

If you experience problems accessing any portion of our files, please contact CMS at HOS@cms.hhs.gov.

Medicare Health Outcomes Survey Limited Data Sets

File Specifications for Cohort 26 (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, phone number, and street address) are not included in the LDS files. The files are SAS¹ 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

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

submission to CMS. For more information about obtaining the RIFs, please visit the [ResDAC HOS](#) web page. ResDAC may also be 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 2023-2025 Cohort 26 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 memory problems, pain, and living arrangements; and revised questions on race, Hispanic ethnicity, primary language, 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. The following chronic condition questions were removed in 2022, reducing the number of chronic conditions being assessed from 15 to 12: arthritis of the hip or knee, arthritis of the hand or wrist, and sciatica. In 2025, questions about instrumental activities of daily living (IADLs), Healthy Days, the numeric pain rating, and self-reported sex were removed.

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 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 (26).

LDS File Specifications Table Description

The File Specifications Table in this document describes the file layout by field position for the Cohort 26 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 26 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.

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

Summary of LDS Files

	2023 Cohort 26 Baseline	2025 Cohort 26 Follow Up
HOS Version	3.0	3.0
No. of Survey Questions	62	56

Summary of Blinded LDS File Numbers

	Cohort 26
No. of Observations	1,077,956
No. of Fields	362

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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxPATID</i> Anonymous Beneficiary ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample
<i>BxPLAN</i> Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling
<i>BxRECID</i> Record Identifier at Baseline	Char	1	Baseline record identifier
<i>BxRPTYR</i> Baseline Reporting Year	Num	3	Reporting year for the baseline survey
<i>BxCONTRACT</i> Plan Contract Number at Baseline	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling
<i>BxCONT_ID</i> 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.
<i>BxPLAN_NAME</i> Plan Name at Baseline	Char	70	Plan name at the time of baseline sampling
<i>BxVENDOR</i> Survey Vendor at Baseline	Num	8	Baseline Survey Vendor 1413 = CSS 1415 = DataStat, Inc. 1463 = Press Ganey
<i>BxNCQAORGID</i> NCQA Healthcare Organization ID at Baseline	Num	8	Organization ID supplied by NCQA at the time of baseline sampling
<i>BxNCQASUBID</i> NCQA Submission ID at Baseline	Num	8	Submission ID supplied by NCQA at the time of baseline sampling
<i>BxPLANID</i> Plan Identification Number at Baseline	Char	5	Plan identification number at the time of baseline sampling

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxPBPID</i> Plan Benefit Package Number at Baseline	Char	3	Plan Benefit Package (PBP) ID at the time of baseline sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website
<i>BxSNPTYPE</i> Type of Special Needs Plan at Baseline	Num	3	<i>BxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional
<i>BxFIDEIND</i> 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
<i>BxFIDESST</i> 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
<i>BxHOSQRS</i> 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
<i>BxCITY</i> Beneficiary's City at Baseline	Char	22	Beneficiary's city from the baseline member level record
<i>BxSTATE</i> Beneficiary's State at Baseline	Char	22	Beneficiary's state from the baseline member level record
<i>BxZIP</i> Beneficiary's Zip Code at Baseline	Char	22	Beneficiary's zip code from the baseline member level record
<i>BxSTATEABV</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxSTNAME</i> Beneficiary's SSA State Name at Baseline	Char	20	Beneficiary's state name based on the baseline SSA state code
<i>BxSTATECDE</i> Beneficiary's SSA State Code at Baseline	Char	2	Beneficiary's SSA state code from the baseline member level record
<i>BxCTNAME</i> Beneficiary's SSA County Name at Baseline	Char	21	Beneficiary's county name based on the baseline SSA county code
<i>BxCNTYCDE</i> Beneficiary's SSA County Code at Baseline	Char	3	Beneficiary's SSA county code from the baseline member level record
<i>BxRACE</i> 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
<i>BxSEX</i> 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
<i>BxDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS databases.
<i>BxDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS databases. This field is blank for all records.
<i>BxDOE</i> Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.
<i>BxDOT</i> 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.

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxESRD</i> 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
<i>BxINSTUT</i> 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
<i>BxHOSPICE</i> 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
<i>BxMEDICAID</i> 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
<i>BxDUAL</i> 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)
<i>BxENTITLE</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxPROTID</i> 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
<i>BxSRVIND</i> 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
<i>BxVRGENHTH</i> Baseline Survey: General Health, Q1	Num	3	Beneficiary's response from the baseline survey: <i>In general, would you say your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
<i>BxVRMACT</i> Baseline Survey: Moderate Activities, Q2a	Num	3	Beneficiary's response from the baseline survey: <i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i> 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
<i>BxVRSTAIR</i> Baseline Survey: Climbing Several Flights of Stairs, Q2b	Num	3	Beneficiary's response from the baseline survey: <i>Does your health now limit you in these activities? If so, how much?</i> <u>Climbing several flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxVRPACCL</i> Baseline Survey: Physical Health Limiting Amount Accomplished, Q3a	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Accomplished less 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
<i>BxVRPWORK</i> Baseline Survey: Physical Health Limiting the Kind of Activities, Q3b	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <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
<i>BxVRMACCL</i> Baseline Survey: Emotional Problems Limiting Amount Accomplished, Q4a	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your emotional problems (such as feeling depressed or anxious)?</i> <u>Accomplished less 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxVRMWORK</i> Baseline Survey: Emotional Problems Limiting Carefulness, Q4b	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Didn't do work or other activities as carefully as usual</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
<i>BxVRPAIN</i> Baseline Survey: Pain Interfering with Work, Q5	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i> 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
<i>BxVRCALM</i> Baseline Survey: Calm and Peaceful, Q6a	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt calm and peaceful?</u> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxVRENERGY</i> Baseline Survey: Lots of Energy, Q6b	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Did you have a lot of energy?</u> 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
<i>BxVRDOWN</i> Baseline Survey: Downhearted and Blue, Q6c	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt downhearted and blue?</u> 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
<i>BxVRSACT</i> Baseline Survey: Amount of Time Health Interfering with Social Activities, Q7	Num	3	Beneficiary's response from the baseline survey: <i>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.)?</i> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxVRPHCMP</i> Baseline Survey: Physical Health Compared to One Year Ago, Q8	Num	3	Beneficiary's response from the baseline survey: <i>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?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse
<i>BxVRMHCMF</i> Baseline Survey: Emotional Health Compared to One Year Ago, Q9	Num	3	Beneficiary's response from the baseline survey: <i>Compared to <u>one year ago</u>, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse
<i>BxADLBTH</i> Baseline Survey: Bathing, Q10a	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>BxADLDRS</i> Baseline Survey: Dressing, Q10b	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxADLEAT</i> Baseline Survey: Eating, Q10c	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>BxADLCHR</i> Baseline Survey: Getting In/Out of Chairs, Q10d	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Getting in or out of chairs</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>BxADLWLK</i> Baseline Survey: Walking, Q10e	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>BxADLTLT</i> Baseline Survey: Using the Toilet, Q10f	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Using the toilet</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxDIFMEALS</i> Baseline Survey: Difficulty Preparing Meals, Q11a	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Preparing meals</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
<i>BxDIFMONEY</i> Baseline Survey: Difficulty Managing Money, Q11b	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Managing money</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
<i>BxDIFMEDS</i> Baseline Survey: Difficulty Taking Medication as Prescribed, Q11c	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Taking medication as prescribed</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity
<i>BxHDPHY</i> 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. <i>Now, thinking about your physical health, which includes physical illness and injury, for how many days during <u>the past 30 days</u> was your physical health not good?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxHDMEN</i> Baseline Survey: Number of Days Mental Health Not Good, Q13	Num	3	Beneficiary's response from the baseline survey: <i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>
<i>BxHDACT</i> Baseline Survey: Number of Days Poor Health Interfered with Daily Activity, Q14	Num	3	Beneficiary's response from the baseline survey: <i>During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>
<i>BxDIFSEE</i> Baseline Survey: Blind or Serious Difficulty Seeing, Q15	Num	3	Beneficiary's response from the baseline survey: <i>Are you blind or do you have serious difficulty seeing, even when wearing glasses? 1 = Yes 2 = No</i>
<i>BxDIFHEAR</i> Baseline Survey: Deaf or Serious Difficulty Hearing, Q16	Num	3	Beneficiary's response from the baseline survey: <i>Are you deaf or do you have serious difficulty hearing, even with a hearing aid? 1 = Yes 2 = No</i>
<i>BxDIFREMEM</i> Baseline Survey: Difficulty Concentrating, Remembering, or Making Decisions, Q17	Num	3	Beneficiary's response from the baseline survey: <i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions? 1 = Yes 2 = No</i>
<i>BxDIFERRND</i> Baseline Survey: Difficulty Doing Errands, Q18	Num	3	Beneficiary's response from the baseline survey: <i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? 1 = Yes 2 = No</i>

