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Medicare Health Outcomes Survey Limited Data Sets
File Specifications for Cohort 25 (Plan Fields Removed)

Overview

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

The HOS LDS files are comprised of the entire national sample for a given cohort. This includes respondents and non-respondents; senior beneficiaries (age 65 and older) and disabled beneficiaries (age 18-64); and quality reporting and voluntary reporting samples. All baseline and follow up survey items are included, as well as calculated fields; however, the reporting unit (plan contract number) information has been modified. Plan contract numbers were blinded in the LDS and certain plan level fields were removed (e.g., plan name) or modified (e.g., categorical enrollment) to prevent identification of individual health plans. Researchers who require these plan identifiers should request a RIF, as described below. The LDS retains some protected beneficiary-level health information from the RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., beneficiary name, the CMS beneficiary link key, Medicare Beneficiary Identifier [MBI], Social Security Number [SSN], phone number, and street address) are not included in the LDS files. The files are SAS[1] data sets generated with SAS Version 9.4.

A signed Data Use Agreement (DUA) with the Centers for Medicare & Medicaid Services (CMS) is required to obtain an LDS or RIF data file. All research requests for LDS files must be submitted through the CMS LDS File Process. For additional information and assistance with obtaining Medicare HOS LDS files, go to the Research Data Files section on the HOS website.

Requests for RIF data files are processed through the Research Data Assistance Center (ResDAC). ResDAC is the CMS contractor that provides assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For more information about obtaining the RIFs, please visit the ResDAC HOS web page. ResDAC may also be

[1] SAS® is a registered trademark of the SAS Institute Inc., Cary, NC.

contacted by calling 1-844-685-3100 between the hours of 9am to 5pm ET Monday through Friday or by emailing DataRequests@cms.hhs.gov.

Medicare HOS Versions

The 2022-2024 Cohort 25 was collected with the HOS 3.0 at baseline and follow up. The HOS version 3.0 is based on the Veterans RAND 12-Item Health Survey (VR-12). The 12-item health survey portion (questions one [Q1] through seven [Q7]) was used to calculate the physical component summary (PCS) and mental component summary (MCS) scores at baseline and follow up. The HOS 3.0 included new questions about instrumental activities of daily living (IADLs), memory problems, pain, and living arrangements; and revised questions on race, Hispanic ethnicity, primary language, sex, and disability status that were introduced in 2013. In 2015 the HOS 3.0 also added questions about the average number of hours of sleep during the past month, overall sleep quality over the past month; and revised questions about leaking of urine changing daily activities or interfering with sleep, and the language mainly spoken at home. During the 2021 fielding, the osteoporosis testing question was removed from the questionnaire. During the 2022 fielding, five questions were removed, including three chronic conditions, a question about smoking status, and a question about annual household income. In 2022, the following chronic condition questions were removed, reducing the number from 15 to 12: arthritis of the hip or knee, arthritis of the hand or wrist, and sciatica. Additionally, the question about the language mainly spoken at home was revised to add Russian language as category (4) and Some other language, formerly category (4), as category (7).

LDS Structure

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

There are two fields (BxHOSQRS, FxHOSQRS) that identify Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) benefit packages (PBPIDs) which are voluntarily reporting HOS for calculation of the frailty adjustment factor based on the six activities of daily living (ADLs) in the HOS. At baseline, BxHOSQRS=1 for beneficiaries in MAOs that are part of the quality reporting sample and BxHOSQRS = 0 for beneficiaries in MAOs that are voluntarily reporting HOS for frailty assessment only. In the field names above, and elsewhere in this document, the “x” following the prefix represents the cohort identifier (25).

LDS File Specifications Table Description

The File Specifications Table in this document describes the file layout by field position for the Cohort 25 LDS file. The table has one row per field. The columns provide the field name/description, type, length, and additional information (including valid values where applicable). Shaded rows indicate fields which were removed to prevent identification of individual health plans.

The question text, valid values, and skip patterns in this document are from the most recent HOS questionnaire in which the question appears, unless otherwise noted. The exact text of each question for each survey year can be found in the HOS survey instrument, which can be downloaded from NCQA's website. Additional information may be found in the *HEDIS® Volume 6: Specifications for the Medicare Health Outcomes Survey*. The most recent HEDIS Volume 6 manuals are available at no cost from the NCQA Store. Copies of older editions of HEDIS® publications may be obtained by calling NCQA Customer Support at (888) 275-7585.[2]

The field name and attributes in the LDS File Specifications Table correspond to the Cohort 25 LDS file only and may differ from previous LDS files derived from the HOS 1.0, 2.0, and 2.5. File Specifications documents can be found in the Research Data Files section on the HOS website.

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

Summary of LDS Files

	2022 Cohort 25 Baseline	2024 Cohort 25 Follow Up
HOS Version	3.0	3.0
No. of Survey Questions	62	62

Summary of Blinded LDS File Numbers

	Cohort 25
No. of Observations	1,013,279
No. of Fields	369

Additional information, such as MAO participation and sampling selection, may be found in the Baseline and Performance Measurement Data Users Guides in the Data Users Guides section on the HOS website. The *Quality Assurance Guidelines and Technical Specifications* can be downloaded from the Technical Reports section of the Methodology page on the HOS Website. A Glossary consisting of definitions relevant to the HOS may also be accessed from links at the bottom of site webpages. Questions related to the LDS fields may be directed to Medicare HOS Information and Technical Support at hos@hsag.com or (888) 880-0077.

LDS File Specifications Table (Plan Fields Removed)

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxPATID Anonymous Beneficiary ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample
BxPLAN Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling
BxRECID Record Identifier at Baseline	Char	1	Baseline record identifier
BxRPTYR Baseline Reporting Year	Num	3	Reporting year for the baseline survey
BxCONTRACT Plan Contract Number at Baseline	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling
BxCONT_ID **Blinded Plan Contract Number at Baseline**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**
BxPLAN_NAME Plan Name at Baseline	Char	70	Plan name at the time of baseline sampling
BxVENDOR Survey Vendor at Baseline	Num	8	Baseline Survey Vendor 1413 = CSS 1415 = DataStat, Inc. 1463 = SPH Analytics
BxNCQAORGID NCQA Healthcare Organization ID at Baseline	Num	8	Organization ID supplied by NCQA at the time of baseline sampling
BxNCQASUBID NCQA Submission ID at Baseline	Num	8	Submission ID supplied by NCQA at the time of baseline sampling
BxPLANID Plan Identification Number at Baseline	Char	5	Plan identification number at the time of baseline sampling
BxPBPID Plan Benefit Package Number at Baseline	Char	3	Plan Benefit Package (PBP) ID at the time of baseline sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
BxSNPTYPE Type of Special Needs Plan at Baseline	Num	3	*BxSNPTYPE* identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional
BxFIDEIND Frailty Assessment FIDE Applicant Indicator at Baseline	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of baseline sampling 0 = Not an applicant 1 = Applicant not eligible for quality reporting 2 = Applicant only PBP in contract 3 = Applicant one of multiple PBPs in contract
BxFIDESST Sampling Stage for FIDE Applicant at Baseline	Num	8	FIDE Applicant Sampling Stage Indicator at the time of baseline sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up
BxHOSQRS HOS Quality Reporting Sample Flag at Baseline	Num	8	HOS Quality Reporting Sample Flag at the time of baseline sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample
BxCITY Beneficiary's City at Baseline	Char	22	Beneficiary's city from the baseline member level record
BxSTATE Beneficiary's State at Baseline	Char	22	Beneficiary's state from the baseline member level record
BxZIP Beneficiary's Zip Code at Baseline	Char	22	Beneficiary's zip code from the baseline member level record
BxSTATEABV Beneficiary's Social Security Administration (SSA) State Two Letter Abbreviation at Baseline	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code
BxSTNAME Beneficiary's SSA State Name at Baseline	Char	20	Beneficiary's state name based on the baseline SSA state code
BxSTATECDE Beneficiary's SSA State Code at Baseline	Char	2	Beneficiary's SSA state code from the baseline member level record

