECDE)
261	*B22CTNAME* County Name from County SSA Code	Char	21		Beneficiary's county name based on the *Cohort 22 Baseline* county SSA code (B22CNTYCDE)
262	*B22ZIP* Member Zipcode	Char	22		Beneficiary's ZIP Code from the *Cohort 22 Baseline* member level record
263	*F22PBPID* 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
264	*F22SNPTYPE* Type of Special Needs Plan	Num	3	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	Obtained from the Sample File
265	*F22BLKEY* Beneficiary Link Key	Char	13		Obtained from the Sample File
266	*F22MBIDNUM* Medicare Beneficiary Identifier	Char	11		Unique member identifier derived from CMS databases
267	*F22PHONE* Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the *Cohort 22 Follow Up* survey
268	*F22ADDRESS* Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the *Cohort 22 Follow Up* member level record
269	*F22STATECDE* State SSA Code	Char	2		Beneficiary's state SSA code from the *Cohort 22 Follow Up* member level record
270	*F22CNTYCDE* County SSA Code	Char	3		Beneficiary's county SSA code from the *Cohort 22 Follow Up* member level record
271	*F22STATEABV* State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the *Cohort 22 Follow Up* state SSA code (F22STATECDE)
272	*F22CTNAME* County Name from County SSA Code	Char	21		Beneficiary's county name based on the *Cohort 22 Follow Up* county SSA code (F22CNTYCDE)
273	*F22ZIP* Member Zipcode	Char	22		Beneficiary's ZIP Code from the *Cohort 22 Follow Up* member level record
274	*B22RACE* 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 *Cohort 22 Baseline* member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
275	*B22HISPANA* Hispanic Indicator Derived from Q58a-e	Num	8	1= Yes, Hispanic or Latino 2= No, not Hispanic or Latino	Derived field from multiple responses in Q58a-e. HISPANA=1 if selects one or more Hispanic categories in Q58b-e (HPMEX, HPPR, HPCUBA, or HPOTHER=1) <u>and</u> does not select Q58a "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=0). HISPANA=2 if HPNOHISP=1 and Q58b-e=0.
276	*B22SEX* Sex (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's sex from the *Cohort 22 Baseline* member level record, obtained from CMS databases
277	*B22TDOB* SAS Date of Birth	Num	8		Beneficiary's date of birth, which in combination with the survey date with missing values imputed (B22TSRVDATIM), was used to calculate baseline age (B22AGE) for all beneficiaries
278	*B22ESRD* ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the *Cohort 22 Baseline* member level record, obtained from CMS databases
279	*B22INSTUT* Institutional Status	Num	3	0 = Out of Institution 1 = Institutionalized 2 = Eligible for nursing home care	Beneficiary's institutional status from the *Cohort 22 Baseline* member level record, obtained from CMS databases
280	*B22HOSPICE* Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the *Cohort 22 Baseline* member level record, obtained from CMS databases
281	*B22MEDICAID* Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid (Full or Partial benefit in March)	Beneficiary's Medicaid status from the *Cohort 22 Baseline* member level record, obtained from CMS databases
282	*B22DUAL* Dual Status	Num	3	0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)	Beneficiary's dual status from the *Cohort 22 Baseline* member level record, obtained from CMS databases
283	*B22ENTITLE* 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 *Cohort 22 Baseline* member level record, obtained from CMS databases
284	*B22NMCOMP* Q67 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q67 from the *Cohort 22 Baseline* survey: *What is the name of the person who completed this survey form?*
285	*F22RACE* 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 *Cohort 22 Follow Up* member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
286	*F22HISPANA* Hispanic Indicator derived from Q57a-e	Num	8	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino	Derived field from multiple responses in Q57a-e. HISPANA=1 if selects one or more Hispanic categories in Q57b-e (HPMEX, HPPR, HPCUBA, or HPOTHER=1) and does not select Q57a "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=0). HISPANA=2 if HPNOHISP=1 and Q57b-e=0.
287	*F22SEX* Sex (CMS)	Num	3	1=Male 2=Female	Beneficiary's sex from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
288	*F22TDOB* SAS Date of Birth	Num	8		Beneficiary's date of birth from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
289	*F22ESRD* ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Beneficiary's ESRD status from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
290	*F22INSTUT* Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Beneficiary's institutional status from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
291	*F22HOSPICE* Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Beneficiary's hospice status from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
292	*F22MEDICAID* Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid (Full or Partial Benefit in March)	Beneficiary's Medicaid status from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
293	*F22DUAL* Dual Status	Num	3	0=Not Dual Status 1=Dual Status (Full Benefit any time during the year)	Beneficiary's Dual status from the *Cohort 22 Follow Up* member level record, obtained from CMS databases
294	*F22ENTITLE* 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 *Cohort 22 Follow Up* member level record, obtained from CMS databases
295	*F22NMCOMP* Q66 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q66 from the *Cohort 22 Follow Up* survey: *What is the name of the person who completed this survey form?*
296	*P22THDOD* SAS Date of Death - source CMS 12/21	Num	8		Beneficiary's date of death obtained from CMS databases in December 2021