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxDIFMPROB</i> Baseline Survey: Memory Problems Interfered with Activities, Q19	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past month</u>, how often did memory problems interfere with your daily activities?</i> 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
<i>BxCCHBP</i> Baseline Survey: Hypertension, Q20	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No
<i>BxCC_CAD</i> Baseline Survey: Angina/Coronary Artery Disease, Q21	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No
<i>BxCC_CHF</i> Baseline Survey: Congestive Heart Failure, Q22	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No
<i>BxCCMI</i> Baseline Survey: Myocardial Infarction, Q23	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No
<i>BxCCHRTOTH</i> Baseline Survey: Other Heart Conditions, Q24	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxCCSTROKE</i> Baseline Survey: Stroke, Q25	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>A stroke</u> 1 = Yes 2 = No
<i>BxCC_COPD</i> Baseline Survey: COPD, Q26	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u> 1 = Yes 2 = No
<i>BxCCGI</i> Baseline Survey: Inflammatory Bowel Disease, Q27	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u> 1 = Yes 2 = No
<i>BxCCOSTEO</i> Baseline Survey: Osteoporosis, Q28	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Osteoporosis, sometimes called thin or brittle bones</u> 1 = Yes 2 = No
<i>BxCCDIABET</i> Baseline Survey: Diabetes, Q29	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Diabetes, high blood sugar, or sugar in the urine</u> 1 = Yes 2 = No
<i>BxCCDEP</i> Baseline Survey: Depression, Q30	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Depression</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxCCANYCA</i> Baseline Survey: Any Cancer, Q31	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Any cancer (other than skin cancer)</u> 1 = Yes 2 = No
<i>BxCACOLON</i> Baseline Survey: Colorectal Cancer Treatment, Q32a	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No
<i>BxCALUNG</i> Baseline Survey: Lung Cancer Treatment, Q32b	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No
<i>BxCABRST</i> Baseline Survey: Breast Cancer Treatment, Q32c	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No
<i>BxCAPROS</i> Baseline Survey: Prostate Cancer Treatment, Q32d	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxCAOTHER</i> Baseline Survey: Treatment for Other Cancer, Q32e	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Other cancer (other than skin cancer)</u> 1 = Yes 2 = No
<i>BxPAINDACT</i> Baseline Survey: Pain Interfered With Activities, Q33	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how much did pain interfere with your day to day activities?</i> 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
<i>BxPAINSACT</i> Baseline Survey: Pain Kept You from Socializing With Others, Q34	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how often did pain keep you from socializing with others?</i> 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always
<i>BxPAINRATE</i> Baseline Survey: Average Pain Rating, Q35	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how would you rate your pain <u>on average</u>?</i> 0 = No pain 1 2 3 4 5 6 7 8 9 10 = Worst imaginable pain

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxDEPNOPLS</i> Baseline Survey: Little Interest or Pleasure In Doing Things, Q36a	Num	3	Beneficiary's response from the baseline survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Little interest or pleasure in doing things</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
<i>BxDEPDOWN</i> Baseline Survey: Feeling Down, Depressed, or Hopeless, Q36b	Num	3	Beneficiary's response from the baseline survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
<i>BxCMPHTH</i> Baseline Survey: Comparative Health, Q37	Num	3	Beneficiary's response from the baseline survey: <i>In general, compared to other people your age, would you say that your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
<i>BxMUILKG</i> Baseline Survey: Urine Leakage, Q38	Num	3	Beneficiary's response from the baseline survey: <i>Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</i> 1 = Yes (Go to BxMUIDACT below) 2 = No (Go to BxPAOTLK below)