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
BxCTNAME Beneficiary's SSA County Name at Baseline	Char	21	Beneficiary's county name based on the baseline SSA county code
BxCNTYCDE Beneficiary's SSA County Code at Baseline	Char	3	Beneficiary's SSA county code from the baseline member level record
BxRACE Beneficiary's Race at Baseline (CMS)	Num	3	Beneficiary's race from the baseline member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native
BxSEX Beneficiary's Sex at Baseline (CMS)	Num	3	Beneficiary's sex from the baseline member level record. This information is derived from CMS databases. 1 = Male 2 = Female
BxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS databases.
BxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS databases. This field is blank for all records.
BxDOE Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.
BxDOT Beneficiary's Baseline Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the baseline member level record. This field is blank for all records.
BxESRD Beneficiary's ESRD Status at Baseline	Num	3	Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS databases. 0 = No ESRD 1 = ESRD

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxINSTUT Beneficiary's Institutional Status at Baseline	Num	3	Beneficiary's institutional status at baseline. This information is derived from CMS databases. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care
BxHOSPICE Beneficiary's Hospice Status at Baseline	Num	3	Beneficiary's hospice status at baseline. This information is derived from CMS databases. 0 = No hospice start date present 1 = Hospice start date present
BxMEDICAID Beneficiary's Medicaid Status at Baseline	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid
BxDUAL Dual Status	Num	3	Beneficiary's Dual status at baseline. This information is derived from CMS databases. 0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)
BxENTITLE Beneficiary's Reason for Entitlement at Baseline	Num	3	Beneficiary's reason for entitlement at baseline. This information is derived from CMS databases. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only
BxPROTID Protocol Identifier Flag at Baseline	Num	8	Beneficiary's survey protocol from the baseline member level record 1 = English Follow Up – No Proxy at Baseline 2 = English Follow Up – Proxy at Baseline 3 = Baseline 4 = Spanish Follow Up – No Proxy at Baseline 5 = Spanish Follow Up – Proxy at Baseline 6 = Chinese Follow Up – No Proxy at Baseline 7 = Chinese Follow Up – Proxy at Baseline

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxSRVIND Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys
BxVRGENHTH Baseline Survey: General Health, Q1	Num	3	Beneficiary's response from the baseline survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
BxVRMACT Baseline Survey: Moderate Activities, Q2a	Num	3	Beneficiary's response from the baseline survey: *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?* **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
BxVRSTAIR Baseline Survey: Climbing Several Flights of Stairs, Q2b	Num	3	Beneficiary's response from the baseline survey: *Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxVRPACCL Baseline Survey: Physical Health Limiting Amount Accomplished, Q3a	Num	3	Beneficiary's response from the baseline survey: *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**?* **Accomplished less** than you would like 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
BxVRPWORK Baseline Survey: Physical Health Limiting the Kind of Activities, Q3b	Num	3	Beneficiary's response from the baseline survey: *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**?* Were limited in the **kind** of work or other activities 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
BxVRMACCL Baseline Survey: Emotional Problems Limiting Amount Accomplished, Q4a	Num	3	Beneficiary's response from the baseline survey: *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)?* **Accomplished less** than you would like 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxVRMWORK Baseline Survey: Emotional Problems Limiting Carefulness, Q4b	Num	3	Beneficiary's response from the baseline survey: *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)?* Didn't do work or other activities as **carefully** as usual 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
BxVRPAIN Baseline Survey: Pain Interfering with Work, Q5	Num	3	Beneficiary's response from the baseline survey: *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
BxVRCALM Baseline Survey: Calm and Peaceful, Q6a	Num	3	Beneficiary's response from the baseline survey: *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.* *How much of the time during the **past 4 weeks**:* 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxVRENERGY Baseline Survey: Lots of Energy, Q6b	Num	3	Beneficiary's response from the baseline survey: *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.* *How much of the time during the **past 4 weeks**:* 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
BxVRDOWN Baseline Survey: Downhearted and Blue, Q6c	Num	3	Beneficiary's response from the baseline survey: *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.* *How much of the time during the **past 4 weeks**:* 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
BxVRSACT Baseline Survey: Amount of Time Health Interfering with Social Activities, Q7	Num	3	Beneficiary's response from the baseline survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxVRPHCMP Baseline Survey: Physical Health Compared to One Year Ago, Q8	Num	3	Beneficiary's response from the baseline survey: *Now, we'd like to ask you some questions about how your health may have changed.* ***Compared to <u>one year ago</u>****, how would you rate your* ***physical health*** *in general* ***now****?* 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse
BxVRMHCMP Baseline Survey: Emotional Health Compared to One Year Ago, Q9	Num	3	Beneficiary's response from the baseline survey: ***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
BxADLBTH Baseline Survey: Bathing, Q10a	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
BxADLDRS Baseline Survey: Dressing, Q10b	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxADLEAT Baseline Survey: Eating, Q10c	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Eating 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
BxADLCHR Baseline Survey: Getting In/Out of Chairs, Q10d	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Getting in or out of chairs 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
BxADLWLK Baseline Survey: Walking, Q10e	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Walking 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
BxADLTLT Baseline Survey: Using the Toilet, Q10f	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Using the toilet 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxDIFMEALS Baseline Survey: Difficulty Preparing Meals, Q11a	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Preparing meals 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
BxDIFMONEY Baseline Survey: Difficulty Managing Money, Q11b	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Managing money 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
BxDIFMEDS Baseline Survey: Difficulty Taking Medication as Prescribed, Q11c	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Taking medication as prescribed 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
BxHDPHY Baseline Survey: Number of Days Physical Health Not Good, Q12	Num	3	Beneficiary's response from the baseline survey: These next questions ask about your physical and mental health during the past 30 days. *Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **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**.)*
BxHDMEN Baseline Survey: Number of Days Mental Health Not Good, Q13	Num	3	Beneficiary's response from the baseline survey: *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**.)*

