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2020–2022 Cohort 23

PERFORMANCE
MEASUREMENT
DATA USERS
GUIDE

MEDICARE HEALTH



OUTCOMES SURVEY

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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 2020-2022 Cohort 23 Performance Measurement **Data Users Guide** (DUG) explains the contents of beneficiary level 2020-2022 Cohort 23 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 *2020-2022 Cohort23 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 2023. 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

Medicare HOS Information and Technical Support at hos@hsag.com or (888) 880-0077 is available to assist 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 2020 and HEDIS Measurement Year (MY) 2021 Volume 6: Specifications for the Medicare Health Outcomes Survey manuals. The most recent HEDIS Volume 6 manuals are available at no cost from the [NCQA store](#)^{2,3}. Copies of older HEDIS publications may be obtained by calling NCQA Customer Support at (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.

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

² National Committee for Quality Assurance. *HEDIS® 2020, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2020.

³ National Committee for Quality Assurance. *HEDIS® MY 2021 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2022.

Methodology and Design

2020-2022 Medicare Advantage Organization Participation

MAOs with a minimum enrollment of 500 beneficiaries, and with Medicare contracts in effect on or before January 1, 2019, were required by CMS to administer the Cohort 23 Baseline survey in 2020:

- 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)

For MAOs that offered an I-SNP and had MA contracts in effect on or before January 1, 2019, the HOS reporting requirements were as follows. Contracts with only one PBP, or with multiple PBPs that were all I-SNPs, were excluded from the 2020 Baseline HOS. Contracts with at least one non-I-SNP PBP were required to administer 2020 HOS Baseline if 500 or more non-I-SNP members remained in the contract after I-SNP members were removed.

MAOs that administered the Cohort 23 Baseline survey in 2020 were required by CMS to administer the Cohort 23 Follow Up survey in 2022. 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, 2021, and with a minimum enrollment of 50 beneficiaries could elect to report the 2022 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. The FIDE SNP sponsors 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

2020 Cohort 23 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 request a survey sample larger than 1,200. Oversampling was expressed as a whole percentage of the standard sample size. Since 2020, I-SNPs have been excluded at the PBP level from HOS Baseline.

2022 Cohort 23 Follow Up Sampling

CMS identified beneficiaries from the 2020 Cohort 23 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 after 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 rate⁴ 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 23 Baseline or Cohort 23 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.

⁴ For 2022 Cohort 23 Follow Up, the two-year death rate was calculated from the usual 730-day death interval, which had been extended to an 870-day interval to account for the delay in fielding the 2020 Cohort 21 Follow Up and change to the fielding timeline for the 2021 Cohort 22 Follow Up.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 3.0 for the 2020 Cohort 23 Baseline and the 2022 Cohort 23 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 2020 and HEDIS MY 2021 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)

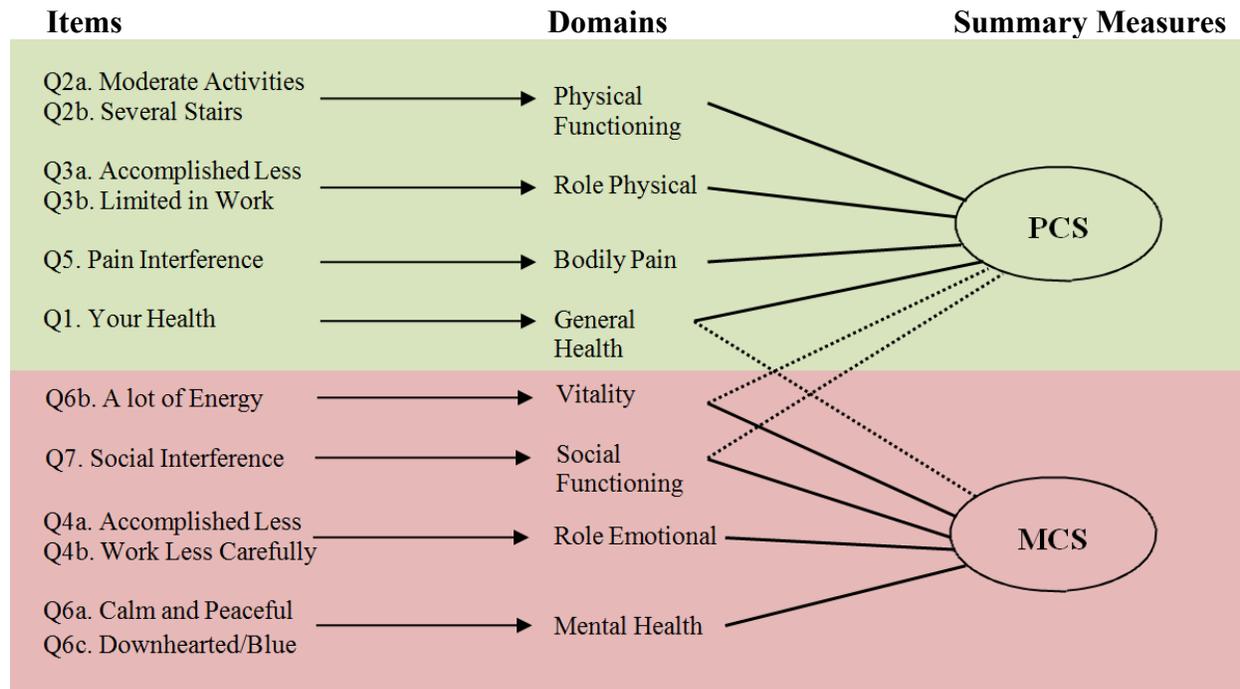
The key component of the HOS for assessment of the physical and mental health functioning is the VR-12 health survey.⁵ The VR-12 consists of 14 items, 12 of which are used in the calculation of eight health domains and two summary measures, the physical component summary (PCS) and mental component summary (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 “B23VR” for the baseline fields, and “F23VR” 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.

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, 2023.

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, 2023.

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



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

Physical and Mental Component Summary Scores

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

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, 2023.

- 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 *2020-2022 Cohort 23 Performance Measurement Report* incorporates the results from the 2020 HOS 3.0 at baseline and the 2022 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 older adults. 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 www.hosonline.org/en/publications.

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, 2023.

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, 2023.

Data File Characteristics

The 2020-2022 Cohort 23 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 295 fields in the MAO Cohort 23 Performance Measurement file distributed to MAOs. Fields from the baseline survey have a **B23** prefix, and fields from the follow up survey have a **F23** prefix. Fields derived at the time of the performance measurement analysis have a **P23** 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 2020-2022 Cohort 23 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., B23PCS or B23MCS not equal to missing).
- MAO still existed at the time of the follow up survey (i.e., P23CONTRACT 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., B23AGE 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 P23PMRIND. 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:

- 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 23 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 2020 Cohort 23 Baseline compared with the 2019 Cohort 22 Baseline file.

- B23PFADL- Baseline Physical Functioning Activities of Daily Living (PFADL) Scale Score, 0-16 Higher is Better.

There was one **revised field** in the 2020 Cohort 23 Baseline.

- B23SPEAKLNG - Language mainly spoken at home was revised to add Russian language as category (4) and Some other language, formerly category 4, as category (7) for language mainly spoken at home.

There was one **new** field in the 2022 Cohort 23 Follow Up compared with the 2021 Cohort 22 Follow Up file.

- F23PFADL- Follow Up PFADL Scale Score, 0-16 Higher is Better.

There were no **revised fields** in the 2022 Cohort 23 Follow Up.

Selected field attributes (i.e., field name, type, length, or label) may have been modified for some fields included in the 2020-2022 Cohort 23 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 five fields excluded in the 2020-2022 Cohort 23 Performance Measurement data file compared with the 2019-2021 Cohort 22 Performance Measurement data file. All five fields were removed from the HOS questionnaire in 2022.

- CCARTHIP - Arthritis of hip or knee (Q28).
- CCARTHND - Arthritis of hand or wrist (Q29).
- CCSCIATI - Sciatica, or pain/numbness traveling down the leg (Q31).
- SMOKE - Smoking frequency question (Q41).
- HHINC - Household Income question (Q67).

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 2022 HPMS Plan Contract List and the December 2022 *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 (P23CONTRACT), which was the **MAO level unit of analysis** for the *2020-2022 Cohort 23 Performance Measurement Reports*. Other fields in this section are the plan state field (P23PLANSTN), which is the two letter state abbreviation, and the CMS region code (P23PLREGCDE), 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 (P23RPTST) 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 state or region and are excluded from any state totals. For all other MAOs, P23RPTST has the same value as P23PLANSTN. P23RPTST was the **state level unit of analysis** for the *2020-2022 Cohort 23 Performance Measurement Report*.