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxMUIDACT</i> Baseline Survey: Urine Leakage Changed Daily Activities, Q39	Num	3	Beneficiary's response from the baseline survey: <i>During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</i> 1 = A lot 2 = Somewhat 3 = Not at all
<i>BxMUITLK</i> Baseline Survey: Talked with Doctor about Urine Leakage, Q40	Num	3	Beneficiary's response from the baseline survey: <i>Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</i> 1 = Yes 2 = No
<i>BxMUITRT</i> Baseline Survey: Talked About Treatment for Urine Leakage, Q41	Num	3	Beneficiary's response from the baseline survey: <i>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?</i> 1 = Yes 2 = No
<i>BxPAOTLK</i> Baseline Survey: Talked with Doctor About Physical Activities, Q42	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i> 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)
<i>BxPAOADV</i> Baseline Survey: Advised to Increase or Maintain Activities, Q43	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxFRMTLK</i> Baseline Survey: Talked with Doctor about Falling or Balance Problem, Q44	Num	3	Beneficiary's response from the baseline survey: <i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i> 1 = Yes 2 = No 3 = I had no visits in the past 12 months
<i>BxFRMFALL</i> Baseline Survey: Fell in Past 12 Months, Q45	Num	3	Beneficiary's response from the baseline survey: <i>Did you fall in the past 12 months?</i> 1 = Yes 2 = No
<i>BxFRMBAL</i> Baseline Survey: Problem with Walking or Balance in Past 12 Months, Q46	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, have you had a problem with balance or walking?</i> 1 = Yes 2 = No
<i>BxFRMPREV</i> Baseline Survey: Talked with Doctor about How to Prevent Falls, Q47	Num	3	Beneficiary's response from the baseline survey: <i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i> • 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
<i>BxSLEEPHRS</i> Baseline Survey: Average Hours of Sleep per Night in Past Month, Q48	Num	3	Beneficiary's response from the baseline survey: <i>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.)</i> 1 = Less than 5 hours 2 = 5 – 6 hours 3 = 7 – 8 hours 4 = 9 or more hours

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxSLEEPQUA</i> Baseline Survey: Overall Sleep Quality Rating in Past Month, Q49	Num	3	Beneficiary's response from the baseline survey: <i>During the past month, how would you rate your overall sleep quality?</i> 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad
<i>BxWEIGHTLB</i> Baseline Survey: How Much Do You Weigh in Pounds, Q50	Num	8	Beneficiary's response from the baseline survey: <i>How much do you weigh in pounds (lbs.)?</i>
<i>BxHEIGHTFT</i> Baseline Survey: How Tall are You Without Shoes on in Feet, Q51a	Num	8	Beneficiary's response from the baseline survey: <i>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).</i> Note: This field contains only the feet (ft.) portion of the response.
<i>BxHEIGHTIN</i> Baseline Survey: How Tall are You Without Shoes on in Inches, Q51b	Num	8	Beneficiary's response from the baseline survey: <i>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).</i> Note: This field contains only the inches (in.) portion of the response.
<i>BxSRVSEX</i> Baseline Survey: Survey Reported Sex, Q52	Num	3	Beneficiary's response from the baseline survey: <i>Are you male or female?</i> 1 = Male 2 = Female
<i>BxHPNOHISP</i> Baseline Survey: No, not Hispanic, Latino/a or Spanish Origin, Q53a	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>a. No, not of Hispanic, Latino/a or Spanish origin</i></u> 0 = No, not Hispanic not checked 1 = No, not Hispanic checked

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxHPMEX</i> Baseline Survey: Yes, Mexican, Mexican American, Chicano/a, Q53b	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>b. Yes, Mexican, Mexican American, Chicano/a</i></u> 0 = Respondent did not check Mexican 1 = Respondent checked Mexican
<i>BxHPPR</i> Baseline Survey: Yes, Puerto Rican, Q53c	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>c. Yes, Puerto Rican</i></u> 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican
<i>BxHPCUBA</i> Baseline Survey: Yes, Cuban, Q53d	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>d. Yes, Cuban</i></u> 0 = Respondent did not check Cuban 1 = Respondent checked Cuban
<i>BxHPOTHER</i> Baseline Survey: Yes, Another Hispanic, Latino/a or Spanish Origin, Q53e	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>e. Yes, Another Hispanic, Latino/a or Spanish origin</i></u> 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic
<i>BxRCWHITE</i> Baseline Survey: White, Q54a	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>a. White</i></u> 0 = Respondent did not check White 1 = Respondent checked White
<i>BxRCAFRAM</i> Baseline Survey: Black or African American, Q54b	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>b. Black or African American</i></u> 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxRCNATAM</i> Baseline Survey: American Indian or Alaska Native, Q54c	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>c. American Indian or Alaska Native</u> 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native
<i>BxRCINDIA</i> Baseline Survey: Asian Indian, Q54d	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>d. Asian Indian</u> 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian
<i>BxRCCHINA</i> Baseline Survey: Chinese, Q54e	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>e. Chinese</u> 0 = Respondent did not check Chinese 1 = Respondent checked Chinese
<i>BxRCFILIP</i> Baseline Survey: Filipino, Q54f	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>f. Filipino</u> 0 = Respondent did not check Filipino 1 = Respondent checked Filipino
<i>BxRCJAPAN</i> Baseline Survey: Japanese, Q54g	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>g. Japanese</u> 0 = Respondent did not check Japanese 1 = Respondent checked Japanese
<i>BxRCKOREA</i> Baseline Survey: Korean, Q54h	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>h. Korean</u> 0 = Respondent did not check Korean 1 = Respondent checked Korean

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxRCVIET</i> Baseline Survey: Vietnamese, Q54i	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>i. Vietnamese</u> 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese
<i>BxRCOTHASN</i> Baseline Survey: Other Asian, Q54j	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>j. Other Asian</u> 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian
<i>BxRCHAWAII</i> Baseline Survey: Native Hawaiian, Q54k	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>k. Native Hawaiian</u> 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian
<i>BxRCGUAM</i> Baseline Survey: Guamanian or Chamorro, Q54l	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>l. Guamanian or Chamorro</u> 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro
<i>BxRCSAMOA</i> Baseline Survey: Samoan, Q54m	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>m. Samoan</u> 0 = Respondent did not check Samoan 1 = Respondent checked Samoan
<i>BxRCOTHPAC</i> Baseline Survey: Other Pacific Islander, Q54n	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>n. Other Pacific Islander</u> 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxSPEAKLNG</i> Language Mainly Spoken at Home, Q55a	Num	3	Beneficiary's response from the baseline survey: <i>What language do you <u>mainly</u> speak at home?</i> 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)
<i>BxSPEAKOTH</i> Specify Other Language Spoken at Home, Q55b	Char	20	Beneficiary's response from the baseline survey: <i>What language do you <u>mainly</u> speak at home?</i> Some other language (please specify) _____
<i>BxMARITAL</i> Baseline Survey: Marital Status, Q56	Num	3	Beneficiary's response from the baseline survey: <i>What is your current marital status?</i> 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married
<i>BxEDUC</i> Baseline Survey: Education, Q57	Num	3	Beneficiary's response from the baseline survey: <i>What is the highest grade or level of school that you have completed?</i> 1 = 8 th 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
<i>BxLVALONE</i> Baseline Survey: Living Alone, Q58a	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>a. Alone</u> 0 = Respondent did not check live alone 1 = Respondent checked live alone