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxHDACT Baseline Survey: Number of Days Poor Health Interfered with Daily Activity, Q14	Num	3	Beneficiary's response from the baseline survey: *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**.)*
BxDIFSEE Baseline Survey: Blind or Serious Difficulty Seeing, Q15	Num	3	Beneficiary's response from the baseline survey: *Are you blind or do you have serious difficulty seeing, even when wearing glasses?* 1 = Yes 2 = No
BxDIFHEAR Baseline Survey: Deaf or Serious Difficulty Hearing, Q16	Num	3	Beneficiary's response from the baseline survey: *Are you deaf or do you have serious difficulty hearing, even with a hearing aid?* 1 = Yes 2 = No
BxDIFREMEM Baseline Survey: Difficulty Concentrating, Remembering, or Making Decisions, Q17	Num	3	Beneficiary's response from the baseline survey: ***Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?* 1 = Yes 2 = No
BxDIFERRND Baseline Survey: Difficulty Doing Errands, Q18	Num	3	Beneficiary's response from the baseline survey: ***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
BxDIFMPROB Baseline Survey: Memory Problems Interfered with Activities, Q19	Num	3	Beneficiary's response from the baseline survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxCCHBP Baseline Survey: Hypertension, Q20	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No
BxCC_CAD Baseline Survey: Angina/Coronary Artery Disease, Q21	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No
BxCC_CHF Baseline Survey: Congestive Heart Failure, Q22	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Congestive heart failure</u> 1 = Yes 2 = No
BxCCMI Baseline Survey: Myocardial Infarction, Q23	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No
BxCCHRTOTH Baseline Survey: Other Heart Conditions, Q24	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No
BxCCSTROKE Baseline Survey: Stroke, Q25	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>A stroke</u> 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxCC_COPD Baseline Survey: COPD, Q26	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) 1 = Yes 2 = No
BxCCGI Baseline Survey: Inflammatory Bowel Disease, Q27	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No
BxCCOSTEO Baseline Survey: Osteoporosis, Q28	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Osteoporosis, sometimes called thin or brittle bones 1 = Yes 2 = No
BxCCDIABET Baseline Survey: Diabetes, Q29	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No
BxCCDEP Baseline Survey: Depression, Q30	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Depression 1 = Yes 2 = No
BxCCANYCA Baseline Survey: Any Cancer, Q31	Num	3	Beneficiary's response from the baseline survey: ***Has a doctor ever told you that you had:*** Any cancer (other than skin cancer) 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxCACOLON Baseline Survey: Colorectal Cancer Treatment, Q32a	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to BxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Colon or rectal cancer 1 = Yes 2 = No
BxCALUNG Baseline Survey: Lung Cancer Treatment, Q32b	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to BxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Lung cancer 1 = Yes 2 = No
BxCABRST Baseline Survey: Breast Cancer Treatment, Q32c	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to BxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Breast cancer 1 = Yes 2 = No
BxCAPROS Baseline Survey: Prostate Cancer Treatment, Q32d	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to BxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Prostate cancer 1 = Yes 2 = No
BxCAOTHER Baseline Survey: Treatment for Other Cancer, Q32e	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to BxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Other cancer (other than skin cancer) 1 = Yes 2 = No
BxPAINDACT Baseline Survey: Pain Interfered With Activities, Q33	Num	3	Beneficiary's response from the baseline survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxPAINSACT Baseline Survey: Pain Kept You from Socializing With Others, Q34	Num	3	Beneficiary's response from the baseline survey: *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
BxPAINRATE Baseline Survey: Average Pain Rating, Q35	Num	3	Beneficiary's response from the baseline survey: *In the **past 7 days**, how would you rate your pain **on average**?* 0 = No pain 1 2 3 4 5 6 7 8 9 10 = Worst imaginable pain
BxDEPNOPLS Baseline Survey: Little Interest or Pleasure In Doing Things, Q36a	Num	3	Beneficiary's response from the baseline survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* Little interest or pleasure in doing things 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxDEPDOWN Baseline Survey: Feeling Down, Depressed, or Hopeless, Q36b	Num	3	Beneficiary's response from the baseline survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* Feeling down, depressed or hopeless 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
BxCMPHTH Baseline Survey: Comparative Health, Q37	Num	3	Beneficiary's response from the baseline survey: *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
BxMUILKG Baseline Survey: Urine Leakage, Q38	Num	3	Beneficiary's response from the baseline survey: *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 BxMUIDACT below)*** 2 = No ***(Go to BxPAOTLK below)***
BxMUIDACT Baseline Survey: Urine Leakage Changed Daily Activities, Q39	Num	3	Beneficiary's response from the baseline survey: *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
BxMUITLK Baseline Survey: Talked with Doctor about Urine Leakage, Q40	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?* 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxMUITRT Baseline Survey: Talked About Treatment for Urine Leakage, Q41	Num	3	Beneficiary's response from the baseline survey: *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
BxPAOTLK Baseline Survey: Talked with Doctor About Physical Activities, Q42	Num	3	Beneficiary's response from the baseline survey: *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 BxPAOADV below)*** 2 = No ***(Go to BxPAOADV below)*** 3 = I had no visits in the past 12 months ***(Go to BxFRMTLK below)***
BxPAOADV Baseline Survey: Advised to Increase or Maintain Activities, Q43	Num	3	Beneficiary's response from the baseline survey: *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
BxFRMTLK Baseline Survey: Talked with Doctor about Falling or Balance Problem, Q44	Num	3	Beneficiary's response from the baseline survey: *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
BxFRMFALL Baseline Survey: Fell in Past 12 Months, Q45	Num	3	Beneficiary's response from the baseline survey: *Did you fall in the **past 12 months**?* 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxFRMBAL Baseline Survey: Problem with Walking or Balance in Past 12 Months, Q46	Num	3	Beneficiary's response from the baseline survey: *In the **past 12 months**, have you had a problem with balance or walking?* 1 = Yes 2 = No
BxFRMPREV Baseline Survey: Talked with Doctor about How to Prevent Falls, Q47	Num	3	Beneficiary's response from the baseline survey: *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
BxSLEEPHRS Baseline Survey: Average Hours of Sleep per Night in Past Month, Q48	Num	3	Beneficiary's response from the baseline survey: *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
BxSLEEPQUA Baseline Survey: Overall Sleep Quality Rating in Past Month, Q49	Num	3	Beneficiary's response from the baseline survey: *During the **past month**, how would you rate your overall sleep quality?* 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad
BxWEIGHTLB Baseline Survey: How Much Do You Weigh in Pounds, Q50	Num	8	Beneficiary's response from the baseline survey: *How much do you weigh in pounds (lbs.)?*
BxHEIGHTFT Baseline Survey: How Tall are You Without Shoes on in Feet and Inches, Q51a	Num	8	Beneficiary's response from the baseline survey: *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 ½ inch, please round up).* **Note:** This field contains only the feet (ft.) portion of the response.

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxHEIGHTIN Baseline Survey: How Tall are You Without Shoes on in Feet and Inches, Q51b	Num	8	Beneficiary's response from the baseline survey: *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 ½ inch., please round up).* **Note:** This field contains only the inches (in.) portion of the response.
BxSRVSEX Baseline Survey: Survey Reported Sex, Q52	Num	3	Beneficiary's response from the baseline survey: *Are you male or female?* 1 = Male 2 = Female 3 = Missing (*Telephone survey only*)
BxHPNOHISP Baseline Survey: No, not Hispanic, Latino/a or Spanish Origin, Q53a	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *a. No, not of Hispanic, Latino/a or Spanish origin* 0 = No, not Hispanic not checked 1 = No, not Hispanic checked
BxHPMEX Baseline Survey: Yes, Mexican, Mexican American, Chicano/a, Q53b	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *b. Yes, Mexican, Mexican American, Chicano/a* 0 = Respondent did not check Mexican 1 = Respondent checked Mexican
BxHPPR Baseline Survey: Yes, Puerto Rican, Q53c	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *c. Yes, Puerto Rican* 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican
BxHPCUBA Baseline Survey: Yes, Cuban, Q53d	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *d. Yes, Cuban* 0 = Respondent did not check Cuban 1 = Respondent checked Cuban

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxHPOTHER Baseline Survey: Yes, Another Hispanic, Latino/a or Spanish Origin, Q53e	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *e. Yes, Another Hispanic, Latino/a or Spanish origin* 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic
BxRCWHITE Baseline Survey: White, Q54a	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *a. White* 0 = Respondent did not check White 1 = Respondent checked White
BxRCAFRAM Baseline Survey: Black or African American, Q54b	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *b. Black or African American* 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American
BxRCNATAM Baseline Survey: American Indian or Alaska Native, Q54c	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *c. American Indian or Alaska Native* 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native
BxRCINDIA Baseline Survey: Asian Indian, Q54d	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *d. Asian Indian* 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian
BxRCCHINA Baseline Survey: Chinese, Q54e	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *e. Chinese* 0 = Respondent did not check Chinese 1 = Respondent checked Chinese