Survey Level Fields (Fields 11 - 221)

This section contains an anonymous beneficiary identification (ID) number (B23PATID), as well as survey information from the 68 questions at baseline and 62 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 (B23NMCOMP) and Q62 at follow up (F23NMCOMP), 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 (B23CMPWHO) and Q61 at follow up (F23CMPWHO). 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 (B23WEIGHTLB, B23HEIGHTFT, B23HEIGHTIN, F23WEIGHTLB, F23HEIGHTFT, F23HEIGHTIN).

Survey Administration Fields (Fields 222 - 234)

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 (B23DISP, F23DISP), the dates the surveys were completed (B23TSRVDAT, B23TSRVDATIM, F23TSRVDAT, F23TSRVDATIM), and the language(s) in which the surveys were completed (B23SRVLANG, F23SRVLANG). The original baseline and follow up survey date fields (B23TSRVDAT, F23TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates. The imputed date fields (B23TSRVDATIM and F23TSRVDATIM) 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 (B23TSRVDATIM); similarly, beneficiaries with missing follow up survey dates also had a date imputed (F23TSRVDATIM). 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 (B23TSRVDATIM) in combination with the date of birth was used to derive the beneficiary's age at baseline. The proxy status field (F23PROXST), 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 (B23EXCLUDE, F23EXCLUDE).

Physical and Mental Health Summary Measures (Fields 235 - 240)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B23PCS, B23MCS, F23PCS, F23MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms. The section also includes the baseline and follow up PFADL scale scores (B23PFADL, F23PFADL), which were created from two physical functioning questions (Q2a and Q2b) and six ADL questions (Q10a-f). Information about the PFADL change score that is derived from the scale scores is available on the HOS website at www.hosonline.org/globalassets/hos-online/survey-results/mhos_pfadl_change_measure.pdf.

Analytic Fields (Fields 241 - 244)

Data from this section include the beneficiary's Body Mass Index (BMI) and BMI categories at baseline (B23BMI, B23BMICAT) and follow up (F23BMI, F23BMICAT). 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 245 -295)

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 (B23MBIDNUM and F23MBIDNUM). The Analytic MBI (AMBIDNUM) was used to identify each beneficiary, and was the **beneficiary level unit of analysis** for the *Cohort 23 Performance Measurement Report*.

The Plan Benefit Package (PBP) ID at baseline (B23PBPID) and follow up (F23PBPID) 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 (B23SNPTYPE) and follow up (F23SNPTYPE) 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> through 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 (P23THDOD) was updated from the CMS databases in January 2023 to include available death dates. The beneficiary's baseline date of birth (B23TDOB), in combination with the baseline imputed survey date field (B23TSRVDATIM), was used to derive the beneficiary's age at baseline (B23AGE). This age field was used in the HOS performance measurement analysis.

The performance measurement analytic sample distribution indicator (P23PMRIND) 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 *2020-2022 Cohort 23 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 (P23PMRIND) 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 (B23VENDOR, F23VENDOR), 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 (DEPNOPLS, DEPDOWN). 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. PAINDACT asks how much pain interfered with day-to-day activities from 1 (“Not at all”) to 5 (“Very much”), and (PAINSACT asks how often pain kept the member from socializing from 1 (“Never”) to 5 (“Always”). Both questions (Q33 and Q34 in 2022) have five possible categorical responses. PAINRATE (Q35 in 2022) asks the member to rate his/her average pain, ranging from 0 (“No pain”) to 10 (“Worst imaginable pain”). The response options for PAINRATE 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 (B23BMICAT and F23BMICAT) 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 (B23HISPANA and F23HISPANA). 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 2020 or Q53a-e in 2022. HISPANA=1 indicates Hispanic ethnicity if the beneficiary selects one or more Hispanic categories in Q58b-e or Q53b-e (HPMEX, HPPR, HPCUBA, and/or HPOTHER=1) and does not select “No, not Hispanic, Latino/a or Spanish origin” in Q58a or Q53a (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 Q53b-e=0.
- Beginning with the 2020 HOS 3.0, the SPEAKLNG field (Q60a in 2020, and Q55a in 2022) was revised to add a new Russian language option. The baseline and follow up responses of 4 (“Some other language”) were revised 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 2020-2022 Cohort 23 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 2020 and HEDIS MY 2021, Volume 6 manuals.^{2,3}