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxLVSPOUSE</i> Baseline Survey: Living With Spouse/Significant Other, Q58b	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>b. With spouse/significant other</i></u> 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other
<i>BxLVCHILD</i> Baseline Survey: Living With Children/Other Relatives, Q58c	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>c. With children/other relatives</i></u> 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives
<i>BxLVNONREL</i> Baseline Survey: Living With Non-Relatives, Q58d	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>d. With non-relatives</i></u> 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives
<i>BxLVCAREGV</i> Baseline Survey: Living With Paid Caregiver, Q58e	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>e. With paid caregiver</i></u> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver
<i>BxWHERELV</i> Baseline Survey: Where Do You Live, Q59	Num	3	Beneficiary's response from the baseline survey: <i>Where do you live?</i> 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 <i>BxHMOWN</i> below; If answered 3 or 4, Go to <i>BxCMPWHO</i> below)

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxHMO</i> WN Baseline Survey: Housing, Q60	Num	3	Beneficiary's response from the baseline survey: <i>Is the house or apartment you currently live in:</i> 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
<i>BxCMP</i> WHO Baseline Survey: Who Completed this Survey, Q61	Num	3	Beneficiary's response from the baseline survey: <i>Who completed this survey form?</i> 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
<i>BxSRV</i> DISP 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 (<i>Russian only</i>) 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxSRVMODE</i> Round in which Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MT = Partially completed by mail and converted to complete by telephone NC = Not completed TN = Inbound telephone
<i>BxSRVLANG</i> 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 26 Baseline, the survey code reflects the Russian language option.
<i>BxSRVDATE</i> Date Baseline Survey Completed	Char	8	Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)
<i>BxVUCATI</i> Vendor's Baseline Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at baseline
<i>BxMCONUM</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxEXCLUDE</i> 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 <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>
<i>BxDISP</i> Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline
<i>BxINVSrv</i> 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)
<i>BxADLCOUNT</i> 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
<i>BxPCTCMP</i> Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed
<i>BxCMPSRV</i> 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
<i>BxCMPFLG</i> 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
<i>BxTDOB</i> 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
<i>BxTSRVDAT</i> Date Baseline Survey Completed (SAS Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. Format

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxTDOE</i> Beneficiary's Baseline Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's baseline accretion into plan SAS date MMDDYY10. Format
<i>BxTSRVDATIM</i> Date Baseline Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Baseline survey SAS date created from the original date (<i>BxTSRVDAT</i>). 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 (<i>BxTDOB</i>), was used to calculate age (<i>BxAGE</i>).
<i>BxTDOELMT</i> 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 (<i>BxTDOE</i>), was used to calculate enrollment duration (<i>BxENRDUR</i>)
<i>BxBMI</i> Calculated Body Mass Index at Baseline	Num	8	$BMI = [BxWEIGHTLB / (Height\ in\ inches\ from\ BxHEIGHTFT\ and\ BxHEIGHTIN)^2] \times 703$
<i>BxBMICAT</i> 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)
<i>BxENRDUR</i> Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey
<i>BxENRCAT</i> 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
<i>BxAGE</i> Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. $AGE = \text{floor}((\text{intck}('month', BxTDOB, BxTSRVDATIM) - (\text{day}(BxTSRVDATIM) < \text{day}(BxTDOB)))) / 12)$