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxRCFILIP Baseline Survey: Filipino, Q54f	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *f. Filipino* 0 = Respondent did not check Filipino 1 = Respondent checked Filipino
BxRCJAPAN Baseline Survey: Japanese, Q54g	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *g. Japanese* 0 = Respondent did not check Japanese 1 = Respondent checked Japanese
BxRCKOREA Baseline Survey: Korean, Q54h	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *h. Korean* 0 = Respondent did not check Korean 1 = Respondent checked Korean
BxRCVIET Baseline Survey: Vietnamese, Q54i	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *i. Vietnamese* 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese
BxRCOTHASN Baseline Survey: Other Asian, Q54j	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *j. Other Asian* 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian
BxRCHAWAII Baseline Survey: Native Hawaiian, Q54k	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *k. Native Hawaiian* 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxRCGUAM Baseline Survey: Guamanian or Chamorro Q54l	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *l. Guamanian or Chamorro* 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro
BxRCSAMOA Baseline Survey: Samoan Q54m	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *m. Samoan* 0 = Respondent did not check Samoan 1 = Respondent checked Samoan
BxRCOTHPAC Baseline Survey: Other Pacific Islander Q54n	Num	3	Beneficiary's response from the baseline survey: *What is your race? (One or more categories may be selected)* *n. Other Pacific Islander* 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander
BxSPEAKLNG Language Mainly Spoken at Home, Q55a	Num	3	Beneficiary's response from the baseline survey: *What language do you **mainly** speak at home?* 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)
BxSPEAKOTH Specify Other Language Spoken at Home, Q55b	Char	20	Beneficiary's response from the baseline survey: *What language do you **mainly** speak at home?* Some other language (please specify) _____
BxMARITAL Baseline Survey: Marital Status, Q56	Num	3	Beneficiary's response from the baseline survey: *What is your current marital status?* 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
BxEDUC Baseline Survey: Education, Q57	Num	3	Beneficiary's response from the baseline survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree
BxLVALONE Baseline Survey: Living Alone, Q58a	Num	3	Beneficiary's response from the baseline survey: *Do you live alone or with others? (One or more categories may be selected)* *a. Alone* 0 = Respondent did not check live alone 1 = Respondent checked live alone
BxLVSPOUSE Baseline Survey: Living With Spouse/Significant Other, Q58b	Num	3	Beneficiary's response from the baseline survey: *Do you live alone or with others? (One or more categories may be selected)* *b. With spouse/significant other* 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other
BxLVCHILD Baseline Survey: Living With Children/Other Relatives, Q58c	Num	3	Beneficiary's response from the baseline survey: *Do you live alone or with others? (One or more categories may be selected)* *c. With children/other relatives* 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives
BxLVNONREL Baseline Survey: Living With Non-Relatives, Q58d	Num	3	Beneficiary's response from the baseline survey: *Do you live alone or with others? (One or more categories may be selected)* *d. With non-relatives* 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives
BxLVCAREGV Baseline Survey: Living With Paid Caregiver, Q58e	Num	3	Beneficiary's response from the baseline survey: *Do you live alone or with others? (One or more categories may be selected)* *e. With paid caregiver* 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxWHERELV Baseline Survey: Where Do You Live, Q59	Num	3	Beneficiary's response from the baseline survey: *Where do you live?* 1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other (If answered 1 or 2, ***Go to BxHMOWN below***; If answered 3 or 4, ***Go to BxCMPWHO below***)
BxHMOWN Baseline Survey: Housing, Q60	Num	3	Beneficiary's response from the baseline survey: *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
BxCMPWHO Baseline Survey: Who Completed this Survey, Q61	Num	3	Beneficiary's response from the baseline survey: *Who completed this survey form?* 1 = Person to whom survey was addressed 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxSRVDISP Disposition of Baseline Survey	Char	3	Survey disposition at baseline ("M" prefix=Mail, "T" prefix=Telephone) M10/T10 = Complete survey (79.5-100% complete **and** all 6 ADL items [Q10a-f] answered) M11/T11 = Non-response: partial complete survey (50-79% complete, **or** 79.5-100% complete and at least one ADL unanswered) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol (*Russian only*) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25 = Ineligible: respondent removed from sample M31/T31 = Non-response: break-off (0- 49% complete) M32/T32 = Non-response: refusal M33/T33 = Non-response: respondent unavailable M34/T34 = Non-response: respondent physically or mentally incapacitated M35/T35 = Non-response: respondent institutionalized M36/T36 = Non-response: after maximum attempts
BxSRVMODE Round in which Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone T8 = 8th telephone T9 = 9th telephone MT = Partially completed by mail and converted to complete by telephone NC = Not completed TN = Inbound telephone

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
BxSRVLANG Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5 = Russian* * While no surveys were completed in Russian for Cohort 25 Baseline, the survey code reflects the Russian language option.
BxSRVDATE Date Baseline Survey Completed	Char	8	Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)
BxVUCATI Vendor's Baseline Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at baseline
BxMCONUM MAO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MAO provide a phone number for the member at baseline? 1 = Yes 2 = No
BxEXCLUDE Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically 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*
BxDISP Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline
BxINVSRV Ineligible Baseline Survey Indicator	Num	3	Baseline survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, M23, M24, M25, T20, T23, or T24)
BxADLCOUNT Count of ADL Questions Answered (0-6) at Baseline	Num	3	Number of ADL questions answered (range from 0-6), derived from the 6 ADL questions (Q10a-f) in the baseline survey
BxPCTCMP Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxCMPSRV Complete Baseline Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of baseline survey was completed including all 6 ADL items (Q10a-f) 0 = Incomplete 1 = Complete
BxCMPFLG Name Provided for Person Completing Baseline Survey	Num	3	Indicator of whether name was provided for person completing baseline survey 0 = Name not provided 1 = Name provided
BxTDOB Beneficiary's Baseline Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the baseline member level record. This information is derived from CMS databases. MMDDYY10. format
BxTSRVDAT Date Baseline Survey Completed (SAS Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. format
BxTDOE Beneficiary's Baseline Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's baseline accretion into plan SAS date MMDDYY10. format
BxTSRVDATIM Date Baseline Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Baseline survey SAS date created from the original date (*BxTSRVDAT*). Records with a missing survey date were imputed by replacing the missing values with the midpoint survey date which occurs in August each year MMDDYY10. format **Note**: This variable, in combination with date of birth (*BxTDOB*), was used to calculate age (*BxAGE*).
BxTDOELMT Baseline Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Baseline survey SAS date of accretion limit into plan MMDDYY10. format **Note**: This variable, in combination with date of accretion into plan (*BxTDOE*), was used to calculate enrollment duration (*BxENRDUR*)
BxBMI Calculated Body Mass Index at Baseline	Num	8	BMI = [*BxWEIGHTLB* / (Height in inches from *BxHEIGHTFT* and *BxHEIGHTIN*)^2] x 703

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxBMICAT Categories of Body Mass Index at Baseline	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)
BxENRDUR Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey
BxENRCAT Beneficiary's Enrollment Duration Category at Baseline	Num	8	Beneficiary's enrollment duration category at the time of the baseline survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months
BxAGE Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. AGE = floor((intck('month', *BxTDOB*, *BxTSRVDATIM*)-(day(*BxTSRVDATIM*)< day(*BxTDOB*)))/12)
BxAGECAT Beneficiary's Age Group at Baseline	Num	8	Beneficiary's age group at baseline 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older
BxRACECAT Beneficiary's Race Category at Baseline	Num	8	Beneficiary's race category at baseline, created by combining values of the *BxRACE* variable 1 = White 2 = Black 3 = Other
BxRACECAT Beneficiary's Race Category at Baseline	Num	8	Beneficiary's race category at baseline, created by combining values of the *BxRACE* variable 1 = White 2 = Black 3 = Other

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
BxHISPANA Beneficiary's Hispanic Indicator at Baseline	Num	8	Beneficiary's Hispanic indicator at baseline, derived from the Hispanic ethnicity questions 1 = Yes 2 = No
BxMARCAT Marital Status at Baseline Using Combined Groups	Num	3	Beneficiary's marital status category at baseline, created by combining values of the *BxMARITAL* variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married
BxEDCAT Educational Status at Baseline Using Combined Groups	Num	3	Beneficiary's education level category at baseline, created by combining values of the *BxEDUC* variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more
BxDEP2SCRN Positive Depression Indicator at Baseline	Num	3	Beneficiary's depression status at follow up based on two depression questions, *BxDEPNOPLS* and *BxDEPDOWN*, with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered. 0 = Negative 1 = Positive
BxCOMO Number of Chronic Medical Conditions at Baseline	Num	3	Beneficiary's number of chronic conditions at baseline, obtained by counting the number of "yes" responses to 12 questions BxCCHBP, BxCCCAD, BxCCCHF, BxCCMI, BxCCHRTOTH, BxCCSTROKE, BxCCCOPD, BxCCGI, BxCCOSTEO, BxCCDIABET, BxCCDEP, and BxCCANYCA.
BxCOMOCT Number of Chronic Medical Conditions Category at Baseline	Num	3	Beneficiary's number of chronic conditions category at baseline, created by combining values of the *BxCOMO* variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxPCS Baseline Physical Component Summary (PCS) Score	Num	8	Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm
BxMCS Baseline Mental Component Summary (MCS) Score	Num	8	Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm
BxPFADL PFADL Scale, 0-16 Higher is Better	Num	8	Beneficiary's baseline Physical Functioning Activities of Daily Living (PFADL) Scale Score (Score Range: 0-16, higher is better)
FxPATID Anonymous Beneficiary ID at Follow up	Num	8	Unique number assigned to each beneficiary in the follow up sample
FxPLAN Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling
FxRECID Record Identifier at Follow Up	Char	1	Follow up record identifier
FxRPTYR Follow Up Reporting Year	Num	3	Reporting year for the follow up survey
FxCONTRACT Plan Contract Number at Follow Up	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling.
FxCONT_ID **Blinded Plan Contract Number at Follow Up**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**
FxPLAN_NAME Plan name at Follow Up	Char	70	Plan name at the time of follow up sampling
FxVENDOR Survey Vendor at Follow Up	Num	8	Follow up survey vendor: 1413 = CSS 1415 = DataStat, Inc. 1463 = Press Ganey 630396 = Qualtrics
FxNCQAORGID NCQA Healthcare Organization ID at Follow Up	Num	8	Organization ID supplied by NCQA at the time of follow up sampling