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---------------------------------------|------------|--------------|--------------|--|
| 1 | <i>P23CONTRACT</i> Contract Number | Char | 5 | | Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 23 Performance Measurement reporting in 2023. This was the MAO level unit of analysis for the Cohort 23 Performance Measurement Report. |
| 2 | <i>B23CONTRACT</i> Contract Number | Char | 5 | | Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 23 Baseline sampling in 2020. This was the MAO level unit of analysis for the Cohort 23 Baseline Report. |
| 3 | <i>F23CONTRACT</i> Contract Number | Char | 5 | | Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 23 Follow Up sampling in 2022. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 4 | P23PLREGCDE 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 2022 HPMS Plan Contract List |
| 5 | P23PLORGNM Plan Organization Name - source CMS 12/22 | Char | 51 | | Obtained from December 2022 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 6 | P23PLPTORG Plan Parent Organization – source CMS 12/22 | Char | 50 | | Obtained from December 2022 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 7 | P23PLANSTN Plan State - source HPMS 08/22 | Char | 2 | | Obtained from the state field in the August 2022 HPMS Plan Contract List |
| 8 | P23RPTST Reporting Plan State | Char | 2 | | Derived field This was the state level unit of analysis for the Cohort 23 Performance Measurement Report. |
| 9 | P23PLTYPE Plan Type - source CMS 12/22 | Char | 39 | | Obtained from December 2022 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans |
| 10 | P23PLTAXST Plan Tax Status - source HPMS 08/22 | Char | 25 | | Obtained from the tax status field in the August 2022 HPMS Plan Contract List |
| 11 | B23PATID Anonymous Beneficiary ID | Num | 8 | | Unique number assigned to each beneficiary in the Cohort 23 Baseline sample |
| 12 | B23VRGENHTH 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 | B23VRMACT 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) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 14 | <i>B23VRSTAIR</i> Q2b Health Limitation- Climbing several flights | Num | 3 | 1 =Yes, limited a lot 2 =Yes, limited a little 3 =No, not limited at all | Entered from the survey (See Appendix B) |
| 15 | <i>B23VRPACCL</i> Q3a Physical- Accomplished less than you would like | Num | 3 | 1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time | Entered from the survey (See Appendix B) |
| 16 | <i>B23VRPWORK</i> Q3b Physical-Limited in work or activities | Num | 3 | 1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time | Entered from the survey (See Appendix B) |
| 17 | <i>B23VRMACCL</i> Q4a Emotional- Accomplished less than you would like | Num | 3 | 1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time | Entered from the survey (See Appendix B) |
| 18 | <i>B23VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully | Num | 3 | 1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time | Entered from the survey (See Appendix B) |
| 19 | <i>B23VRPAIN</i> Q5 Pain-Interfered with normal work | Num | 3 | 1 =Not at all 2 =A little bit 3 =Moderately 4 =Quite a bit 5 =Extremely | Entered from the survey (See Appendix B) |
| 20 | <i>B23VRCALM</i> Q6a Felt calm and peaceful | Num | 3 | 1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time | Entered from the survey (See Appendix B) |
| 21 | <i>B23VRENERGY</i> Q6b Have a lot of energy | Num | 3 | 1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time | Entered from the survey (See Appendix B) |
| 22 | <i>B23VRDOWN</i> Q6c Felt downhearted and blue | Num | 3 | 1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|--|
| 23 | <i>B23VRSACT</i> Q7 Health Interfered with Social Activities | Num | 3 | 1 =All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time | Entered from the survey (See Appendix B) |
| 24 | <i>B23VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago | Num | 3 | 1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse | Entered from the survey (See Appendix B) |
| 25 | <i>B23VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago | Num | 3 | 1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse | Entered from the survey (See Appendix B) |
| 26 | <i>B23ADLBTH</i> Q10a Difficulty Bathing | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 27 | <i>B23ADLDRS</i> Q10b Difficulty Dressing | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 28 | <i>B23ADLEAT</i> Q10c Difficulty Eating | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 29 | <i>B23ADLCHR</i> Q10d Difficulty Getting in or out of Chairs | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 30 | <i>B23ADLWLK</i> Q10e Difficulty Walking | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 31 | <i>B23ADLTLT</i> Q10f Difficulty Using Toilet | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I am unable to do this activity | Entered from the survey (See Appendix B) |
| 32 | <i>B23DIFMEALS</i> Q11a Difficulty Preparing Meals | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity | Entered from the survey (See Appendix B) |
| 33 | <i>B23DIFMONEY</i> Q11b Difficulty Managing Money | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity | Entered from the survey (See Appendix B) |
| 34 | <i>B23DIFMEDS</i> Q11c Difficulty Taking Medication as Prescribed | Num | 3 | 1=No, I do not have difficulty 2=Yes, I have difficulty 3=I do not do this activity | Entered from the survey (See Appendix B) |
| 35 | <i>B23HDPHY</i> Q12 Number of Days Physical Health Not Good | Num | 3 | | Entered from the survey (See Appendix B) A value of “88” indicates ≥ 100 days. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|--|
| 36 | <i>B23HDMEN</i> Q13 Number of Days Mental Health Not Good | Num | 3 | | Entered from the survey (See Appendix B) A value of “88” indicates ≥ 100 days. |
| 37 | <i>B23HDACT</i> Q14 Number of Days Poor Health Interfered with Activities | Num | 3 | | Entered from the survey (See Appendix B) A value of “88” indicates ≥ 100 days. |
| 38 | <i>B23DIFSEE</i> Q15 Blind or Serious Difficulty Seeing | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 39 | <i>B23DIFHEAR</i> Q16 Deaf or Serious Difficulty Hearing | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 40 | <i>B23DIFMEM</i> Q17 Difficulty concentrating, remembering, or making decisions | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 41 | <i>B23DIFERRND</i> Q18 Difficulty doing errands | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 42 | <i>B23DIFMPROB</i> Q19 Memory problems interfered with activities in past month | Num | 3 | 1 =Every day (7 days a week) 2 =Most days (5-6 days a week) 3 =Some days (2-4 days a week) 4 =Rarely (once a week or less) 5 =Never | Entered from the survey (See Appendix B) |
| 43 | <i>B23CCHBP</i> Q20 Hypertension or High Blood Pressure | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 44 | <i>B23CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 45 | <i>B23CC_CHF</i> Q22 Congestive Heart Failure | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 46 | <i>B23CCMI</i> Q23 Myocardial Infarction or Heart Attack | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 47 | <i>B23CCHRTOTH</i> Q24 Other Heart Conditions | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 48 | <i>B23CCSTROKE</i> Q25 Stroke | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 49 | <i>B23CC_COPD</i> Q26 Emphysema, or Asthma, or COPD | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 50 | <i>B23CCGI</i> Q27 Inflammatory Bowel Diseases | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 51 | <i>B23CCARTHIP</i> Q28 Arthritis of hip or knee | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|--|
| 52 | <i>B23CCARTHND</i> Q29 Arthritis of hand or wrist | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 53 | <i>B23CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 54 | <i>B23CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 55 | <i>B23CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 56 | <i>B23CCDEP</i> Q33 Depression | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 57 | <i>B23CCANYCA</i> Q34 Any Cancer (other than skin cancer) | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 58 | <i>B23CACOLON</i> Q35a Under Treatment for Colon Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 59 | <i>B23CALUNG</i> Q35b Under Treatment for Lung Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 60 | <i>B23CABRST</i> Q35c Under Treatment for Breast Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 61 | <i>B23CAPROS</i> Q35d Under Treatment for Prostate Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 62 | <i>B23CAOTHER</i> Q35e Under Treatment for Other Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix B) |
| 63 | <i>B23PAINDACT</i> Q36 Pain interfered with activities in past 7 days | Num | 3 | 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much | Entered from the survey (See Appendix B) |
| 64 | <i>B23PAINSACT</i> Q37 Pain kept you from socializing in past 7 days | Num | 3 | 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always | Entered from the survey (See Appendix B) |
| 65 | <i>B23PAINRATE</i> Q38 Average pain rating in past 7 days (1=No pain, 10=Worst pain) | Num | 3 | 1 = 1 No pain 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10 = 10 Worst imaginable pain | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|--|
| 66 | <i>B23DEPNOPLS</i> Q39a Little interest or pleasure in doing things in past 2 weeks | Num | 3 | 1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day | Entered from the survey (See Appendix B) |
| 67 | <i>B23DEPDOWN</i> Q39b Feeling down, depressed, or hopeless in past 2 weeks | Num | 3 | 1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day | Entered from the survey (See Appendix B) |
| 68 | <i>B23CMPHTH</i> Q40 General Health compared to peers | Num | 3 | 1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor | Entered from the survey (See Appendix B) |
| 69 | <i>B23SMOKE</i> Q41 Smoke every day, some days, or not at all | Num | 3 | 1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know | Entered from the survey (See Appendix B) |
| 70 | <i>B23MUILKG</i> Q42 Urine Leakage in Past 6 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 71 | <i>B23MUIDACT</i> Q43 Urine Leakage Changed Daily Activities | Num | 3 | 1 =A lot 2 =Somewhat 3 =Not at all | Entered from the survey (See Appendix B) |
| 72 | <i>B23MUITLK</i> Q44 Talked with Doctor About Urine Leakage | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 73 | <i>B23MUITRT</i> Q45 Talked About Treatment for Urine Leakage | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 74 | <i>B23PAOTLK</i> Q46 Talked with Doctor About Physical Activities | Num | 3 | 1 =Yes 2 =No 3 =I had no visits in the past 12 months | Entered from the survey (See Appendix B) |
| 75 | <i>B23PAOADV</i> Q47 Advised to Increase or Maintain Activities | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 76 | <i>B23FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem | Num | 3 | 1 =Yes 2 =No 3 =I had no visits in the past 12 months | Entered from the survey (See Appendix B) |
| 77 | <i>B23FRMFALL</i> Q49 Fell in Past 12 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 78 | <i>B23FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix B) |
| 79 | <i>B23FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls | Num | 3 | 1 =Yes 2 =No 3 =I had no visits in the past 12 months | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 80 | <i>B23OTOTEST</i> Q52 Bone Density Test for Osteoporosis | Num | 3 | 1 =Yes 2=No | Entered from the survey (See Appendix B) |
| 81 | <i>B23SLEEPHRS</i> Q53 Average Hours of Sleep per Night in Past Month | Num | 3 | 1= Less than 5 hours 2=5-6 hours 3=7-8 hours 4= 9 or more hours | Entered from the survey (See Appendix B) |
| 82 | <i>B23SLEEPQUA</i> Q54 Overall Sleep Quality Rating in Past Month | Num | 3 | 1 =Very Good 2 =Fairly Good 3 =Fairly Bad 4 =Very Bad | Entered from the survey (See Appendix B) |
| 83 | <i>B23WEIGHTLB</i> Q55 Weight in pounds (lbs.) | Num | 8 | | Entered from the survey (See Appendix B) |
| 84 | <i>B23HEIGHTFT</i> Q56a Height in feet (ft.) Portion of Height Question | Num | 8 | | Entered from the survey (See Appendix B) |
| 85 | <i>B23HEIGHTIN</i> Q56b Height in inches (in.) Portion of Height Question | Num | 8 | | Entered from the survey (See Appendix B) |
| 86 | <i>B23SRVSEX</i> Q57 Survey Sex | Num | 3 | 1 =Male 2 =Female 3 =Missing (<i>Telephone survey only</i>) | Entered from the survey (See Appendix B) |
| 87 | <i>B23RETIRED</i> | NA | NA | Retired Variable | Blank Field |
| 88 | <i>B23HPNOHISP</i> Q58a No, not Hispanic, Latino/a or Spanish origin | Num | 3 | 0 =No, not Hispanic not checked 1 =No, not Hispanic checked | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity. |
| 89 | <i>B23HPMEX</i> Q58b Yes, Mexican, Mexican American, Chicano/a | Num | 3 | 0 =Respondent did not check Mexican 1 =Respondent checked Mexican | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity. |
| 90 | <i>B23HPPR</i> Q58c Yes, Puerto Rican | Num | 3 | 0 =Respondent did not check Puerto Rican 1 =Respondent checked Puerto Rican | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity. |
| 91 | <i>B23HPCUBA</i> Q58d Yes, Cuban | Num | 3 | 0 =Respondent did not check Cuban 1 =Respondent checked Cuban | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity. |
| 92 | <i>B23HPOTHER</i> Q58e Yes, another Hispanic, Latino/a or Spanish origin | Num | 3 | 0 =Respondent did not check Other Hispanic 1 =Respondent checked Other Hispanic | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity. |