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxAGECAT</i> 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
<i>BxRACECAT</i> Beneficiary's Race Category at Baseline	Num	8	Beneficiary's race category at baseline, created by combining values of the <i>BxRACE</i> variable 1 = White 2 = Black 3 = Other
<i>BxHISPANA</i> Beneficiary's Hispanic Indicator at Baseline	Num	8	Beneficiary's Hispanic indicator at baseline, derived from the Hispanic ethnicity questions 1 = Yes 2 = No
<i>BxMARCAT</i> Marital Status at Baseline Using Combined Groups	Num	3	Beneficiary's marital status category at baseline, created by combining values of the <i>BxMARITAL</i> variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married
<i>BxEDCAT</i> Educational Status at Baseline Using Combined Groups	Num	3	Beneficiary's education level category at baseline, created by combining values of the <i>BxEDUC</i> variable 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxDEP2SCRN</i> Positive Depression Indicator at Baseline	Num	3	Beneficiary's depression status at follow up based on two depression questions, <i>BxDEPNOPLS</i> and <i>BxDEPDOWN</i> , 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
<i>BxCOMO</i> 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 <i>BxCCHBP</i> , <i>BxCCCAD</i> , <i>BxCCCHF</i> , <i>BxCCMI</i> , <i>BxCCHRTOTH</i> , <i>BxCCSTROKE</i> , <i>BxCCCOPD</i> , <i>BxCCGI</i> , , , <i>BxCCOSTEO</i> , , <i>BxCCDIABET</i> , <i>BxCCDEP</i> , and <i>BxCCANYCA</i> .
<i>BxCOMOCT</i> Number of Chronic Medical Conditions Category at Baseline	Num	3	Beneficiary's number of chronic conditions category at baseline, created by combining values of the <i>BxCOMO</i> variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions
<i>BxPCS</i> Baseline Physical Component Summary (PCS) Score	Num	8	Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm
<i>BxMCS</i> Baseline Mental Component Summary (MCS) Score	Num	8	Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm
<i>BxPFADL</i> 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)
<i>FxPATID</i> Anonymous Beneficiary ID at Follow up	Num	8	Unique number assigned to each beneficiary in the follow up sample
<i>FxPLAN</i> Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxRECID</i> Record Identifier at Follow Up	Char	1	Follow up record identifier
<i>FxRPTyr</i> Follow Up Reporting Year	Num	3	Reporting year for the follow up survey
<i>FxCONTRACT</i> Plan Contract Number at Follow Up	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling.
<i>FxCONT_ID</i> 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.
<i>FxPLAN_NAME</i> Plan name at Follow Up	Char	70	Plan name at the time of follow up sampling
<i>FxVENDOR</i> Survey Vendor at Follow Up	Num	8	Follow up survey vendor: 1413 = CSS 1415 = DataStat, Inc. 1463 = Press Ganey 630396 = Qualtrics
<i>FxNCQAORGID</i> NCQA Healthcare Organization ID at Follow Up	Num	8	Organization ID supplied by NCQA at the time of follow up sampling
<i>FxNCQASUBID</i> NCQA Submission ID at Follow Up	Num	8	Submission ID supplied by NCQA at the time of follow up sampling
<i>FxPLANID</i> Plan Identification Number at Follow Up	Char	5	Plan identification number at the time of follow up sampling
<i>FxPBPID</i> Plan Benefit Package Number at Follow Up	Char	3	Plan Benefit Package (PBP) ID at the time of follow up sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website
<i>FxSNPTYPE</i> Type of Special Needs Plan at Follow Up	Num	3	<i>FxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxFIDEIND</i> 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
<i>FxFIDESST</i> 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
<i>FxHOSQRS</i> 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
<i>FxCITY</i> Beneficiary's City at Follow Up	Char	22	Beneficiary's city from the follow up member level record
<i>FxSTATE</i> Beneficiary's State at Follow Up	Char	22	Beneficiary's state from the follow up member level record
<i>FxZIP</i> Beneficiary's Zip Code at Follow Up	Char	22	Beneficiary's zip code from the follow up member level record
<i>FxSTATEABV</i> Beneficiary's SSA State Two Letter Abbreviation at Follow Up	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code
<i>FxSTNAME</i> Beneficiary's SSA State Name at Follow Up	Char	20	Beneficiary's state name based on the follow up SSA state code
<i>FxSTATECDE</i> Beneficiary's SSA State Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record
<i>FxCTNAME</i> Beneficiary's SSA County Name at Follow Up	Char	21	Beneficiary's county name based on the follow up SSA county code
<i>FxCNTYCDE</i> Beneficiary's SSA County Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxRACE</i> 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
<i>FxSEX</i> 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
<i>FxDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.
<i>FxDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.
<i>FxDOE</i> Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record
<i>FxDOT</i> Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record. This field is blank for all records.
<i>FxESRD</i> 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
<i>FxINSTUT</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxHOSPICE</i> 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
<i>FxMEDICAID</i> 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
<i>FxDUAL</i> 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)
<i>FxENTITLE</i> 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
<i>FxPROTID</i> 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
<i>FxSRVIND</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxVRGENHTH</i> Follow Up Survey: General Health, Q1	Num	3	Beneficiary's response from the follow up survey: <i>In general, would you say your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
<i>FxVRMACT</i> Follow Up Survey: Moderate Activities, Q2a	Num	3	Beneficiary's response from the follow up survey: <i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i> <u>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
<i>FxVRSTAIR</i> Follow Up Survey: Climbing Several Flights of Stairs, Q2b	Num	3	Beneficiary's response from the follow up survey: <i>Does your health now limit you in these activities? If so, how much?</i> <u>Climbing several flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
<i>FxVRPACCL</i> Follow Up Survey: Physical Health Limiting Amount Accomplished, Q3a	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Accomplished less 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxVRPWORK</i> Follow Up Survey: Physical Health Limiting the Kind of Activities, Q3b	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <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
<i>FxVRMACCL</i> Follow Up Survey: Emotional Problems Limiting Amount Accomplished, Q4a	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Accomplished less 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
<i>FxVRMWORK</i> Follow Up Survey: Emotional Problems Limiting Carefulness, Q4b	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Didn't do work or other activities as carefully as usual</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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxVRPAIN</i> Follow Up Survey: Pain Interfering with Work, Q5	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i> 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
<i>FxVRCALM</i> Follow Up Survey: Calm and Peaceful, Q6a	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt calm and peaceful?</u> 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
<i>FxVRENERGY</i> Follow Up Survey: Lots of Energy, Q6b	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Did you have a lot of energy?</u> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxVRDOWN</i> Follow Up Survey: Downhearted and Blue, Q6c	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt downhearted and blue?</u> 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
<i>FxVRSACT</i> Follow Up Survey: Amount of Time Health Interfering with Social Activities, Q7	Num	3	Beneficiary's response from the follow up survey: <i>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.)?</i> 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
<i>FxVRPHCMP</i> Follow Up Survey: Physical Health Compared to One Year Ago, Q8	Num	3	Beneficiary's response from the follow up survey: <i>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?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxVRMHCM</i> Follow Up Survey: Emotional Health Compared to One Year Ago, Q9	Num	3	Beneficiary's response from the follow up survey: <i>Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse
<i>FxADLBTH</i> Follow Up Survey: Bathing, Q10a	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>FxADLDRS</i> Follow Up Survey: Dressing, Q10b	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>FxADLEAT</i> Follow Up Survey: Eating, Q10c	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxADLCHR</i> Follow Up Survey: Getting In/Out of Chairs, Q10d	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Getting in or out of chairs</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>FxADLWLK</i> Follow Up Survey: Walking, Q10e	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>FxADLTLT</i> Follow Up Survey: Using the Toilet, Q10f	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Using the toilet</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity
<i>FxDIFSEE</i> Follow Up Survey: Blind or Serious Difficulty Seeing, Q11	Num	3	Beneficiary's response from the follow up survey: <i>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</i> 1 = Yes 2 = No
<i>FxDIFHEAR</i> Follow Up Survey: Deaf or Serious Difficulty Hearing, Q12	Num	3	Beneficiary's response from the follow up survey: <i>Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</i> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxDIFREMEM</i> Follow Up Survey: Difficulty Concentrating, Remembering, or Making Decisions, Q13	Num	3	Beneficiary's response from the follow up survey: <i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?</i> 1 = Yes 2 = No
<i>FxDIFERRND</i> Follow Up Survey: Difficulty Doing Errands, Q14	Num	3	Beneficiary's response from the follow up survey: <i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</i> 1 = Yes 2 = No
<i>FxDIFMPROB</i> Follow Up Survey: Memory Problems Interfered with Activities, Q15	Num	3	Beneficiary's response from the follow up survey: <i>In the <u>past month</u>, how often did memory problems interfere with your daily activities?</i> 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
<i>FxCCHBP</i> Follow Up Survey: Hypertension, Q16	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No
<i>FxCC_CAD</i> Follow Up Survey: Angina/Coronary Artery Disease, Q17	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No
<i>FxCC_CHF</i> Follow Up Survey: Congestive Heart Failure, Q18	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxCCMI</i> Follow Up Survey: Myocardial Infarction, Q19	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No
<i>FxCCHRTOTH</i> Follow Up Survey: Other Heart Conditions, Q20	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No
<i>FxCCSTROKE</i> Follow Up Survey: Stroke, Q21	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>A stroke</u> 1 = Yes 2 = No
<i>FxCC_COPD</i> Follow Up Survey: COPD, Q22	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u> 1 = Yes 2 = No
<i>FxCCGI</i> Follow Up Survey: Inflammatory Bowel Disease, Q23	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u> 1 = Yes 2 = No
<i>FxCCOSTEO</i> Follow Up Survey: Osteoporosis, Q24	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Osteoporosis, sometimes called thin or brittle bones</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxCCDIABET</i> Follow Up Survey: Diabetes, Q25	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Diabetes, high blood sugar, or sugar in the urine</u> 1 = Yes 2 = No
<i>FxCCDEP</i> Follow Up Survey: Depression, Q26	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Depression</u> 1 = Yes 2 = No
<i>FxCCANYCA</i> Follow Up Survey: Any Cancer, Q27	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Any cancer (other than skin cancer)</u> 1 = Yes 2 = No
<i>FxCACOLON</i> Follow Up Survey: Colorectal Cancer Treatment, Q28a	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u></i> <i>under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No
<i>FxCALUNG</i> Follow Up Survey: Lung Cancer Treatment, Q28b	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u></i> <i>under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No
<i>FxCABRST</i> Follow Up Survey: Breast Cancer Treatment, Q28c	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u></i> <i>under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxCAPROS</i> Follow Up Survey: Prostate Cancer Treatment, Q28d	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No
<i>FxCAOTHER</i> Follow Up Survey: Treatment for Other Cancer, Q28e	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Other cancer (other than skin cancer)</u> 1 = Yes 2 = No
<i>FxPAINDACT</i> Follow Up Survey: Pain Interfered With Activities, Q29	Num	3	Beneficiary's response from the follow up survey: <i>In the <u>past 7 days</u>, how much did pain interfere with your day to day activities?</i> 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
<i>FxPAINSACT</i> Follow Up Survey: Pain Kept You from Socializing With Others, Q30	Num	3	Beneficiary's response from the follow up survey: <i>In the <u>past 7 days</u>, how often did pain keep you from socializing with others?</i> 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxDEPNOPLS</i> Follow Up Survey: Little Interest or Pleasure In Doing Things, Q31a	Num	3	Beneficiary's response from the follow up survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Little interest or pleasure in doing things</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
<i>FxDEPDOWN</i> Follow Up Survey: Feeling Down, Depressed, or Hopeless, Q31b	Num	3	Beneficiary's response from the follow up survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day
<i>FxCMPHTH</i> Follow Up Survey: Comparative Health, Q32	Num	3	Beneficiary's response from the follow up survey: <i>In general, compared to other people your age, would you say that your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
<i>FxMUILKG</i> Follow Up Survey: Urine Leakage, Q33	Num	3	Beneficiary's response from the follow up survey: <i>Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</i> 1 = Yes (Go to FxMUIDACT below) 2 = No (Go to FxPAOTLK below)