Field #	Field Name/ Description	Field Type	Field Length	Valid Values	Comments
297	*B22AGE* Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the baseline date of birth (B22TDOB) and survey date with missing values imputed (B22TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age
298	*P22PMRIND* 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 *Note: Beneficiaries who completed the baseline survey and had disenrolled from the MAO at the time of the follow up sampling are not included in the MAO files; however, they are used in the calculation of performance measurement results.*

Appendix B (Annotated Baseline Survey Form)

2019 Medicare Health Outcomes Survey

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

   B22VRGENHTH

   1 ☐ Excellent
   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

   B22VRMACT

   1 ☐ Yes, limited a lot
   2 ☐ Yes, limited a little
   3 ☐ No, not limited at all

   b. Climbing **several** flights of stairs

   B22VRSTAIR

   1 ☐ Yes, limited a lot
   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?**

   B22VRPACCL

   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

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

   B22VRPWORK

   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

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**

   B22VRMACCL

   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

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

   B22VRMWORK

   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

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

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRPAIN</div>

1 ☐ Not at all

2 ☐ A little bit

3 ☐ Moderately

4 ☐ Quite a bit

5 ☐ Extremely

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?

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRCALM</div>

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

b. Did you have a lot of energy?

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRENERGY</div>

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

c. Have you felt downhearted and blue?

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRDOWN</div>

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

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.)?

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRSACT</div>

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

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

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

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRPHCMP</div>

1 ☐ Much better

2 ☐ Slightly better

3 ☐ About the same

4 ☐ Slightly worse

5 ☐ Much worse

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

<div style="border:1px solid blue; color:blue; font-weight:bold; display:inline-block; padding:4px">B22VRMHCMP</div>