| 93 | <i>B23RCWHITE</i> Q59a White | Num | 3 | 0 =Respondent did not check White 1 =Respondent checked White | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 94 | <i>B23RCAFRAM</i> Q59b Black or African American | Num | 3 | 0=Respondent did not check Black or African American 1=Respondent checked Black or African American | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 95 | <i>B23RCNATAM</i> Q59c American Indian or Alaskan Native | Num | 3 | 0=Respondent did not check American Indian or Alaska Native 1=Respondent checked American Indian or Alaska Native | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 96 | <i>B23RCINDIA</i> Q59d Asian Indian | Num | 3 | 0=Respondent did not check Asian Indian 1=Respondent checked Asian Indian | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 97 | <i>B23RCCHINA</i> Q59e Chinese | Num | 3 | 0=Respondent did not check Chinese 1=Respondent checked Chinese | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 98 | <i>B23RCFILIP</i> Q59f Filipino | Num | 3 | 0=Respondent did not check Filipino 1=Respondent checked Filipino | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 99 | <i>B23RCJAPAN</i> Q59g Japanese | Num | 3 | 0=Respondent did not check Japanese 1=Respondent checked Japanese | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 100 | <i>B23RCKOREA</i> Q59h Korean | Num | 3 | 0=Respondent did not check Korean 1=Respondent checked Korean | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 101 | <i>B23RCVIET</i> Q59i Vietnamese | Num | 3 | 0=Respondent did not check Vietnamese 1=Respondent checked Vietnamese | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 102 | <i>B23RCOTHASN</i> Q59j Other Asian | Num | 3 | 0=Respondent did not check Other Asian 1=Respondent checked Other Asian | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 103 | <i>B23RCHAWAII</i> Q59k Native Hawaiian | Num | 3 | 0=Respondent did not check Native Hawaiian 1=Respondent checked Native Hawaiian | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 104 | <i>B23RCGUAM</i> Q59l Guamanian or Chamorro | Num | 3 | 0=Respondent did not check Guamanian or Chamorro 1=Respondent checked Guamanian or Chamorro | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 105 | <i>B23RCSAMOA</i> Q59m Samoan | Num | 3 | 0=Respondent did not check Samoan 1=Respondent checked Samoan | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |
| 106 | <i>B23RCOTHPAC</i> Q59n Other Pacific Islander | Num | 3 | 0=Respondent did not check Other Pacific Islander 1=Respondent checked Other Pacific Islander | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 107 | <i>B23SPEAKLNG</i> Q60a 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 B) |
| 108 | <i>B23SPEAKOTH</i> Q60b Specify Other Language Spoken | Char | 20 | | Entered from the survey (See Appendix B) |
| 109 | <i>B23MARITAL</i> Q61 Marital Status | Num | 3 | 1 =Married 2 =Divorced 3 =Separated 4 =Widowed 5 =Never Married | Entered from the survey (See Appendix B) |
| 110 | <i>B23EDUC</i> Q62 Education Level | Num | 3 | 1 =8th Grade or less 2 =Some high school, but did not graduate 3 =High school graduate or GED 4 =Some college or 2 year degree 5 =4 year college graduate 6 =More than a 4 year college degree | Entered from the survey (See Appendix B) |
| 111 | <i>B23LVALONE</i> Q63a Live alone | Num | 3 | 0 =Respondent did not check live alone 1 =Respondent checked live alone | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?" |
| 112 | <i>B23LVSPOUSE</i> Q63b Live with spouse/significant other | Num | 3 | 0 =Respondent did not check live with spouse 1 =Respondent checked live with spouse | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?" |
| 113 | <i>B23LVCHILD</i> Q63c Live with children/other relatives | Num | 3 | 0 =Respondent did not check live with child/relative 1 =Respondent checked live with child/relative | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?" |
| 114 | <i>B23LVNONREL</i> Q63d Live with non-relatives | Num | 3 | 0 =Respondent did not check live with non-relatives 1 =Respondent checked live with non-relatives | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?" |
| 115 | <i>B23LVCAREGV</i> Q63e Live with paid caregiver | Num | 3 | 0 =Respondent did not check live with paid caregiver 1 =Respondent checked live with paid caregiver | Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?" |
| 116 | <i>B23WHERELV</i> Q64 Where do you live | Num | 3 | 1 =House, apartment, condominium, or mobile home 2 =Assisted living or board and care home 3 =Nursing home 4 =Other | Entered from the survey (See Appendix B) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|--|
| 117 | <i>B23HMOWN</i> Q65 Homeowner Status | Num | 3 | 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and you live in without payment of rent 5 = None of the above | Entered from the survey (See Appendix B) |
| 118 | <i>B23CMPWHO</i> Q66 Who completed Survey | Num | 3 | 1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed | Entered from the survey (See Appendix B) |
| 119 | <i>B23HHINC</i> Q68 Household Income | Num | 3 | 1 = Less than \$5,000 2 = \$5,000-\$9,999 3 = \$10,000-\$19,999 4 = \$20,000-\$29,999 5 = \$30,000-\$39,999 6 = \$40,000-\$49,999 7 = \$50,000-\$79,999 8 = \$80,000-\$99,999 9 = \$100,000 or More 10 = Don't Know | Entered from the survey (See Appendix B) |
| 120 | <i>F23VRGENHTH</i> Q1 General Health Question | Num | 3 | 1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor | Entered from the survey (See Appendix C) |
| 121 | <i>F23VRMACT</i> Q2a Health Limitation- In moderate activities | Num | 3 | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | Entered from the survey (See Appendix C) |
| 122 | <i>F23VRSTAIR</i> Q2b Health Limitation- Climbing several flights | Num | 3 | 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all | Entered from the survey (See Appendix C) |
| 123 | <i>F23VRPACCL</i> Q3a Physical- Accomplished less than you would like | Num | 3 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix C) |
| 124 | <i>F23VRPWORK</i> Q3b Physical- Limited in work or activities | Num | 3 | 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time | Entered from the survey (See Appendix C) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 125 | <i>F23VRMACCL</i> Q4a Emotional-Accomplished less than you would like | Num | 3 | 1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time | Entered from the survey (See Appendix C) |
| 126 | <i>F23VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully | Num | 3 | 1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time | Entered from the survey (See Appendix C) |
| 127 | <i>F23VRPAIN</i> Q5 Pain-Interfered with normal work | Num | 3 | 1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely | Entered from the survey (See Appendix C) |
| 128 | <i>F23VRCALM</i> Q6a Felt calm and peaceful | Num | 3 | 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time | Entered from the survey (See Appendix C) |
| 129 | <i>F23VREENERGY</i> Q6b Have a lot of energy | Num | 3 | 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time | Entered from the survey (See Appendix C) |
| 130 | <i>F23VRDOWN</i> Q6c Felt downhearted and blue | Num | 3 | 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time | Entered from the survey (See Appendix C) |
| 131 | <i>F23VRSACT</i> Q7 Health Interfered with Social Activities | Num | 3 | 1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time | Entered from the survey (See Appendix C) |
| 132 | <i>F23VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago | Num | 3 | 1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse | Entered from the survey (See Appendix C) |
| 133 | <i>F23VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago | Num | 3 | 1=Much better 2=Slightly better 3=About the same 4=Slightly worse 5=Much worse | Entered from the survey (See Appendix C) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 134 | F23ADLBTH 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 | F23ADLDRS 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 | F23ADLEAT 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 | F23ADLCHR 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 | F23ADLWLK 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 | F23ADLTLT 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) |
| 140 | F23DIFMEALS 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 | F23DIFMONEY 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 | F23DIFMEDS 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 | F23HDPHY 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 | F23HDMEN 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 | F23HDACT 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 | F23DIFSEE Q15 Blind or Serious Difficulty Seeing | Num | 3 | 1=Yes 2=No | Entered from the survey (See Appendix C) |
| 147 | F23DIFHEAR Q16 Deaf or Serious Difficulty Hearing | Num | 3 | 1=Yes 2=No | Entered from the survey (See Appendix C) |
| 148 | F23DIFMEMEM Q17 Difficulty concentrating, remembering, or making decisions | Num | 3 | 1=Yes 2=No | Entered from the survey (See Appendix C) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 149 | <i>F23DIFERRND</i> Q18 Difficulty doing errands | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 150 | <i>F23DIFMPROB</i> Q19 Memory problems interfered with activities in past month | Num | 3 | 1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never | Entered from the survey (See Appendix C) |
| 151 | <i>F23CCHBP</i> Q20 Hypertension or High Blood Pressure | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 152 | <i>F23CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 153 | <i>F23CC_CHF</i> Q22 Congestive Heart Failure | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 154 | <i>F23CCMI</i> Q23 Myocardial Infarction or Heart Attack | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 155 | <i>F23CCHRTOTH</i> Q24 Other Heart Conditions | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 156 | <i>F23CCSTROKE</i> Q25 Stroke | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 157 | <i>F23CC_COPD</i> Q26 Emphysema, or Asthma, or COPD | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 158 | <i>F23CCGI</i> Q27 Inflammatory Bowel Diseases | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 159 | <i>F23CCOSTEO</i> Q28 Osteoporosis, or thin/brittle bones | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 160 | <i>F23CCDIABET</i> Q29 Diabetes, or high blood sugar, or sugar in the urine | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 161 | <i>F23CCDEP</i> Q30 Depression | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 162 | <i>F23CCANYCA</i> Q31 Any Cancer (other than skin cancer) | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 163 | <i>F23CACOLON</i> Q32a Under Treatment for Colon Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 164 | <i>F23CALUNG</i> Q32b Under Treatment for Lung Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |
| 165 | <i>F23CABRST</i> Q32c Under Treatment for Breast Cancer | Num | 3 | 1 = Yes 2 = No | Entered from the survey (See Appendix C) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|--|
| 166 | <i>F23CAPROS</i> Q32d Under Treatment for Prostate Cancer | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 167 | <i>F23CAOTHER</i> Q32e Under Treatment for Other Cancer | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 168 | <i>F23PAINDACT</i> Q33 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) |
| 169 | <i>F23PAINSACT</i> Q34 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) |
| 170 | <i>F23PAINRATE</i> Q35 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) |
| 171 | <i>F23DEPNOPLS</i> Q36a 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) |
| 172 | <i>F23DEPDOWN</i> Q36b 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) |
| 173 | <i>F23CMPHTH</i> Q37 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) |
| 174 | <i>F23MUILKG</i> Q38 Urine Leakage in Past 6 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 175 | <i>F23MUIDACT</i> Q39 Urine Leakage Changed Daily Activities | Num | 3 | 1 =A lot 2 =Somewhat 3 =Not at all | Entered from the survey (See Appendix C) |
| 176 | <i>F23MUITLK</i> Q40 Talked with Doctor About Urine Leakage | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 177 | F23MUITRT Q41 Talked About Treatment for Urine Leakage | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 178 | F23PAOTLK Q42 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) |
| 179 | F23PAADV Q43 Advised to Increase or Maintain Activities | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 180 | F23FRMTLK Q44 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) |
| 181 | F23FRMFAIL Q45 Fell in Past 12 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 182 | F23FRMBAL Q46 Problem with Walking or Balance in Past 12 Months | Num | 3 | 1 =Yes 2 =No | Entered from the survey (See Appendix C) |
| 183 | F23FRMPREV Q47 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) |
| 184 | F23SLEEPHRS Q48 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) |
| 185 | F23SLEEPQUA Q49 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) |
| 186 | F23WEIGHTLB Q50 Weight in pounds (lbs.) | Num | 8 | | Entered from the survey (See Appendix C) |
| 187 | F23HEIGHTFT Q51a Height in feet (ft.) Portion of Height Question | Num | 8 | | Entered from the survey (See Appendix C) |
| 188 | F23HEIGHTIN Q51b Height in inches (in.) Portion of Height Question | Num | 8 | | Entered from the survey (See Appendix C) |
| 189 | F23SRVSEX Q52 Survey Sex | Num | 3 | 1 =Male 2 =Female 3 =Missing (<i>Telephone survey only</i>) | Entered from the survey (See Appendix C) |
| 190 | F23RETIRED | NA | NA | Retired Variable | Blank Field |
| 191 | F23HPNOHISP Q53a 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. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|--|---|
| 192 | <i>F23HPMEX</i> Q53b 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. |
| 193 | <i>F23HPPR</i> Q53c 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. |
| 194 | <i>F23HPCUBA</i> Q53d 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. |
| 195 | <i>F23HPOTHER</i> Q53e 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. |
| 196 | <i>F23RCWHITE</i> Q54a 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. |
| 197 | <i>F23RCAFRAM</i> Q54b 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. |
| 198 | <i>F23RCNATAM</i> Q54c 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. |
| 199 | <i>F23RCINDIA</i> Q54d 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. |
| 200 | <i>F23RCCHINA</i> Q54e 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. |