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxMUIDACT</i> Follow Up Survey: Urine Leakage Changed Daily Activities, Q34	Num	3	Beneficiary's response from the follow up survey: <i>During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</i> 1 = A lot 2 = Somewhat 3 = Not at all
<i>FxMUITLK</i> Follow Up Survey: Talked with Doctor about Urine Leakage, Q35	Num	3	Beneficiary's response from the follow up survey: <i>Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</i> 1 = Yes 2 = No
<i>FxMUITRT</i> Follow Up Survey: Talked About Treatment for Urine Leakage, Q36	Num	3	Beneficiary's response from the follow up survey: <i>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?</i> 1 = Yes 2 = No
<i>FxPAOTLK</i> Follow Up Survey: Talked with Doctor About Physical Activities, Q37	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i> 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)
<i>FxPAOADV</i> Follow Up Survey: Advised to Increase or Maintain Activities, Q38	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i> 1 = Yes 2 = No

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxFRMTLK</i> Follow Up Survey: Talked with Doctor about Falling or Balance Problem, Q39	Num	3	Beneficiary's response from the follow up survey: <i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i> 1 = Yes 2 = No 3 = I had no visits in the past 12 months
<i>FxFRMFALL</i> Follow Up Survey: Fell in Past 12 Months, Q40	Num	3	Beneficiary's response from the follow up survey: <i>Did you fall in the past 12 months?</i> 1 = Yes 2 = No
<i>FxFRMBAL</i> Follow Up Survey: Problem with Walking or Balance in Past 12 Months, Q41	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, have you had a problem with balance or walking?</i> 1 = Yes 2 = No
<i>FxFRMPREV</i> Follow Up Survey: Talked with Doctor about How to Prevent Falls, Q42	Num	3	Beneficiary's response from the follow up survey: <i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i> • 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
<i>FxSLEEPHRS</i> Follow Up Survey: Average Hours of Sleep per Night in Past Month, Q43	Num	3	Beneficiary's response from the follow up 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxSLEEPQUA</i> Follow Up Survey: Overall Sleep Quality Rating in Past Month, Q44	Num	3	Beneficiary's response from the follow up survey: During the <i>past month</i> , how would you rate your overall sleep quality? 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad
<i>FxWEIGHTLB</i> Follow Up Survey: How Much Do You Weigh in Pounds, Q45	Num	8	Beneficiary's response from the follow up survey: <i>How much do you weigh in pounds (lbs.)?</i>
<i>FxHEIGHTFT</i> Follow Up Survey: How Tall are You Without Shoes on in Feet, Q46a	Num	8	Beneficiary's response from the follow up survey: <i>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).</i> Note: This field contains only the feet (ft.) portion of the response.
<i>FxHEIGHTIN</i> Follow Up Survey: How Tall are You Without Shoes on in Inches, Q46b	Num	8	Beneficiary's response from the follow up survey: <i>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).</i> Note: This field contains only the inches (in.) portion of the response.
<i>FxHPNOHISP</i> Follow Up Survey: No, not Hispanic, Latino/a or Spanish Origin, Q47a	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)</i> <u><i>a. No, not of Hispanic, Latino/a or Spanish origin</i></u> 0 = No, not Hispanic not checked 1 = No, not Hispanic checked
<i>FxHPMEX</i> Follow Up Survey: Yes, Mexican, Mexican American, Chicano/a, Q47b	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>b. Yes, Mexican, Mexican American, Chicano/a</i></u> 0 = Respondent did not check Mexican 1 = Respondent checked Mexican