1 ☐ Much better

2 ☐ Slightly better

3 ☐ About the same

4 ☐ Slightly worse

5 ☐ Much worse

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?**

    B22ADLBTH

    a. Bathing

    1 ☐ No, I do not have difficulty

    2 ☐ Yes, I have difficulty

    3 ☐ I am unable to do this activity

    b. Dressing   **B22ADLDRS**

    1 ☐ No, I do not have difficulty

    2 ☐ Yes, I have difficulty

    3 ☐ I am unable to do this activity

    c. Eating   **B22ADLEAT**

    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   **B22ADLCHR**

    1 ☐ No, I do not have difficulty

    2 ☐ Yes, I have difficulty

    3 ☐ I am unable to do this activity

    e. Walking   **B22ADLWLK**

    1 ☐ No, I do not have difficulty

    2 ☐ Yes, I have difficulty

    3 ☐ I am unable to do this activity

    f. Using the toilet   **B22ADLTLT**

    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   **B22DIFMEALS**

    1 ☐ No, I do not have difficulty

    2 ☐ Yes, I have difficulty

    3 ☐ I don't do this activity

    b. Managing money   **B22DIFMONEY**

    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   **B22DIFMEDS**

    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**   **B22HDPHY**

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**   **B22HDMEN**

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**

B22HDACT

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

B22DIFSEE

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

1 ⬜ Yes

2 ⬜ No

B22DIFHEAR

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

1 ⬜ Yes

2 ⬜ No

B22DIFREMEM

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

B22DIFERRND

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

B22DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

1 ⬜ Yes

2 ⬜ No

B22CCHBP

21. Angina pectoris or coronary artery disease

1 ⬜ Yes

2 ⬜ No

B22CC_CAD

22. Congestive heart failure

1 ⬜ Yes

2 ⬜ No

B22CC_CHF

23. A myocardial infarction or heart attack

1 ⬜ Yes

2 ⬜ No

B22CCMI

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

1 ⬜ Yes

2 ⬜ No

B22CCHRTOTH

25. A stroke

1 ⬜ Yes

2 ⬜ No

B22CCSTROKE

Has a doctor ever told you that you had:

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

   1 ☐ Yes

   2 ☐ No

   B22CC_COPD

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

   1 ☐ Yes

   2 ☐ No

   B22CCGI

28. Arthritis of the hip or knee

   1 ☐ Yes

   2 ☐ No

   B22CCARTHIP

29. Arthritis of the hand or wrist

   1 ☐ Yes

   2 ☐ No

   B22CCARTHND

30. Osteoporosis, sometimes called thin or brittle bones

   1 ☐ Yes

   2 ☐ No

   B22CCOSTEO

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

   1 ☐ Yes

   2 ☐ No

   B22CCSCIATI

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

   1 ☐ Yes

   2 ☐ No

   B22CCDIABET

33. Depression

   1 ☐ Yes

   2 ☐ No

   B22CCDEP

34. Any cancer (other than skin cancer)

   1 ☐ Yes ➔ *Go to Question* **35**

   2 ☐ No ➔ *Go to Question* **36**

   B22CCANYCA

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

   a. Colon or rectal cancer

   1 ☐ Yes

   2 ☐ No

   B22CACOLON

   b. Lung cancer

   1 ☐ Yes

   2 ☐ No

   B22CALUNG

   c. Breast cancer

   1 ☐ Yes

   2 ☐ No

   B22CABRST

   d. Prostate cancer

   1 ☐ Yes

   2 ☐ No

   B22CAPROS

   e. Other cancer (other than skin cancer)