| 201 | <i>F23RCFILIP</i> Q54f 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. |
| 202 | <i>F23RCJAPAN</i> Q54g 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. |
| 203 | <i>F23RCKOREA</i> Q54h 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. |
| 204 | <i>F23RCVIET</i> Q54i 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. |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|--|
| 205 | F23RCOTHASN Q54j 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. |
| 206 | F23RCHAWAII Q54k 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. |
| 207 | F23RCGUAM Q54l 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. |
| 208 | F23RCSAMOA Q54m 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. |
| 209 | F23RCOTHPAC Q54n 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. |
| 210 | F23SPEAKLNG Q55a 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) |
| 211 | F23SPEAKOTH Q55b Specify Other Language Spoken | Char | 20 | | Entered from the survey (See Appendix C) |
| 212 | F23MARITAL Q56 Marital Status | Num | 3 | 1=Married 2=Divorced 3=Separated 4=Widowed 5=Never Married | Entered from the survey (See Appendix C) |
| 213 | F23EDUC Q57 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) |
| 214 | F23LVALONE Q58a 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?" |
| 215 | F23LVSPOUSE Q58b 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?" |
| 216 | F23LVCHILD Q58c 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?" |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|---|
| 217 | <i>F23LVNONREL</i> Q58d 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?" |
| 218 | <i>F23LVCAREGV</i> Q58e 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?" |
| 219 | <i>F23WHERELV</i> Q59 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) |
| 220 | <i>F23HMOWN</i> Q60 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) |
| 221 | <i>F23CMPWHO</i> Q61 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) |
| 222 | <i>B23DISP</i> Survey Disposition Indicator | Num | 3 | 1=Mail Survey Completed 2=Telephone Survey Completed | Cohort 23 Baseline respondent's survey disposition indicator |
| 223 | <i>F23DISP</i> Survey Disposition Indicator | Num | 3 | 1=Mail Survey Completed 2=Telephone Survey Completed | Cohort 23 Follow Up respondent's survey disposition indicator |
| 224 | <i>B23TSRVDAT</i> SAS Date of Survey | Num | 8 | | Cohort 23 Baseline respondent's survey date |
| 225 | <i>B23TSRVDATIM</i> SAS Date of Survey (Missing Imputed) | Num | 8 | | Baseline survey date created from the original survey date field (B23TSRVDAT). For records with a missing survey date, a date of Sep 28, 2020 was imputed to represent the midpoint date for the data collection. |
| 226 | <i>F23TSRVDAT</i> SAS Date of Survey | Num | 8 | | Cohort 23 Follow Up respondent's survey date |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|--|
| 227 | <i>F23TSRVDATIM</i> SAS Date of Survey (Missing Imputed) | Num | 8 | | Follow Up survey date created from the original survey date field (F23TSRVDAT). For records with a missing survey date, a date of Aug 22, 2022 was imputed to represent the midpoint date for the data collection. |
| 228 | <i>B23SRVLANG</i> Survey Language | Num | 3 | 1=English 2=Spanish 3=Not applicable 4=Chinese 5=Russian | Cohort 23 Baseline survey language |
| 229 | <i>F23SRVLANG</i> Survey Language | Num | 3 | 1=English 2=Spanish 3=Not applicable 4=Chinese 5=Russian | Cohort 23 Follow Up survey language |
| 230 | <i>B23VENDOR</i> Vendor | Num | 8 | 1413 = CSS 1415 = DataStat 1463 = SPH Analytics | Cohort 23 Baseline survey vendor |
| 231 | <i>F23VENDOR</i> Vendor | Num | 8 | 1413 = CSS 1415 = DataStat 1463 = SPH Analytics | Cohort 23 Follow Up survey vendor |
| 232 | <i>F23PROXST</i> Proxy Status | Num | 8 | 1=Member (Baseline)/Member (Follow Up) 2=Member (Baseline)/Proxy (Follow Up) 3=Proxy (Baseline)/Member (Follow Up) 4=Proxy (Baseline)/Same Proxy (Follow Up) 5=Proxy (Baseline)/Diff Proxy (Follow Up) 6=Not Enough Information (Baseline) 7=Not Enough Information (Follow Up) | Cohort 23 Follow Up proxy status |
| 233 | <i>B23EXCLUDE</i> Request to be Excluded | Num | 3 | 1=Member requested "Take me off your list and/or never contact me again" 2=Member did not request "Take me off your list and/or never contact me again" | Generated by survey vendor |
| 234 | <i>F23EXCLUDE</i> Request to be Excluded | Num | 3 | 1=Member requested "Take me off your list and/or never contact me again" 2=Member did not request "Take me off your list and/or never contact me again" | Generated by survey vendor |
| 235 | <i>B23PCS</i> Physical Component Summary (PCS) Score | Num | 8 | | Derived field Cohort 23 Baseline unadjusted PCS Score |
| 236 | <i>B23MCS</i> Mental Component Summary (MCS) Score | Num | 8 | | Derived field Cohort 23 Baseline unadjusted MCS Score |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|---|---|
| 237 | <i>F23PCS</i> Physical Component Summary (PCS) Score | Num | 8 | | Derived field Cohort 23 Follow Up unadjusted PCS Score |
| 238 | <i>F23MCS</i> Mental Component Summary (MCS) Score | Num | 8 | | Derived field Cohort 23 Follow Up unadjusted MCS Score |
| 239 | <i>B23PFADL</i> PFADL Scale, 0-16 Higher is Better | Num | 8 | | Derived field Cohort 23 Baseline unadjusted PFADL Score |
| 240 | <i>F23PFADL</i> PFADL Scale, 0-16 Higher is Better | Num | 8 | | Derived field Cohort 23 Follow Up unadjusted PFADL Score |
| 241 | <i>B23BMI</i> Calculated Body Mass Index | Num | 8 | | Derived field BMI=(weight / height ²)*703 Units: weight in pounds; height in inches |
| 242 | <i>B23BMICAT</i> Categories of Body Mass Index | Num | 8 | 1= Underweight (BMI <18.5) 2=Normal (BMI 18.5 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI ≥30) | Derived from B23BMI |
| 243 | <i>F23BMI</i> Calculated Body Mass Index | Num | 8 | | Derived field BMI=(weight / height ²)*703 Units: weight in pounds; height in inches |
| 244 | <i>F23BMICAT</i> Categories of Body Mass Index | Num | 8 | 1= Underweight (BMI <18.5) 2=Normal (BMI 18.5 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI ≥30) | Derived from F23BMI |
| 245 | <i>AMBIDNUM</i> Analytic Medicare Beneficiary Identifier | Char | 11 | | Unique beneficiary identifier derived from CMS databases AMBIDNUM was the beneficiary level unit of analysis for the Cohort 23 Performance Measurement Report |
| 246 | <i>B23MBIDNUM</i> Medicare Beneficiary Identifier | Char | 11 | | Unique member identifier derived from CMS databases at Baseline |
| 247 | <i>B23LNAME</i> Last Name | Char | 24 | | Beneficiary's last name from the Cohort 23 Baseline member level record |
| 248 | <i>B23MIDINIT</i> Middle Initial | Char | 1 | | Beneficiary's middle initial from the Cohort 23 Baseline member level record |
| 249 | <i>B23FNAME</i> First Name | Char | 15 | | Beneficiary's first name from the Cohort 23 Baseline member level record |
| 250 | <i>B23BPID</i> Plan Benefit Package Number | Char | 3 | | Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the <i>SNP Comprehensive Report</i> on the CMS website |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|---|------------|--------------|---|--|
| 251 | <i>B23SNPTYPE</i> Type of Special Needs Plan | Num | 3 | 1 =Chronic or Disabling Condition 2 =Dual-Eligible 3 =Institutional | Obtained from the Sample File |
| 252 | <i>B23BLKEY</i> Beneficiary Link Key | Char | 13 | | Obtained from the Sample File |
| 253 | <i>B23PHONE</i> Member Telephone with Successful Contact | Char | 10 | | Beneficiary's telephone number from a successful vendor contact for the Cohort 23 Baseline survey |
| 254 | <i>B23ADDRESS</i> Combined Address (Member Address Fields) | Char | 161 | | Beneficiary's mailing address from the Cohort 23 Baseline member level record |
| 255 | <i>B23STATECDE</i> State SSA Code | Char | 2 | | Beneficiary's state SSA code from the Cohort 23 Baseline member level record |
| 256 | <i>B23CNTYCDE</i> County SSA Code | Char | 3 | | Beneficiary's county SSA code from the Cohort 23 Baseline member level record |
| 257 | <i>B23STATEABV</i> State Abbreviation from State SSA Code | Char | 2 | | Beneficiary's two letter state abbreviation based on the Cohort 23 Baseline state SSA code (B23STATECDE) |
| 258 | <i>B23CTNAME</i> County Name from County SSA Code | Char | 21 | | Beneficiary's county name based on the Cohort 23 Baseline county SSA code (B23CNTYCDE) |
| 259 | <i>B23ZIP</i> Member Zip code | Char | 22 | | Beneficiary's ZIP Code from the Cohort 23 Baseline member level record |
| 260 | <i>F23PBPID</i> Plan Benefit Package Number | Char | 3 | | Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the <i>SNP Comprehensive Report</i> on the CMS website |
| 261 | <i>F23SNPTYPE</i> Type of Special Needs Plan | Num | 3 | 1 =Chronic or Disabling Condition 2 =Dual-Eligible 3 =Institutional | Obtained from the Sample File |
| 262 | <i>F23BLKEY</i> Beneficiary Link Key | Char | 13 | | Obtained from the Sample File |
| 263 | <i>F23MBIDNUM</i> Medicare Beneficiary Identifier | Char | 11 | | Unique member identifier derived from CMS databases |
| 264 | <i>F23PHONE</i> Member Telephone with Successful Contact | Char | 10 | | Beneficiary's telephone number from a successful vendor contact for the Cohort 23 Follow Up survey |
| 265 | <i>F23ADDRESS</i> Combined Address (Member Address Fields) | Char | 161 | | Beneficiary's mailing address from the Cohort 23 Follow Up member level record |
| 266 | <i>F23STATECDE</i> State SSA Code | Char | 2 | | Beneficiary's state SSA code from the Cohort 23 Follow Up member level record |
| 267 | <i>F23CNTYCDE</i> County SSA Code | Char | 3 | | Beneficiary's county SSA code from the Cohort 23 Follow Up member level record |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 268 | <i>F23STATEABV</i> State Abbreviation from State SSA Code | Char | 2 | | Beneficiary's two letter state abbreviation based on the Cohort 23 Follow Up state SSA code (F23STATECDE) |
| 269 | <i>F23CTNAME</i> County Name from County SSA Code | Char | 21 | | Beneficiary's county name based on the Cohort 23 Follow Up county SSA code (F23CNTYCDE) |
| 270 | <i>F23ZIP</i> Member Zip code | Char | 22 | | Beneficiary's ZIP Code from the Cohort 23 Follow Up member level record |
| 271 | <i>B23RACE</i> Race (CMS) | Num | 3 | 0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native | Beneficiary's race from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 272 | <i>B23HISPANA</i> 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. <u>HISPANA=1</u> if member 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). <u>HISPANA=2</u> if HPNOHISP=1 and Q58b-e=0. |
| 273 | <i>B23SEX</i> Sex (CMS) | Num | 3 | 1 =Male 2 =Female | Beneficiary's sex from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 274 | <i>B23TDOB</i> SAS Date of Birth | Num | 8 | | Beneficiary's date of birth, which in combination with the survey date with missing values imputed (B23TSRVDATIM), was used to calculate baseline age (B23AGE) for all beneficiaries |
| 275 | <i>B23ESRD</i> ESRD Indicator | Num | 3 | 0=No ESRD 1=ESRD | Beneficiary's ESRD status from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 276 | <i>B23INSTUT</i> Institutional Status | Num | 3 | 0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care | Beneficiary's institutional status from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 277 | <i>B23HOSPICE</i> Hospice Status | Num | 3 | 0=No hospice start date present 1=Hospice start date present | Beneficiary's hospice status from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 278 | <i>B23MEDICAID</i> Medicaid Status | Num | 3 | 0=Out of Medicaid 1=In Medicaid (Full or Partial benefit in March) | Beneficiary's Medicaid status from the Cohort 23 Baseline member level record, obtained from CMS databases |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 279 | <i>B23DUAL</i> Dual Status | Num | 3 | 0=Not Dual Status 1=Dual Status (Full Benefit any time during the year) | Beneficiary's dual status from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 280 | <i>B23ENTITLE</i> Reason for Entitlement | Num | 3 | 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only | Beneficiary's reason for entitlement from the Cohort 23 Baseline member level record, obtained from CMS databases |
| 281 | <i>B23NMCOMP</i> Q67 Combined Name Person Completing Survey | Char | 51 | | Beneficiary's response to Q67 from the Cohort 23 Baseline survey: <i>What is the name of the person who completed this survey form?</i> |
| 282 | <i>F23RACE</i> Race (CMS) | Num | 3 | 0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native | Beneficiary's race from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 283 | <i>F23HISPANA</i> Hispanic Indicator derived from Q53a-e | Num | 8 | 1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino | Derived field from multiple responses in Q53a-e. <u>HISPANA=1</u> if member selects one or more Hispanic categories in Q53b-e (HPMEX, HPPR, HPCUBA, or HPOTHER=1) <u>and</u> does not select Q53a "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=0). <u>HISPANA=2</u> if HPNOHISP=1 and Q53b-e=0. |
| 284 | <i>F23SEX</i> Sex (CMS) | Num | 3 | 1=Male 2=Female | Beneficiary's sex from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 285 | <i>F23TDOB</i> SAS Date of Birth | Num | 8 | | Beneficiary's date of birth from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 286 | <i>F23ESRD</i> ESRD Indicator | Num | 3 | 0=No ESRD 1=ESRD | Beneficiary's ESRD status from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 287 | <i>F23INSTUT</i> Institutional Status | Num | 3 | 0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care | Beneficiary's institutional status from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 288 | <i>F23HOSPICE</i> Hospice Status | Num | 3 | 0=No hospice start date present 1=Hospice start date present | Beneficiary's hospice status from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 289 | <i>F23MEDICAID</i> Medicaid Status | Num | 3 | 0=Out of Medicaid 1=In Medicaid (Full or Partial Benefit in March) | Beneficiary's Medicaid status from the Cohort 23 Follow Up member level record, obtained from CMS databases |