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxNCQASUBID NCQA Submission ID at Follow Up	Num	8	Submission ID supplied by NCQA at the time of follow up sampling
FxPLANID Plan Identification Number at Follow Up	Char	5	Plan identification number at the time of follow up sampling
FxPBPID Plan Benefit Package Number at Follow Up	Char	3	Plan Benefit Package (PBP) ID at the time of follow up sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website
FxSNPTYPE Type of Special Needs Plan at Follow Up	Num	3	*FxSNPTYPE* identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional
FxFIDEIND Frailty Assessment FIDE Applicant Indicator at Follow Up	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of follow up sampling 0 = Not an applicant 1 = Applicant is not eligible for quality reporting 2 = Applicant is only PBP in contract 3 = Applicant is one of multiple PBPs in contract
FxFIDESST Sampling Stage for FIDE Applicant at Follow Up	Num	8	FIDE Applicant Sampling Stage Indicator at the time of follow up sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up
FxHOSQRS HOS Quality Reporting Sample Flag at Follow Up	Num	8	HOS Quality Reporting Sample Flag at the time of follow up sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample
FxCITY Beneficiary's City at Follow Up	Char	22	Beneficiary's city from the follow up member level record
FxSTATE Beneficiary's State at Follow Up	Char	22	Beneficiary's state from the follow up member level record
FxZIP Beneficiary's Zip Code at Follow Up	Char	22	Beneficiary's zip code from the follow up member level record

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxSTATEABV Beneficiary's SSA State Two Letter Abbreviation at Follow Up	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code
FxSTNAME Beneficiary's SSA State Name at Follow Up	Char	20	Beneficiary's state name based on the follow up SSA state code
FxSTATECDE Beneficiary's SSA State Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record
FxCTNAME Beneficiary's SSA County Name at Follow Up	Char	21	Beneficiary's county name based on the follow up SSA county code
FxCNTYCDE Beneficiary's SSA County Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record
FxRACE Beneficiary's Race at Follow Up (CMS)	Num	3	Beneficiary's race from the follow up member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native
FxSEX Beneficiary's Sex at Follow Up (CMS)	Num	3	Beneficiary's sex from the follow up member level record. This information is derived from CMS databases. 1 = Male 2 = Female
FxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.
FxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.
FxDOE Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxDOT Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record. This field is blank for all records.
FxESRD Beneficiary's ESRD Status at Follow Up	Num	3	Beneficiary's ESRD status at follow up. This information is derived from CMS databases. 0 = No ESRD 1 = ESRD
FxINSTUT Beneficiary's Institutional Status at Follow Up	Num	3	Beneficiary's institutional status at follow up. This information is derived from CMS databases. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care
FxHOSPICE Beneficiary's Hospice Status at Follow Up	Num	3	Beneficiary's hospice status at follow up. This information is derived from CMS databases. 0 = No hospice start date present 1 = Hospice start date present
FxMEDICAID Beneficiary's Medicaid Status at Follow Up	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid
FxDUAL Dual Status	Num	3	Beneficiary's Dual status at follow up. This information is derived from CMS databases. 0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)
FxENTITLE Beneficiary's Reason for Entitlement at Follow Up	Num	3	Beneficiary's reason for entitlement at follow up. This information is derived from CMS databases. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxPROTID Protocol Identifier Flag at Follow Up	Num	8	Beneficiary's survey protocol from the follow up member level record 1 = English Follow up – no proxy at baseline 2 = English Follow up – proxy at baseline 3 = Baseline (all languages) 4 = Spanish Follow up – no proxy at baseline 5 = Spanish Follow up – proxy at baseline 6 = Chinese Follow up – no proxy at baseline 7 = Chinese Follow up – proxy at baseline 10 = Russian Follow up – no proxy at baseline 11 = Russian Follow up – proxy at baseline
FxSRVIND Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys
FxVRGENHTH Follow Up Survey: General Health, Q1	Num	3	Beneficiary's response from the follow up survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
FxVRMACT Follow Up Survey: Moderate Activities, Q2a	Num	3	Beneficiary's response from the follow up survey: *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?* **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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxVRSTAIR Follow Up Survey: Climbing Several Flights of Stairs, Q2b	Num	3	Beneficiary's response from the follow up survey: *Does **your health <u>now</u> limit you** in these activities? If so, how much?* <u>Climbing **several** flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
FxVRPACCL Follow Up Survey: Physical Health Limiting Amount Accomplished, Q3a	Num	3	Beneficiary's response from the follow up survey: *During the **<u>past 4 weeks</u**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* **<u>Accomplished less</u>** <u>than you would like</u> 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
FxVRPWORK Follow Up Survey: Physical Health Limiting the Kind of Activities, Q3b	Num	3	Beneficiary's response from the follow up survey: *During the **<u>past 4 weeks</u**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* <u>Were limited in the **kind** of work or other activities</u> 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
FxVRMACCL Follow Up Survey: Emotional Problems Limiting Amount Accomplished, Q4a	Num	3	Beneficiary's response from the follow up survey: *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)?* **<u>Accomplished less</u>** <u>than you would like</u> 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxVRMWORK Follow Up Survey: Emotional Problems Limiting Carefulness, Q4b	Num	3	Beneficiary's response from the follow up survey: *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)?* Didn't do work or other activities as **carefully** as usual 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
FxVRPAIN Follow Up Survey: Pain Interfering with Work, Q5	Num	3	Beneficiary's response from the follow up survey: *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
FxVRCALM Follow Up Survey: Calm and Peaceful, Q6a	Num	3	Beneficiary's response from the follow up survey: *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.* *How much of the time during the **past 4 weeks**:* 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxVRENERGY Follow Up Survey: Lots of Energy, Q6b	Num	3	Beneficiary's response from the follow up survey: *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.* *How much of the time during the **past 4 weeks**:* 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
FxVRDOWN Follow Up Survey: Downhearted and Blue, Q6c	Num	3	Beneficiary's response from the follow up survey: *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.* *How much of the time during the **past 4 weeks**:* 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
FxVRSACT Follow Up Survey: Amount of Time Health Interfering with Social Activities, Q7	Num	3	Beneficiary's response from the follow up survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxVRPHCMP Follow Up Survey: Physical Health Compared to One Year Ago, Q8	Num	3	Beneficiary's response from the follow up survey: *Now, we'd like to ask you some questions about how your health may have changed.* ***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
FxVRMHCMP Follow Up Survey: Emotional Health Compared to One Year Ago, Q9	Num	3	Beneficiary's response from the follow up survey: ***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
FxADLBTH Follow Up Survey: Bathing, Q10a	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Bathing 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
FxADLDRS Follow Up Survey: Dressing, Q10b	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Dressing 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxADLEAT Follow Up Survey: Eating, Q10c	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Eating 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
FxADLCHR Follow Up Survey: Getting In/Out of Chairs, Q10d	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Getting in or out of chairs 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
FxADLWLK Follow Up Survey: Walking, Q10e	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Walking 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
FxADLTLT Follow Up Survey: Using the Toilet, Q10f	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* ***without special equipment or help from another person?*** Using the toilet 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxDIFMEALS Follow Up Survey: Difficulty Preparing Meals, Q11a	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Preparing meals 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
FxDIFMONEY Follow Up Survey: Difficulty Managing Money, Q11b	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Managing money 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
FxDIFMEDS Follow Up Survey: Difficulty Taking Medication as Prescribed, Q11c	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Taking medication as prescribed 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
FxHDPHY Follow Up Survey: Number of Days Physical Health Not Good, Q12	Num	3	Beneficiary's response from the follow up survey: These next questions ask about your physical and mental health during the past 30 days. *Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **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**.)*
FxHDMEN Follow Up Survey: Number of Days Mental Health Not Good, Q13	Num	3	Beneficiary's response from the follow up survey: *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**.)*