   1 ☐ Yes

   2 ☐ No

   B22CAOTHER

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

   1 ☐ Not at all

   2 ☐ A little bit

   3 ☐ Somewhat

   4 ☐ Quite a bit

   5 ☐ Very much

   B22PAINDACT

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

   B22PAINSACT

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

B22PAINRATE

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

B22DEPNOPLS

b. Feeling down, depressed or hopeless

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

B22DEPDOWN

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

B22CMPHTH

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

B22SMOKE

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**

B22MUILKG

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

B22MUIDACT

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

- 1 ☐ Yes
- 2 ☐ No

B22MUITLK

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

B22MUITRT

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. **B22PAOTLK**

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**

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 **B22PAOADV**

2 ☐ No

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 **B22FRMTLK**

2 ☐ No

3 ☐ I had no visits in the past 12 months

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

1 ☐ Yes **B22FRMFALL**

2 ☐ No

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

1 ☐ Yes **B22FRMBAL**

2 ☐ No

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 **B22FRMPREV**

2 ☐ No

3 ☐ I had no visits in the past 12 months

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 **B22OTOTEST**

2 ☐ No

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 **B22SLEEPHRS**

2 ☐ 5–6 hours

3 ☐ 7–8 hours

4 ☐ 9 or more hours

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

1 ☐ Very Good **B22SLEEPQUA**

2 ☐ Fairly Good

3 ☐ Fairly Bad

4 ☐ Very Bad

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

☐☐☐ lbs. **B22WEIGHTLB**

56. How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).

[ ] feet **B22HEIGHTFT**   [   ] inches **B22HEIGHTIN**

57. Are you male or female?

1 [ ] Male
2 [ ] Female

B22SRVSEX

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 **B22HPNOHISP**
2 [ ] Yes, Mexican, Mexican American, Chicano/a **B22HPMEX**
3 [ ] Yes, Puerto Rican **B22HPPR**
4 [ ] Yes, Cuban **B22HPCUBA**
5 [ ] Yes, another Hispanic, Latino/a or Spanish origin **B22HPOTHER**

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

01 [ ] White **B22RCWHITE**
02 [ ] Black or African American **B22RCAFRAM**
03 [ ] American Indian or Alaska Native **B22RCNATAM**
04 [ ] Asian Indian **B22RCINDIA**
05 [ ] Chinese **B22RCCHINA**
06 [ ] Filipino **B22RCFILIP**
07 [ ] Japanese **B22RCJAPAN**
08 [ ] Korean **B22RCKOREA**
09 [ ] Vietnamese **B22RCVIET**
10 [ ] Other Asian **B22RCOTHASN**
11 [ ] Native Hawaiian **B22RCHAWAII**
12 [ ] Guamanian or Chamorro **B22RCGUAM**
13 [ ] Samoan **B22RCSAMOA**
14 [ ] Other Pacific Islander **B22RCOTHPAC**

60. What language do you **<u>mainly</u>** speak at home?

1 [ ] English **B22SPEAKLNG**
2 [ ] Spanish
3 [ ] Chinese
4 [ ] Some other language (please specify) **B22SPEAKOTH**

61. What is your current marital status?

1 [ ] Married **B22MARITAL**
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 **B22EDUC**
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 **B22LVALONE**
2 [ ] With spouse/significant other **B22LVSPOUSE**
3 [ ] With children/other relatives **B22LVCHILD**
4 [ ] With non-relatives **B22LVNONREL**
5 [ ] With paid caregiver **B22LVCAREGV**

64. Where do you live?   **B22WHERELV**

☐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:

☐₁ Owned or being bought by you

☐₂ Owned or being bought by someone in your family other than you

☐₃ Rented for money   **B22HMOWN**

☐₄ Not owned and one in which you live without payment of rent

☐₅ None of the above

66. Who completed this survey form?

B22CMPWHO

☐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: _____

B22NMCOMP

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   **B22HHINC**

☐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

Appendix C (Annotated Follow Up Survey Form)

2021 Medicare Health Outcomes Survey

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

   ☐ Excellent
   1

   ☐ Very good
   2

   ☐ Good
   3

   ☐ Fair
   4

   ☐ Poor
   5

   F22VRGENHTH

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

      ☐ Yes, limited a lot
      1

      ☐ Yes, limited a little
      2

      ☐ No, not limited at all
      3

      F22VRMACT

   b. Climbing **several** flights of stairs

      ☐ Yes, limited a lot
      1

      ☐ Yes, limited a little
      2

      ☐ No, not limited at all
      3

      F22VRSTAIR

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?**

      ☐ No, none of the time
      1

      ☐ Yes, a little of the time
      2

      ☐ Yes, some of the time
      3

      ☐ Yes, most of the time
      4

      ☐ Yes, all of the time
      5

      F22VRPACCL

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

      ☐ No, none of the time
      1

      ☐ Yes, a little of the time
      2

      ☐ Yes, some of the time
      3

      ☐ Yes, most of the time
      4

      ☐ Yes, all of the time
      5

      F22VRPWORK

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**

      ☐ No, none of the time
      1

      ☐ Yes, a little of the time
      2

      ☐ Yes, some of the time
      3

      ☐ Yes, most of the time
      4

      ☐ Yes, all of the time
      5

      F22VRMACCL

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

      ☐ No, none of the time
      1

      ☐ Yes, a little of the time
      2

      ☐ Yes, some of the time
      3

      ☐ Yes, most of the time
      4

      ☐ Yes, all of the time
      5

      F22VRMWORK

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

F22VRPAIN

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

F22VRCALM

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

F22VRENERGY

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

F22VRDOWN

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

F22VRSACT

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

8. **Compared to <u>one year ago,</u>** 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