| FIELD # | FIELD NAME/ DESCRIPTION | FIELD TYPE | FIELD LENGTH | VALID VALUES | COMMENTS |
|---------|--|------------|--------------|--|---|
| 290 | <i>F23DUAL</i> Dual Status | Num | 3 | 0=Not Dual Status 1=Dual Status (Full Benefit any time during the year) | Beneficiary's Dual status from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 291 | <i>F23ENTITLE</i> Reason for Entitlement | Num | 3 | 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only | Beneficiary's reason for entitlement from the Cohort 23 Follow Up member level record, obtained from CMS databases |
| 292 | <i>F23NMCOMP</i> Q62 Combined Name Person Completing Survey | Char | 51 | | Beneficiary's response to Q62 from the Cohort 23 Follow Up survey: <i>What is the name of the person who completed this survey form?</i> |
| 293 | <i>P23THDOD</i> SAS Date of Death - source CMS 01/23 | Num | 8 | | Beneficiary's date of death obtained from CMS databases in January 2023 |
| 294 | <i>B23AGE</i> Age (Exact Calculation) | Num | 8 | | Derived field Calculated by counting the number of months between the baseline date of birth (B23TDOB) and survey date with missing values imputed (B23TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age |
| 295 | <i>P23PMRIND</i> Performance Measurement Report Sample Distribution Indicator | Num | 3 | 1 = Respondent 2 = Non-respondent 3 = Ineligible 4 = Dead 5 = Voluntarily Disenrolled | Status indicator of the record in this analytic file 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)