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxHDACT Follow Up Survey: Number of Days Poor Health Interfered with Daily Activity, Q14	Num	3	Beneficiary's response from the follow up survey: *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**.)*
FxDIFSEE Follow Up Survey: Blind or Serious Difficulty Seeing, Q15	Num	3	Beneficiary's response from the follow up survey: *Are you blind or do you have serious difficulty seeing, even when wearing glasses?* 1 = Yes 2 = No
FxDIFHEAR Follow Up Survey: Deaf or Serious Difficulty Hearing, Q16	Num	3	Beneficiary's response from the follow up survey: *Are you deaf or do you have serious difficulty hearing, even with a hearing aid?* 1 = Yes 2 = No
FxDIFREMEM Follow Up Survey: Difficulty Concentrating, Remembering, or Making Decisions, Q17	Num	3	Beneficiary's response from the follow up survey: ***Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?* 1 = Yes 2 = No
FxDIFERRND Follow Up Survey: Difficulty Doing Errands, Q18	Num	3	Beneficiary's response from the follow up survey: ***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
FxDIFMPROB Follow Up Survey: Memory Problems Interfered with Activities, Q19	Num	3	Beneficiary's response from the follow up survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxCCHBP Follow Up Survey: Hypertension, Q20	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No
FxCC_CAD Follow Up Survey: Angina/Coronary Artery Disease, Q21	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No
FxCC_CHF Follow Up Survey: Congestive Heart Failure, Q22	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Congestive heart failure</u> 1 = Yes 2 = No
FxCCMI Follow Up Survey: Myocardial Infarction, Q23	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No
FxCCHRTOTH Follow Up Survey: Other Heart Conditions, Q24	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No
FxCCSTROKE Follow Up Survey: Stroke, Q25	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor <u>ever</u> told you that you had:*** <u>A stroke</u> 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
FxCC_COPD Follow Up Survey: COPD, Q26	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) 1 = Yes 2 = No
FxCCGI Follow Up Survey: Inflammatory Bowel Disease, Q27	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No
FxCCOSTEO Follow Up Survey: Osteoporosis, Q28	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Osteoporosis, sometimes called thin or brittle bones 1 = Yes 2 = No
FxCCDIABET Follow Up Survey: Diabetes, Q29	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No
FxCCDEP Follow Up Survey: Depression, Q30	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Depression 1 = Yes 2 = No
FxCCANYCA Follow Up Survey: Any Cancer, Q31	Num	3	Beneficiary's response from the follow up survey: ***Has a doctor ever told you that you had:*** Any cancer (other than skin cancer) 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
FxCACOLON Follow Up Survey: Colorectal Cancer Treatment, Q32a	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question FxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Colon or rectal cancer 1 = Yes 2 = No
FxCALUNG Follow Up Survey: Lung Cancer Treatment, Q32b	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question FxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Lung cancer 1 = Yes 2 = No
FxCABRST Follow Up Survey: Breast Cancer Treatment, Q32c	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question FxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Breast cancer 1 = Yes 2 = No
FxCAPROS Follow Up Survey: Prostate Cancer Treatment, Q32d	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question FxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Prostate cancer 1 = Yes 2 = No
FxCAOTHER Follow Up Survey: Treatment for Other Cancer, Q32e	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question FxCCANYCA above,*** *Are you* ***currently*** *under treatment for:* Other cancer (other than skin cancer) 1 = Yes 2 = No

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxPAINDACT Follow Up Survey: Pain Interfered With Activities, Q33	Num	3	Beneficiary's response from the follow up survey: *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
FxPAINSACT Follow Up Survey: Pain Kept You from Socializing With Others, Q34	Num	3	Beneficiary's response from the follow up survey: *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
FxPAINRATE Follow Up Survey: Average Pain Rating, Q35	Num	3	Beneficiary's response from the follow up survey: *In the **past 7 days**, how would you rate your pain **on average**?* 0 = No pain 1 2 3 4 5 6 7 8 9 10 = Worst imaginable pain

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxDEPNOPLS Follow Up Survey: Little Interest or Pleasure In Doing Things, Q36a	Num	3	Beneficiary's response from the follow up survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* Little interest or pleasure in doing things 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
FxDEPDOWN Follow Up Survey: Feeling Down, Depressed, or Hopeless, Q36b	Num	3	Beneficiary's response from the follow up survey: *Over the **past 2 weeks**, how often have you been bothered by any of the following problems?* Feeling down, depressed or hopeless 1 = Not at all 2 = Several days 3 = More than half the day 4 = Nearly every day
FxCMPHTH Follow Up Survey: Comparative Health, Q37	Num	3	Beneficiary's response from the follow up survey: *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
FxMUILKG Follow Up Survey: Urine Leakage, Q38	Num	3	Beneficiary's response from the follow up survey: *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 FxMUIDACT below)*** 2 = No ***(Go to FxPAOTLK below)***
FxMUIDACT Follow Up Survey: Urine Leakage Changed Daily Activities, Q39	Num	3	Beneficiary's response from the follow up survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxMUITLK Follow Up Survey: Talked with Doctor about Urine Leakage, Q40	Num	3	Beneficiary's response from the follow up survey: *Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?* 1 = Yes 2 = No
FxMUITRT Follow Up Survey:Talked About Treatment for Urine Leakage, Q41	Num	3	Beneficiary's response from the follow up survey: *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
FxPAOTLK Follow Up Survey: Talked with Doctor About Physical Activities, Q42	Num	3	Beneficiary's response from the follow up survey: *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 FxPAOADV below)*** 2 = No ***(Go to FxPAOADV below)*** 3 = I had no visits in the past 12 months ***(Go to FxFRMTLK below)***
FxPAOADV Follow Up Survey: Advised to Increase or Maintain Activities, Q43	Num	3	Beneficiary's response from the follow up survey: *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
FxFRMTLK Follow Up Survey: Talked with Doctor about Falling or Balance Problem, Q44	Num	3	Beneficiary's response from the follow up survey: *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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxFRMFALL Follow Up Survey: Fell in Past 12 Months, Q45	Num	3	Beneficiary's response from the follow up survey: *Did you fall in the **past 12 months**?* 1 = Yes 2 = No
FxFRMBAL Follow Up Survey: Problem with Walking or Balance in Past 12 Months, Q46	Num	3	Beneficiary's response from the follow up survey: *In the **past 12 months**, have you had a problem with balance or walking?* 1 = Yes 2 = No
FxFRMPREV Follow Up Survey: Talked with Doctor about How to Prevent Falls, Q47	Num	3	Beneficiary's response from the follow up survey: *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
FxSLEEPHRS Follow Up Survey: Average Hours of Sleep per Night in Past Month, Q48	Num	3	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
FxSLEEPQUA Follow Up Survey: Overall Sleep Quality Rating in Past Month, Q49	Num	3	During the ***past month***, how would you rate your overall sleep quality 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad
FxWEIGHTLB Follow Up Survey: How Much Do You Weigh in Pounds, Q50	Num	8	Beneficiary's response from the follow up survey: *How much do you weigh in pounds (lbs.)?*

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxHEIGHTFT Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches, Q51a	Num	8	Beneficiary's response from the follow up survey: *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).* **Note:** This field contains only the feet (ft.) portion of the response.
FxHEIGHTIN Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches, Q51b	Num	8	Beneficiary's response from the follow up survey: *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).* **Note:** This field contains only the inches (in.) portion of the response.
FxSRVSEX Follow Up Survey: Survey Reported Sex, Q52	Num	3	Beneficiary's response from the follow up survey: *Are you male or female?* 1 = Male 2 = Female 3 = Missing (*Telephone surveys only*)
FxHPNOHISP Follow Up Survey: No, not Hispanic, Latino/a or Spanish Origin, Q53a	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)* *a. No, not of Hispanic, Latino/a or Spanish origin* 0 = No, not Hispanic not checked 1 = No, not Hispanic checked
FxHPMEX Follow Up Survey: Yes, Mexican, Mexican American, Chicano/a, Q53b	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *b. Yes, Mexican, Mexican American, Chicano/a* 0 = Respondent did not check Mexican 1 = Respondent checked Mexican