F22VRPHCMP

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

F22VRMHCMP

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?**

F22ADLBTH

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

b. Dressing

F22ADLDRS

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

c. Eating

F22ADLEAT

- 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

F22ADLCHR

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

e. Walking

F22ADLWLK

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

f. Using the toilet

F22ADLTLT

- 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

F22DIFMEALS

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

b. Managing money

F22DIFMONEY

- 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 F22DIFMEDS
- 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**

F22HDPHY

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**

F22HDMEN

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**

F22HDACT

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

F22DIFSEE

2 [ ] No

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

1 [ ] Yes

F22DIFHEAR

2 [ ] No

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

1 [ ] Yes

F22DIFREMEM

2 [ ] No

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

F22DIFERRND

2 [ ] No

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

F22DIFMPROB

Has a doctor _ever_ told you that you had:

20. Hypertension or high blood pressure

1 [ ] Yes

F22CCHBP

2 [ ] No

21. Angina pectoris or coronary artery disease

1 [ ] Yes

F22CC_CAD

2 [ ] No

22. Congestive heart failure

1 [ ] Yes

F22CC_CHF

2 [ ] No

23. A myocardial infarction or heart attack

1 [ ] Yes

F22CCMI

2 [ ] No

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

1 [ ] Yes

F22CCHRTOTH

2 [ ] No

25. A stroke

1 [ ] Yes

F22CCSTROKE

2 [ ] No

Has a doctor ever told you that you had:

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

1. ☐ Yes
2. ☐ No

F22CC_COPD

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

1. ☐ Yes
2. ☐ No

F22CCGI

28. Arthritis of the hip or knee

1. ☐ Yes
2. ☐ No

F22CCARTHIP

29. Arthritis of the hand or wrist

1. ☐ Yes
2. ☐ No

F22CCARTHND

30. Osteoporosis, sometimes called thin or brittle bones

1. ☐ Yes
2. ☐ No

F22CCOSTEO

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

1. ☐ Yes
2. ☐ No

F22CCSCIATI

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

1. ☐ Yes
2. ☐ No

F22CCDIABET

33. Depression

1. ☐ Yes
2. ☐ No

F22CCDEP

34. Any cancer (other than skin cancer)

1. ☐ Yes ➔ *Go to Question 35*
2. ☐ No ➔ *Go to Question 36*

F22CCANYCA

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

a. Colon or rectal cancer

1. ☐ Yes
2. ☐ No

F22CACOLON

b. Lung cancer

1. ☐ Yes
2. ☐ No

F22CALUNG

c. Breast cancer

1. ☐ Yes
2. ☐ No

F22CABRST

d. Prostate cancer

1. ☐ Yes
2. ☐ No

F22CAPROS

e. Other cancer (other than skin cancer)

1. ☐ Yes
2. ☐ No

F22CAOTHER

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

1. ☐ Not at all
2. ☐ A little bit
3. ☐ Somewhat
4. ☐ Quite a bit
5. ☐ Very much

F22PAINDACT

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

F22PAINSACT

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

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

F22PAINRATE

00 ☐ 0 No pain
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 71
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

F22DEPNOPLS

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

b. Feeling down, depressed, or hopeless

F22DEPDOWN

1 ☐ Not at all
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:

F22CMPHTH

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

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

F22SMOKE

1 ☐ Every day
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?

F22MUILKG

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?