2020 Medicare Health Outcomes Survey

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

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

B23VRGENHTH

2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

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

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

B23VRMACT

b. Climbing **several** flights of stairs

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

B23VRSTAIR

3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

B23VRPACCL

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

B23VRPWORK

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time.

B23VRMACCL

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

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

B23VRPAIN

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

B23VRCALM

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

B23VRENERGY

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

B23VRDOWN

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

B23VRSACT

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

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

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

B23VRPHCMP

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

B23VRMHCMP

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?**

B23ADLBTH

a. Bathing

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

b. Dressing

B23ADLDRS

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

c. Eating

B23ADLEAT

- 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

B23ADLCHR

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

e. Walking

B23ADLWLK

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

f. Using the toilet

B23ADLTLT

- 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

B23DIFMEALS

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

b. Managing money

B23DIFMONEY

- 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
- 3 I don't do this activity

B23DIFMEDS

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

B23HDPHY

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

B23HDMEN

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

B23HDACT

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?

Yes

No

B23DIFSEE

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

Yes

No

B23DIFHEAR

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

Yes

No

B23DIFREMEM

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?

Yes

No

B23DIFERRND

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

Every day (7 days a week)

Most days (5-6 days a week)

Some days (2-4 days a week)

Rarely (once a week or less)

Never

B23DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

Yes

No

B23CCHBP

21. Angina pectoris or coronary artery disease

Yes

No

B23CC_CAD

22. Congestive heart failure

Yes

No

B23CC_CHF

23. A myocardial infarction or heart attack

Yes

No

B23CCMI

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

Yes

No

B23CCHRTOTH

25. A stroke

Yes

No

B23CCSTROKE

Has a doctor ever told you that you had:

26. Emphysema, or asthma, or COPD
(chronic obstructive pulmonary disease)
1 Yes **B23CC_COPD**
2 No
27. Crohn's disease, ulcerative colitis, or
inflammatory bowel disease
1 Yes **B23CCGI**
2 No
28. Arthritis of the hip or knee
1 Yes **B23CCARTHIP**
2 No
29. Arthritis of the hand or wrist
1 Yes **B23CCARTHND**
2 No
30. Osteoporosis, sometimes called thin or
brittle bones
1 Yes **B23CCOSTEO**
2 No
31. Sciatica (pain or numbness that travels
down your leg to below your knee)
1 Yes **B23CCSCIATI**
2 No
32. Diabetes, high blood sugar, or sugar in
the urine
1 Yes **B23CCDIABET**
2 No
33. Depression
1 Yes **B23CCDEP**
2 No
34. Any cancer (other than skin cancer)
1 Yes → *Go to Question 35*
2 No → *Go to Question 36* **B23CCANYCA**

35. Are you **currently** under treatment for:
- a. Colon or rectal cancer
1 Yes **B23CACOLON**
2 No
- b. Lung cancer
1 Yes **B23CALUNG**
2 No
- c. Breast cancer
1 Yes **B23CABRST**
2 No
- d. Prostate cancer
1 Yes **B23CAPROS**
2 No
- e. Other cancer (other than skin cancer)
1 Yes **B23CAOTHER**
2 No
36. In the **past 7 days**, how much did pain
interfere with your day to day activities?
1 Not at all **B23PAINDACT**
2 A little bit
3 Somewhat
4 Quite a bit
5 Very much
37. In the **past 7 days**, how often did pain
keep you from socializing with others?
1 Never **B23PAINSACT**
2 Rarely
3 Sometimes
4 Often
5 Always

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

01 1 No pain

B23PAINRATE

02 2

03 3

04 4

05 5

06 6

07 7

08 8

09 9

10 10 Worst imaginable pain

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

a. Little interest or pleasure in doing things

1 Not at all

B23DEPNOPLS

2 Several days

3 More than half the days

4 Nearly every day

b. Feeling down, depressed or hopeless

1 Not at all

B23DEPDOWN

2 Several days

3 More than half the days

4 Nearly every day

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

1 Excellent

B23CMPHTH

2 Very good

3 Good

4 Fair

5 Poor

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

1 Every day

B23SMOKE

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?

B23MUILKG

1 Yes → **Go to Question 43**

2 No → **Go to Question 46**

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

1 A lot

B23MUIDACT

2 Somewhat

3 Not at all

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

1 Yes

B23MUITLK

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

B23MUITRT

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.

B23PAOTLK

Yes → **Go to Question 47**

No → **Go to Question 47**

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

47. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

B23PAOADV

Yes

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?

B23FRMTLK

Yes

No

I had no visits in the past 12 months

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

B23FRMFALL

Yes

No

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

B23FRMBAL

Yes

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.

Yes

B23FRMPREV

No

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.

Yes

B23TOTEST

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.)

Less than 5 hours

B23SLEEPHRS

5–6 hours

7–8 hours

9 or more hours

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

Very Good

B23SLEEPQUA

Fairly Good

Fairly Bad

Very Bad

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

lbs.