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxHPPR Follow Up Survey: Yes, Puerto Rican, Q53c	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *c. Yes, Puerto Rican* 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican
FxHPCUBA Follow Up Survey: Yes, Cuban, Q53d	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *d. Yes, Cuban* 0 = Respondent did not check Cuban 1 = Respondent checked Cuban
FxHPOTHER Follow Up Survey: Yes, Another Hispanic, Latino/a or Spanish Origin, Q53e	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)* *e. Yes, another Hispanic, Latino/a or Spanish origin* 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic
FxRCWHITE Follow Up Survey: White, Q54a	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *a. White* 0 = Respondent did not check White 1 = Respondent checked White
FxRCAFRAM Follow Up Survey: Black or African American, Q54b	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *b. Black or African American* 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American
FxRCNATAM Follow Up Survey: American Indian or Alaska Native, Q54c	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *c. American Indian or Alaska Native* 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxRCINDIA Follow Up Survey: Asian Indian, Q54d	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *d. Asian Indian* 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian
FxRCCHINA Follow Up Survey: Chinese, Q54e	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *e. Chinese* 0 = Respondent did not check Chinese 1 = Respondent checked Chinese
FxRCFILIP Follow Up Survey: Filipino, Q54f	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *f. Filipino* 0 = Respondent did not check Filipino 1 = Respondent checked Filipino
FxRCJAPAN Follow Up Survey: Japanese, Q54g	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *g. Japanese* 0 = Respondent did not check Japanese 1 = Respondent checked Japanese
FxRCKOREA Follow Up Survey: Korean, Q54h	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *h. Korean* 0 = Respondent did not check Korean 1 = Respondent checked Korean
FxRCVIET Follow Up Survey: Vietnamese, Q54i	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *i. Vietnamese* 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxRCOTHASN Follow Up Survey: Other Asian, Q54j	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *j. Other Asian* 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian
FxRCHAWAII Follow Up Survey: Native Hawaiian, Q54k	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *k. Native Hawaiian* 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian
FxRCGUAM Follow Up Survey: Guamanian or Chamorro, Q54l	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *l. Guamanian or Chamorro* 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro
FxRCSAMOA Follow Up Survey: Samoan, Q54m	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *m. Samoan* 0 = Respondent did not check Samoan 1 = Respondent checked Samoan
FxRCOTHPAC Follow Up Survey: Other Pacific Islander, Q54n	Num	3	Beneficiary's response from the follow up survey: *What is your race? (One or more categories may be selected)* *n. Other Pacific Islander* 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander
FxSPEAKLNG Language Mainly Spoken at Home, Q55a	Num	3	Beneficiary's response from the follow up survey: *What language do you **mainly** speak at home?* 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
FxSPEAKOTH Specify Other Language Spoken at Home, Q55b	Char	20	Beneficiary's response from the follow up survey: *What language do you **mainly** speak at home?* Some other language (please specify) _____
FxMARITAL Follow Up Survey: Marital Status, Q56	Num	3	Beneficiary's response from the follow up survey: *What is your current marital status?* 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married
FxEDUC Follow Up Survey: Education, Q57	Num	3	Beneficiary's response from the follow up survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree
FxLVALONE Follow Up Survey: Living Alone, Q58a	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* *a. Alone* 0 = Respondent did not check live alone 1 = Respondent checked live alone
FxLVSPOUSE Follow Up Survey: Living With Spouse/Significant Other, Q58b	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* *b. With spouse/significant other* 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other
FxLVCHILD Follow Up Survey: Living With Children/Other Relatives, Q58c	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* *c. With children/other relatives* 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxLVNONREL Follow Up Survey: Living With Non-Relatives, Q58d	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* *d. With non-relatives* 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives
FxLVCAREGV Follow Up Survey: Living With Paid Caregiver, Q58e	Num	3	Beneficiary's response from the follow up survey: *Do you live alone or with others? (One or more categories may be selected)* *e. With paid caregiver* 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver
FxWHERELV Follow Up Survey: Where Do You Live, Q59	Num	3	Beneficiary's response from the follow up survey: *Where do you live?* 1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other (If answered 1 or 2***, Go to FxHMOWN below***; If answered 3 or 4, ***Go to FxCMPWHO below***)
FxHMOWN Follow Up Survey: Housing, Q60	Num	3	Beneficiary's response from the follow up survey: *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
FxCMPWHO Follow Up Survey: Who Completed this Survey, Q61	Num	3	Beneficiary's response from the follow up survey: *Who completed this survey form?* 1 = Person to whom survey was addressed 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

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxSRVDISP Disposition of Follow Up Survey	Char	3	Survey disposition at follow up ("M" prefix=Mail, "T" prefix=Telephone) M10/T10 = Complete survey (79.5-100% complete **and** all 6 ADL items [Q10a-f] answered) M11/T11 = Non-response: partial complete survey (50-79% complete, **or** 79.5-100% complete and at least one ADL unanswered) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol (*Russian only*) T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M25 = Ineligible: removed from sample M31/T31 = Nonresponse: break-off (0- 49% complete) M32/T32 = Nonresponse: refusal M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts
FxSRVMODE Round in which Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone T8 = 8th telephone T9 = 9th telephone MT = Partially completed by mail and converted to complete by telephone TN = Respondent completed the survey during an inbound telephone attempt NC = Not completed

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxSRVLANG Survey Language at Follow Up	Num	3	Follow up Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5 = Russian* * While no surveys were completed in Russian for Cohort 25 Follow Up, the survey code reflects the Russian language option.
FxSRVDATE Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)
FxVUCATI Vendor's Follow Up Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at follow up
FxMCONUM MAO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MAO provide a phone number for the member at follow up? 1 = Yes 2 = No
FxEXCLUDE Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically 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*
FxPCTANS Percent of Survey Answered at Follow Up	Num	8	Vendor supplied percent of the follow up survey that was answered
FxPROXST Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and same Proxy at follow up 5 = Proxy at baseline and different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxDISP Survey Response Indicator for Mail/Telephone Responses at Follow Up	Num	3	Beneficiary completed a: 1 = Mail survey at follow up 2 = Telephone survey at follow up
FxINVSRV Ineligible Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, M23, M24, M25, T20, T23, or T24)
FxADLCOUNT Count of ADL Questions Answered at Follow Up	Num	3	Number of ADL questions answered (range from 0-6), derived from the 6 ADL questions (Q10a-f) in the follow up survey
FxPCTCMP Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed
FxCMPSRV Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of follow up survey was completed including all 6 ADL items (Q10a-f) 0 = Incomplete 1 = Complete
FxCMPFLG Name Provided for Person Completing Follow Up Survey	Num	3	Indicator of whether name was provided for person completing follow up survey 0 = Name not provided 1 = Name provided
FxTDOB Beneficiary's Follow Up Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases. MMDDYY10. format
FxTSRVDAT Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. format
FxTDOE Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's follow up accretion into plan SAS date MMDDYY10. format

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
FxTSRVDATIM Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (*FxSRVDATE*). Records with a missing survey date were imputed by replacing missing values with the midpoint survey date, which occurs in August each year. MMDDYY10. format
FxTDOELMT Follow Up Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Follow Up survey SAS date of accretion limit into plan MMDDYY10. format **Note**: This variable, in combination with date of accretion into plan (*FxTDOE*), was used to calculate enrollment duration (*FxENRDUR*)
FxBMI Calculated Body Mass Index at Follow Up	Num	8	BMI = [*FxWEIGHTLB* / (Height in inches from *FxHEIGHTFT* and *FxHEIGHTIN*)^2] x 703
FxBMICAT Categories of Body Mass Index at Follow Up	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)
FxENRDUR Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey
FxENRCAT Beneficiary's Enrollment Duration Category at Follow Up	Num	8	Beneficiary's enrollment duration category at the time of the follow up survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months
FxAGE Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. AGE = floor((intck('month', *FxTDOB*, *FxTSRVDATIM*)- (day(*FxTSRVDATIM*)< day(*FxTDOB*)))/12)
FxAGECAT Beneficiary's Age Group at Follow Up	Num	8	Beneficiary's age group at follow up 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxRACECAT Beneficiary's Race Category at Follow Up	Num	8	Beneficiary's race category at follow up, created by combining values of the *FxRACE* variable 1 = White 2 = Black 3 = Other
FxHISPANA Beneficiary's Hispanic Indicator at Follow Up	Num	8	Beneficiary's Hispanic indicator at follow up, derived from the Hispanic ethnicity questions. 1 = Yes 2 = No
FxMARCAT Marital Status at Follow Up Using Combined Groups	Num	3	Beneficiary's marital status category at follow up, created by combining values of the *FxMARITAL* variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married
FxEDCAT Educational Status at Follow Up Using Combined Groups	Num	3	Beneficiary's education level category at follow up, created by combining values of the *FxEDUC* variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more
FxDEP2SCRN Positive Depression Indicator at Follow Up	Num	3	Beneficiary's depression status at follow up based on two depression questions, *FxDEPNOPLS* and *FxDEPDOWN*, with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered. 0 = Negative 1 = Positive
FxCOMO Number of Chronic Medical Conditions at Follow Up	Num	3	Beneficiary's number of chronic conditions at follow up, obtained by counting the number of "yes" responses to 12 questions: *FxCCHBP, FxCCCAD, FxCCCHF, FxCCMI, FxCCHRTOTH, FxCCSTROKE, FxCCCOPD, FxCCGI, FxCCOSTEO, FxCCDIABET, FxCCDEP,* and *FxCCANYCA*