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxHPPR</i> Follow Up Survey: Yes, Puerto Rican, Q47c	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u>c. Yes, Puerto Rican</u> 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican
<i>FxHPCUBA</i> Follow Up Survey: Yes, Cuban, Q47d	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u>d. Yes, Cuban</u> 0 = Respondent did not check Cuban 1 = Respondent checked Cuban
<i>FxHPOTHER</i> Follow Up Survey: Yes, Another Hispanic, Latino/a or Spanish Origin, Q47e	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u>e. Yes, another Hispanic, Latino/a or Spanish origin</u> 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic
<i>FxRCWHITE</i> Follow Up Survey: White, Q48a	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>a. White</u> 0 = Respondent did not check White 1 = Respondent checked White
<i>FxRCAFRAM</i> Follow Up Survey: Black or African American, Q48b	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>b. Black or African American</u> 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American
<i>FxRCNATAM</i> Follow Up Survey: American Indian or Alaska Native, Q48c	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>c. American Indian or Alaska Native</u> 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxRCINDIA</i> Follow Up Survey: Asian Indian, Q48d	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>d. Asian Indian</i></u> 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian
<i>FxRCCHINA</i> Follow Up Survey: Chinese, Q48e	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>e. Chinese</i></u> 0 = Respondent did not check Chinese 1 = Respondent checked Chinese
<i>FxRCFILIP</i> Follow Up Survey: Filipino, Q48f	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>f. Filipino</i></u> 0 = Respondent did not check Filipino 1 = Respondent checked Filipino
<i>FxRCJAPAN</i> Follow Up Survey: Japanese, Q48g	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>g. Japanese</i></u> 0 = Respondent did not check Japanese 1 = Respondent checked Japanese
<i>FxRCKOREA</i> Follow Up Survey: Korean, Q48h	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>h. Korean</i></u> 0 = Respondent did not check Korean 1 = Respondent checked Korean
<i>FxRCVIET</i> Follow Up Survey: Vietnamese, Q48i	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>i. Vietnamese</i></u> 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxRCOTHASN</i> Follow Up Survey: Other Asian, Q48j	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>j. Other Asian</i></u> 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian
<i>FxRCHAWAII</i> Follow Up Survey: Native Hawaiian, Q48k	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>k. Native Hawaiian</i></u> 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian
<i>FxRCGUAM</i> Follow Up Survey: Guamanian or Chamorro, Q48l	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>l. Guamanian or Chamorro</i></u> 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro
<i>FxRCSAMOA</i> Follow Up Survey: Samoan, Q48m	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>m. Samoan</i></u> 0 = Respondent did not check Samoan 1 = Respondent checked Samoan
<i>FxRCOTHPAC</i> Follow Up Survey: Other Pacific Islander, Q48n	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>n. Other Pacific Islander</i></u> 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander
<i>FxSPEAKLNG</i> Follow Up Survey: Language Mainly Spoken at Home, Q49a	Num	3	Beneficiary's response from the follow up survey: <i>What language do you <u>mainly</u> speak at home?</i> 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxSPEAKOTH</i> Follow Up Survey: Specify Other Language Spoken at Home, Q49b	Char	20	Beneficiary's response from the follow up survey: <i>What language do you mainly speak at home?</i> Some other language (please specify) _____
<i>FxMARITAL</i> Follow Up Survey: Marital Status, Q50	Num	3	Beneficiary's response from the follow up survey: <i>What is your current marital status?</i> 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married
<i>FxEDUC</i> Follow Up Survey: Education, Q51	Num	3	Beneficiary's response from the follow up survey: <i>What is the highest grade or level of school that you have completed?</i> 1 = 8 th 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
<i>FxLVALONE</i> Follow Up Survey: Living Alone, Q52a	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>a. Alone</u> 0 = Respondent did not check live alone 1 = Respondent checked live alone
<i>FxLVSPOUSE</i> Follow Up Survey: Living With Spouse/Significant Other, Q52b	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>b. With spouse/significant other</u> 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxLVCHILD</i> Follow Up Survey: Living With Children/Other Relatives, Q52c	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>c. With children/other relatives</u> 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives
<i>FxLVNONREL</i> Follow Up Survey: Living With Non-Relatives, Q52d	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>d. With non-relatives</u> 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives
<i>FxLVCAREGV</i> Follow Up Survey: Living With Paid Caregiver, Q52e	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>e. With paid caregiver</u> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver
<i>FxWHERELV</i> Follow Up Survey: Where Do You Live, Q53	Num	3	Beneficiary's response from the follow up survey: <i>Where do you live?</i> 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 <i>FxHMOWN</i> below; If answered 3 or 4, Go to <i>FxCMPWHO</i> below
<i>FxHMOWN</i> Follow Up Survey: Housing, Q54	Num	3	Beneficiary's response from the follow up survey: <i>Is the house or apartment you currently live in:</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxCMPWHO</i> Follow Up Survey: Who Completed this Survey, Q55	Num	3	Beneficiary's response from the follow up survey: <i>Who completed this survey form?</i> 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
<i>FxSRVDISP</i> 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 (<i>Russian only</i>) 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxSRVMODE</i> Round in which Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th 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
<i>FxSRVLANG</i> 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 26 Follow Up, the survey code reflects the Russian language option.
<i>FxSRVDATE</i> Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)
<i>FxVUCATI</i> Vendor's Follow Up Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at follow up
<i>FxMCONUM</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxEXCLUDE</i> 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 <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>
<i>FxPCTANS</i> Percent of Survey Answered at Follow Up	Num	8	Vendor supplied percent of the follow up survey that was answered
<i>FxPROXST</i> 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
<i>FxDISP</i> 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
<i>FxINVSrv</i> 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)
<i>FxADLCOUNT</i> 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
<i>FxPCTCMP</i> Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed
<i>FxCMPSPRV</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxCMPFLG</i> 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
<i>FxTDOB</i> 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
<i>FxTSRVDAT</i> Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. Format
<i>FxTDOE</i> 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
<i>FxTSRVDATIM</i> Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (<i>FxSRVDATE</i>). Records with a missing survey date were imputed by replacing missing values with the midpoint survey date, which occurs in August each year. MMDDYY10. Format
<i>FxTDOELMT</i> 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 (<i>FxTDOE</i>), was used to calculate enrollment duration (<i>FxENRDUR</i>)
<i>FxBMI</i> Calculated Body Mass Index at Follow Up	Num	8	$BMI = [FxWEIGHTLB / (Height\ in\ inches\ from\ FxHEIGHTFT\ and\ FxHEIGHTIN)^2] \times 703$
<i>FxBMICAT</i> 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)
<i>FxENRDUR</i> Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxENRCAT</i> 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
<i>FxAGE</i> Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. AGE = floor((intck('month', <i>FxTDOB</i> , <i>FxTSRVDATIM</i>)) / (day(<i>FxTSRVDATIM</i>) < day(<i>FxTDOB</i>))) / 12)
<i>FxAGECAT</i> 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
<i>FxRACECAT</i> Beneficiary's Race Category at Follow Up	Num	8	Beneficiary's race category at follow up, created by combining values of the <i>FxRACE</i> variable 1 = White 2 = Black 3 = Other
<i>FxHISPANA</i> 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
<i>FxMARCAT</i> Marital Status at Follow Up Using Combined Groups	Num	3	Beneficiary's marital status category at follow up, created by combining values of the <i>FxMARITAL</i> variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxEDCAT</i> Educational Status at Follow Up Using Combined Groups	Num	3	Beneficiary's education level category at follow up, created by combining values of the <i>FxEDUC</i> 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
<i>FxDEP2SCRN</i> Positive Depression Indicator at Follow Up	Num	3	Beneficiary's depression status at follow up based on two depression questions, <i>FxDEPNOPLS</i> and <i>FxDEPDOWN</i> , with each assigned score 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
<i>FxCOMO</i> 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: <i>FxCCHBP</i> , <i>FxCCCAD</i> , <i>FxCCHCF</i> , <i>FxCCMI</i> , <i>FxCCHRTOTH</i> , <i>FxCCSTROKE</i> , <i>FxCCCOPD</i> , <i>FxCCGI</i> , <i>FxCCOSTEO</i> , <i>FxCCDIABET</i> , <i>FxCCDEP</i> , and <i>FxCCANYCA</i>
<i>FxCOMOCT</i> Number of Chronic Medical Conditions Category at Follow Up	Num	3	Beneficiary's number of chronic conditions category at follow up, created by combining values of the <i>FxCOMO</i> variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions
<i>FxPCS</i> Follow Up PCS Score	Num	8	Beneficiary's follow up PCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm
<i>FxMCS</i> Follow Up MCS Score	Num	8	Beneficiary's follow up MCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm
<i>FxPFADL</i> 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)