F22MUIDACT

1 ☐ A lot
2 ☐ Somewhat
3 ☐ Not at all

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

F22MUITLK

1 ☐ Yes
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 **F22MUITRT**

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. **F22PAOTLK**

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

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 **F22PAOADV**

2 ☐ No

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 **F22FRMTLK**

2 ☐ No

3 ☐ I had no visits in the past 12 months

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

1 ☐ Yes **F22FRMFALL**

2 ☐ No

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

1 ☐ Yes **F22FRMBAL**

2 ☐ No

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 **F22FRMPREV**

2 ☐ No

3 ☐ I had no visits in the past 12 months

52. 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 **F22SLEEPHRS**

2 ☐ 5–6 hours

3 ☐ 7–8 hours

4 ☐ 9 or more hours

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

1 ☐ Very Good **F22SLEEPQUA**

2 ☐ Fairly Good

3 ☐ Fairly Bad

4 ☐ Very Bad

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

☐☐☐ lbs. **F22WEIGHTLB**

55. How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).

[ ] feet   [ ][ ] inches

F22HEIGHTFT   **F22HEIGHTIN**

56. Are you male or female?

₁ [ ] Male

₂ [ ] Female

F22SRVSEX

57. 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

F22HPNOHISP

₂ [ ] Yes, Mexican, Mexican American, Chicano/a

F22HPMEX

₃ [ ] Yes, Puerto Rican

F22HPPR

₄ [ ] Yes, Cuban

F22HPCUBA

₅ [ ] Yes, another Hispanic, Latino/a or Spanish origin

F22HPOTHER

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

01 [ ] White

F22RCWHITE

02 [ ] Black or African American

F22RCAFRAM

03 [ ] American Indian or Alaska Native

F22RCNATAM

04 [ ] Asian Indian

F22RCINDIA

05 [ ] Chinese

F22RCCHINA

06 [ ] Filipino

F22RCFILIP

07 [ ] Japanese

F22RCJAPAN

08 [ ] Korean

F22RCKOREA

09 [ ] Vietnamese

F22RCVIET

10 [ ] Other Asian

F22RCOTHASN

11 [ ] Native Hawaiian

F22RCHAWAII

12 [ ] Guamanian or Chamorro

F22RCGUAM

13 [ ] Samoan

F22RCSAMOA

14 [ ] Other Pacific Islander

F22RCOTHPAC

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

₁ [ ] English

F22SPEAKLNG

₂ [ ] Spanish

₃ [ ] Chinese

₄ [ ] Russian

₇ [ ] Some other language (please specify)

F22SPEAKOTH

60. What is your current marital status?

₁ [ ] Married

F22MARITAL

₂ [ ] Divorced

₃ [ ] Separated

₄ [ ] Widowed

₅ [ ] Never married

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

   1 ☐ 8th grade or less   **F22EDUC**
   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

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

   1 ☐ Alone   **F22LVALONE**
   2 ☐ With spouse/significant other   **F22LVSPOUSE**
   3 ☐ With children/other relatives   **F22LVCHILD**
   4 ☐ With non-relatives   **F22LVNONREL**
   5 ☐ With paid caregiver   **F22LVCAREGV**

63. Where do you live?   **F22WHERELV**

   1 ☐ House, apartment, condominium or mobile home ➔ *Go to Question 64*
   2 ☐ Assisted living or board and care home ➔ *Go to Question 64*
   3 ☐ Nursing home ➔ *Go to Question 65*
   4 ☐ Other ➔ *Go to Question 65*

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

   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   **F22HMOWN**

65. Who completed this survey form?   **F22CMPWHO**

   1 ☐ Person to whom survey was addressed ➔ *Go to Question 67*
   2 ☐ Family member or relative of person to whom the survey was addressed ➔ *Go to Question 66*
   3 ☐ Friend of person to whom the survey was addressed ➔ *Go to Question 66*
   4 ☐ Professional caregiver of person to whom the survey was addressed ➔ *Go to Question 66*

66. 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: _____   **F22NMCOMP**

67. 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   **F22HHINC**
   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