B23WEIGHTLB

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 inches

B23HEIGHTFT

B23HEIGHTIN

57. Are you male or female?

1 Male

B23SRVSEX

2 Female

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

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

B23HPNOHISP

2 Yes, Mexican, Mexican American, Chicano/a

B23HPMEX

3 Yes, Puerto Rican

B23HPPR

4 Yes, Cuban

B23HPCUBA

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

B23HPOTHER

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

01 White

B23RCWHITE

02 Black or African American

B23RCAFRAM

03 American Indian or Alaska Native

B23RCNATAM

04 Asian Indian

B23RCINDIA

05 Chinese

B23CCHINA

06 Filipino

B23RCFILIP

07 Japanese

B23RCJAPAN

08 Korean

B23RCKOREA

09 Vietnamese

B23RCVIET

10 Other Asian

B23RCOTHASN

11 Native Hawaiian

B23RCHAWAII

12 Guamanian or Chamorro

B23RCGUAM

13 Samoan

B23RCSAMOA

14 Other Pacific Islander

B23RCOTHPAC

60. What language do you mainly speak at home?

1 English

B23SPEAKLNG

2 Spanish

3 Chinese

4 Russian

7 Some other language please

(specify)

B23SPEAKOTH

61. What is your current marital status?

1 Married

B23MARITAL

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

B23EDUC

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

B23LVALONE

2 With spouse/significant other

B23LVSPOUSE

3 With children/other relatives

B23LVCHILD

4 With non-relatives

B23LVNONREL

5 With paid caregiver

B23LVCAREGV

64. Where do you live?

B23WHERELV

- 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
- 4 Not owned and one in which you live without payment of rent
- 5 None of the above

B23HMOWN

66. Who completed this survey form?

B23CMPWHO

- 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: _____

B23NMCOMP

Last Name: _____

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

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

B23HHINC

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

Appendix C (Annotated Follow Up Survey Form)

2022 Medicare Health Outcomes Survey

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

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

F23VRGENHTH

2. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

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

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

F23VRMACT

b. Climbing **several** flights of stairs

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

F23VRSTAIR

3. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

F23VRPACCL

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

F23VRPWORK

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

F23VRMACCL

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

- 1 No, none of the time
- 2 Yes, a little of the time
- 3 Yes, some of the time
- 4 Yes, most of the time
- 5 Yes, all of the time

F23VRMWORK

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

F23VRPAIN

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

F23VRCALM

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

F23VREENERGY

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

F23VRDOWN

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

F23VRSACT

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

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

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

F23VRPHCMP

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

F23VRMHCMP

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?**

F23ADLBTH

a. Bathing

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

b. Dressing

F23ADLDRS

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

c. Eating

F23ADLEAT

- 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

F23ADLCHR

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

e. Walking

F23ADLWLK

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

f. Using the toilet

F23ADLTLT

- 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

F23DIFMEALS

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

b. Managing money

F23DIFMONEY

- 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
- 3 I don't do this activity

F23DIFMEDS

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

F23HDPHY

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

F23HDMEN

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

F23HDACT

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

F23DIFSEE

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

- 1 Yes
2 No

F23DIFHEAR

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

- 1 Yes
2 No

F23DIFREMEM

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

F23DIFERRND

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

F23DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

- 1 Yes
2 No

F23CCHBP

21. Angina pectoris or coronary artery disease

- 1 Yes
2 No

F23CC_CAD

22. Congestive heart failure

- 1 Yes
2 No

F23CC_CHF

23. A myocardial infarction or heart attack

- 1 Yes
2 No

F23CCMI

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

- 1 Yes
2 No

F23CCHRTOTH

25. A stroke

- 1 Yes
2 No

F23CCSTROKE

Has a doctor ever told you that you had:

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

- 1 Yes
2 No

F23CC_COPD

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

- 1 Yes
2 No

F23CCGI

28. Osteoporosis, sometimes called thin or
brittle bones

- 1 Yes
2 No

F23CCOSTEO

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

- 1 Yes
2 No

F23CCDIABET

30. Depression

- 1 Yes
2 No

F23CCDEP

31. Any cancer (other than skin cancer)

- 1 Yes → **Go to Question 32**
2 No → **Go to Question 33**

F23CCANYCA

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

a. Colon or rectal cancer

- 1 Yes
2 No

F23CACOLON

b. Lung cancer

- 1 Yes
2 No

F23CALUNG

c. Breast cancer

- 1 Yes
2 No

F23CABRST

d. Prostate cancer

- 1 Yes
2 No

F23CAPROS

e. Other cancer (other than skin cancer)

- 1 Yes
2 No

F23CAOTHER

33. 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

F23PAINDACT

34. 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

F23PAINSACT

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

00 0 No pain

01 1

02 2

03 3

04 4

05 5

06 6

07 7

08 8

09 9

10 10 Worst imaginable pain

F23PAINRATE

36. 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

F23DEPNOPLS

b. Feeling down, depressed, or hopeless

1 Not at all

2 Several days

3 More than half the days

4 Nearly every day

F23DEPDOWN

37. 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

F23CMPHTH

38. 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 39**

2 No → **Go to Question 42**

F23MUILKG

39. 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

F23MUIDACT

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

1 Yes

2 No

F23MUITLK

41. 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

F23MUITRT

42. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

- 1 Yes → **Go to Question 43**
2 No → **Go to Question 43**
3 I had no visits in the past 12 months → **Go to Question 44**

F23PAOTLK

43. In the **past 12 months**, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.

- 1 Yes
2 No

F23PAOADV

44. A fall is when your body goes to the ground without being pushed. In the **past 12 months**, did you talk with your doctor or other health provider about falling or problems with balance or walking?

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

F23FRMTLK

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

- 1 Yes
2 No

F23FRMFALL

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

- 1 Yes
2 No

F23FRMBAL

47. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:

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

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

F23FRMPREV

48. During the **past month**, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)

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

F23SLEEPHRS

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

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

F23SLEEPQUA

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

lbs.

F23WEIGHTLB

51. 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

F23HEIGHTFT

F23HEIGHTIN

52. Are you male or female?

1 Male

F23SRVSEX

2 Female

53. 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

F23HPNOHISP

2 Yes, Mexican, Mexican American, Chicano/a

F23HPMEX

3 Yes, Puerto Rican

F23HPPR

4 Yes, Cuban

F23HPCUBA

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

F23HPOTHER

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

01 White

F23RCWHITE

02 Black or African American

F23RCAFRAM

03 American Indian or Alaska Native

F23RCNATAM

04 Asian Indian

F23RCINDIA

05 Chinese

F23RCCHINA

06 Filipino

F23RCFILIP

07 Japanese

F23RCJAPAN

08 Korean

F23RCKOREA

09 Vietnamese

F23RCVIET

10 Other Asian

F23RCOTHASN

11 Native Hawaiian

F23RCHAWAII

12 Guamanian or Chamorro

F23RCGUAM

13 Samoan

F23RCSAMOA

14 Other Pacific Islander

F23RCOTHPAC

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

1 English

F23SPEAKLNG

2 Spanish

3 Chinese

4 Russian

7 Some other language (please specify)

F23SPEAKOTH

56. What is your current marital status?

1 Married

F23MARITAL

2 Divorced

3 Separated

4 Widowed

5 Never married

57. What is the highest grade or level of school that you have completed?
- 1 8th grade or less **F23EDUC**
- 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
58. Do you live alone or with others? (One or more categories may be selected)
- 1 Alone **F23LVALONE**
- 2 With spouse/significant other **F23LVSPOUSE**
- 3 With children/other relatives **F23LVCHILD**
- 4 With non-relatives **F23LVNONREL**
- 5 With paid caregiver **F23LVCAREGV**
59. Where do you live? **F23WHERELV**
- 1 House, apartment, condominium or mobile home → **Go to Question 60**
- 2 Assisted living or board and care home → **Go to Question 60**
- 3 Nursing home → **Go to Question 61**
- 4 Other → **Go to Question 61**
60. 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 **F23HMOWN**

61. Who completed this survey form? **F23CMPWHO**
- 1 Person to whom survey was addressed → **Stop Here**
- 2 Family member or relative of person to whom the survey was addressed → **Go to Question 62**
- 3 Friend of person to whom the survey was addressed → **Go to Question 62**
- 4 Professional caregiver of person to whom the survey was addressed → **Go to Question 62**
62. 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:** _____ **F23NMCOMP**

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