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>PxCONTRACT</i> 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.
<i>PxCONT_ID</i> Blinded Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.
<i>PxHDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.
<i>PxTHDOB</i> 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
<i>PxHDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.
<i>PxTHDOD</i> 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
<i>PxACTDTH</i> Beneficiary's Death Within 2 Year Window Indicator	Num	3	Beneficiary's death within 2 year window indicator 0 = No 1 = Yes
<i>PxGROUP</i> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>PxSTATUS</i> 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
<i>PxANALYT</i> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>PxPMRIND</i> 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
<i>PxPHOUT</i> 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”
<i>PxMHOUT</i> 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”
<i>BxMONRPT</i> 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
<i>BxPLTYPE</i> Plan Type at Baseline	Char	39	Plan type as listed in the CMS Monthly Report at the time of the baseline survey administration
<i>BxPLORGNM</i> 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
<i>BxPLPTORG</i> 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
<i>BxPLMEDP</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxPLPOP</i> 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
<i>BxPOPCAT</i> 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
<i>BxPLANSTN</i> Plan State at Baseline	Char	2	Two letter state abbreviation for the plan as listed in the Health Plan Management System (HPMS) Plan Contract List at the time of the baseline survey administration
<i>BxPLREGN</i> Plan's CMS Regional Office at Baseline	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the baseline survey administration
<i>BxPLREGCDE</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>BxPLTAXST</i> 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
<i>BxPLDUR</i> Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, calculated from the contract start SAS date (<i>BxPLSTDT</i>) from the CMS Monthly Report at the time of the baseline survey administration
<i>BxPLNDCT</i> 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
<i>BxRPTST</i> Reporting Plan State	Char	2	This field was the State level unit of analysis for the <i>Baseline</i> Reports. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>BxPLANSTN</i> field: FS = PFFS RS = RPPO
<i>FxMONRPT</i> 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
<i>FxPLTYPE</i> 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
<i>FxPLORGNM</i> 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
<i>FxPLPTORG</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxPLMEDP</i> 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
<i>FxPLPOP</i> 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
<i>FxPOPCAT</i> 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
<i>FxPLSTDT</i> 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
<i>FxPLANSTN</i> Plan State at Follow Up	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of the follow up survey administration
<i>FxPLREGN</i> Plan's CMS Regional Office at Follow Up	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of the follow up survey administration
<i>FxPLTAXST</i> 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

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxPLREGCDE</i> 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
<i>FxPLDUR</i> Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>FxPLSTDT</i>) from the CMS Monthly Report at the time of the follow up survey administration
<i>FxPLNDCT</i> 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
<i>PxMONRPT</i> 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
<i>PxPLTYPE</i> 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
<i>PxPLORGNM</i> Plan Organization Name – source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of performance measurement reporting

Field Name / Description <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>PxPLPTORG</i> Plan Parent Organization – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of performance measurement reporting
<i>PxPLMEDP</i> Plan Medicare Product Name – source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of performance measurement reporting
<i>PxPLPOP</i> 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
<i>PxPOPCAT</i> 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
<i>PxPLSTDT</i> 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
<i>PxPLANSTN</i> Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of performance measurement reporting.
<i>PxPLREGN</i> Plan’s CMS Regional Office at the Time of Performance Measurement Reporting	Char	13	Plan’s CMS regional office as listed in the HPMS Plan Contract List at the time of performance measurement reporting
<i>PxPLTAXST</i> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>PxPLREGCDE</i> 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
<i>PxPLDUR</i> Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>PxPLSTDT</i>) from the CMS Monthly Report at the time of performance measurement reporting
<i>PxPLNDCT</i> 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
<i>PxRPTST</i> 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 <i>PxPLANSTN</i> field. FS = PFFS RS = RPPO
<i>BxGEOCAT</i> 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 <i>Bx</i> = Baseline <i>Fx</i> = Follow Up <i>Px</i> = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values
<i>FxGEOCAT</i> Geographic Designation Based on County where Member Resides at Follow Up	Num	8	HOS Geographic County Designation 1 = Metropolitan 2 = Micropolitan 3 = Rural
<i>FxMMP</i> Indicator for Medicare-Medicaid Plan (MMP) at Follow Up – source CMS	Num	8	HOS MMP Designation 0 = Not an MMP 1 = MMP