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
FxCOMOCT Number of Chronic Medical Conditions Category at Follow Up	Num	3	Beneficiary's number of chronic conditions category at follow up, created by combining values of the *FxCOMO* variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions
FxPCS Follow Up PCS Score	Num	8	Beneficiary's follow up PCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm
FxMCS Follow Up MCS Score	Num	8	Beneficiary's follow up MCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm
FxPFADL PFADL Scale, 0-16 Higher is Better	Num	8	Beneficiary's follow up Physical Functioning Activities of Daily Living (PFADL) Scale Score (Score Range: 0-16, higher is better)
PxCONTRACT Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report.
PxCONT_ID **Blinded Plan Contract Number at the Time of Performance Measurement Reporting**	**Char**	**5**	**Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**
PxHDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.
PxTHDOB Beneficiary's SAS Date of Birth	Num	8	Beneficiary's SAS date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format
PxHDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.
PxTHDOD Beneficiary's SAS Date of Death	Num	8	Beneficiary's SAS date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format
PxACTDTH Beneficiary's Death Within 2 Year Window Indicator	Num	3	Beneficiary's death within 2 year window indicator 0 = No 1 = Yes

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
PxGROUP Three-Level Baseline Status Indicator	Char	6	Three-level status indicator for all members of the baseline sample Group1 = baseline members in MAOs not existing at follow up and who were excluded from the follow up sampling Group2 = baseline members in MAOs still existing at follow up, but who were excluded from follow up sampling because they met one or more of the following criteria: they were non-responders to the baseline survey or they were deceased subsequent to the baseline survey Group3 = baseline members in MAOs still existing at follow up, who were enrolled in their original MAO when the follow up sample was drawn, and who were part of the follow up sample

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
PxSTATUS Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample 1 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 2 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 3 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 4 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 5 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 6 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 7 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 9 = Beneficiary had ineligible baseline survey disposition
PxANALYT Performance Measurement Analytic Sample Indicator	Num	3	Indicator for performance measurement analytic sample 0 = Not included in performance measurement analytic sample 1 = Included in performance measurement analytic sample

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
PxPMRIND Performance Measurement Sample Distribution Indicator	Num	3	Indicates status of the record in the performance measurement analytic sample 1 = Respondent 2 = Non-Respondent 3 = Ineligible 4 = Dead 5 = Voluntarily Disenrolled
PxPHOUT Plan Level Physical Health Performance Measurement Results Indicator	Num	3	Plan level physical health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"
PxMHOUT Plan Level Mental Health Performance Measurement Results Indicator	Num	3	Plan level mental health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"
BxMONRPT SAS Date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized at Baseline	Num	8	SAS date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format
BxPLTYPE Plan Type at Baseline	Char	39	Plan type as listed in the CMS Monthly Report at the time of the baseline survey administration
BxPLORGNM Plan Organization Name at Baseline - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the baseline survey administration
BxPLPTORG Plan Parent Organization at Baseline - source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the baseline survey administration
BxPLMEDP Plan Medicare Product Name at Baseline - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the baseline survey administration
BxPLPOP Number Enrolled in Plan at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
BxPOPCAT Number Enrolled in Plan Category at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more
BxPLANSTN Plan State at Baseline	Char	2	Two letter state abbreviation for the plan as listed in the Health Plan Management System (HPMS) Plan Contract List at the time of the baseline survey administration
BxPLREGN Plan's CMS Regional Office at Baseline	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the baseline survey administration
BxPLREGCDE Plan's CMS Regional Office Code at Baseline	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of the baseline survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle
BxPLTAXST Plan's tax status at Baseline	Char	25	Plan's tax status as listed in the HPMS Plan Contract List at the time of the baseline survey administration For Profit Not-for-Profit/Non-Profit Not Applicable

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	**Field Type**	**Field Length**	**Additional Information and Valid Values**
BxPLDUR Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, calculated from the contract start SAS date (*BxPLSTDT*) from the CMS Monthly Report at the time of the baseline survey administration
BxPLNDCT Duration of Plan Contract Categories at Baseline	Num	8	Duration of plan contract categories at the time of the baseline survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years
BxRPTST Reporting Plan State	Char	2	**This field was the State level unit of analysis for the *Baseline* Reports.** All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the *BxPLANSTN* field: FS = PFFS RS = RPPO
FxMONRPT SAS Date of CMS Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized at Follow Up	Num	8	SAS Date of CMS Monthly Enrollment by Contract Report of MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the follow up survey administration MMDDYY10. format
FxPLTYPE Plan Type at Follow Up	Char	39	Plan type as listed in the CMS Monthly Report at the time of the follow up survey administration
FxPLORGNM Plan Organization Name at Follow Up - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the follow up survey administration
FxPLPTORG Plan Parent Organization at Follow Up – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the follow up survey administration
FxPLMEDP Plan Medicare Product Name at Follow Up - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the follow up survey administration
FxPLPOP Number Enrolled in Plan at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxPOPCAT Number Enrolled in Plan Category at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more
FxPLSTDT Plan Contract Start SAS Date at Follow Up	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of the follow up survey administration MMDDYY10. format
FxPLANSTN Plan State at Follow Up	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of the follow up survey administration
FxPLREGN Plan's CMS Regional Office at Follow Up	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the follow up survey administration
FxPLTAXST Plan Tax Status at Follow Up	Char	25	Plan's Tax Status at the time of follow up survey administration For Profit Not-for-Profit/Non-Profit Not Applicable
FxPLREGCDE Plan's CMS Regional Office Code at Follow Up	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of the follow up survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
FxPLDUR Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, calculated from the plan start date (*FxPLSTDT*) from the CMS Monthly Report at the time of the follow up survey administration
FxPLNDCT Duration of Plan Contract Categories at Follow Up	Num	8	Duration of plan contract categories at the time of the follow up survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years
PxMONRPT SAS Date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized for Performance Measurement	Num	8	SAS date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of performance measurement reporting MMDDYY10. format
PxPLTYPE Plan Type at the Time of Performance Measurement Reporting	Char	39	Plan type as listed in the CMS Monthly Report at the time of performance measurement reporting
PxPLORGNM Plan Organization Name - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of performance measurement reporting
PxPLPTORG Plan Parent Organization – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of performance measurement reporting
PxPLMEDP Plan Medicare Product Name - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of performance measurement reporting
PxPLPOP Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
PxPOPCAT Number Enrolled in Plan Category at Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more
PxPLSTDT Plan Contract Start SAS Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of performance measurement reporting MMDDYY10. format
PxPLANSTN Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of performance measurement reporting.
PxPLREGN Plan's CMS Regional Office at the Time of Performance Measurement Reporting	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of performance measurement reporting
PxPLTAXST Plan Tax Status at the Time of Performance Measurement Reporting	Char	25	Plan's Tax Status at the time of performance measurement reporting For Profit Not-for-Profit/Non-Profit Not Applicable

Field Name / Description *Bx* = Baseline *Fx* = Follow Up *Px* = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
PxPLREGCDE Plan's CMS Regional Office Code at the Time of Performance Measurement Reporting	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of performance measurement reporting 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle
PxPLDUR Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, calculated from the plan start date (*PxPLSTDT*) from the CMS Monthly Report at the time of performance measurement reporting
PxPLNDCT Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years
PxRPTST Reporting Plan State at the Time of Performance Measurement Reporting	Char	2	**This field was the state level unit of analysis for the Performance Measurement Reports**. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the *PxPLANSTN* field. FS = PFFS RS = RPPO
BxGEOCAT Geographic Designation Based on County where Member Resides at Baseline	Num	8	HOS Geographic County Designation 1 = Metropolitan 2 = Micropolitan 3 = Rural

Field Name / Description ***Bx* = Baseline** ***Fx* = Follow Up** ***Px* = Performance Measurement**	Field Type	Field Length	Additional Information and Valid Values
FxGEOCAT Geographic Designation Based on County where Member Resides at Follow Up	Num	8	HOS Geographic County Designation 1 = Metropolitan 2 = Micropolitan 3 = Rural