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# Medicare Health Outcomes Survey Limited Data Sets

## File Specifications for *Cohorts 9-13* (Plan Fields Removed)

### INTRODUCTION TO MEDICARE HOS

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs). To better evaluate this care, CMS, in collaboration with the National Committee for Quality Assurance (NCQA), launched the first Medicare managed care outcomes measure in the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®1</sup>) in 1998. The measure includes the most recent advances in summarizing physical and mental health outcomes results and appropriate risk adjustment techniques. This measure was initially titled Health of Seniors, and was renamed the Medicare Health Outcomes Survey (HOS) during the first year of implementation. This name change was intended to reflect the inclusion of people with Medicare who are disabled and under age 65 in the sampling methodology.

Collected since 1998, the Medicare HOS remains a critical part of the assessment of health plan quality. In addition, CMS includes the HOS results as one component of their performance assessment program. 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. Several types of Medicare HOS data files are available for research purposes: Public Use Files (PUFs), Limited Data Sets (LDSs), and Research Identifiable Files (RIFs). This document provides an overview of the HOS and details of the *Cohorts 9-13* LDS file specifications.

### DEVELOPMENT OF THE MEDICARE HOS

In the mid-1990s, Medicare beneficiaries were joining health maintenance organizations (HMOs) and other types of managed care organizations (MCOs) in increasing numbers. It became apparent to CMS that the Agency needed performance reporting requirements for Medicare managed care. CMS worked with NCQA to incorporate the Medicare population into NCQA's HEDIS performance measurement set. HEDIS was rapidly becoming a standard reporting requirement for purchasers in the commercial insurance market. The integration of the Medicare population into HEDIS was achieved with the release of HEDIS 3.0. CMS, NCQA, and others felt there was a need to develop additional measures for the Medicare population including an "outcomes" measure for HEDIS. Traditionally, HEDIS contained "process" measures that assessed interventions such as mammograms for older women and retinal eye exams for people with diabetes. While evidence in the scientific literature tied the measured processes or interventions to favorable patient outcomes, there was a desire to develop an outcomes measure that captured performance across multiple aspects of care.

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<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA)

CMS, NCQA, Health Assessment Lab, and performance measurement experts worked together to develop an instrument that would assess the physical functioning and mental well-being of Medicare beneficiaries over time. It was decided that this instrument should include health status questions, as well as additional items to allow for case mix adjustment, which is essential for meaningful and valid plan-to-plan comparisons of health outcomes. The HOS measure was approved for inclusion in HEDIS by the Committee on Performance Measurement, the NCQA panel that oversees the development and evolution of HEDIS.

### **PARTICIPATION IN HOS**

All MAOs, including coordinated care plans, local and regional PPOs, and continuing §1876 cost contracts are required to participate in the HOS. The annual surveys are administered in the spring/summer to a new cohort for a baseline measure and to a previous cohort for their two-year follow up measure. Prior to 2007, a random sample of one thousand Medicare beneficiaries were surveyed from each MAO (i.e., a survey is administered to a different baseline cohort, or group, each year). Beginning in 2007, the sample size is increased to 1200. Effective in 2008, MAOs with fewer than 500 members are not required to report HOS while MAOs composed exclusively of Special Needs Plan (SNP) benefit packages, regardless of institutionalized, chronically ill or dual eligible enrollment, are required to participate in HOS. In 2008, Private Fee-for-Service (PFFS) plans could voluntarily report HOS. Beginning with the 2010 HOS administration, PFFS plans and Medical Savings Accounts (MSA) participation is required.

For data collection years 1998-2008, a member was required to be continuously enrolled in their MAO for a six month period for inclusion in the baseline sample. Effective 2009, the six month enrollment requirement is waived. For data collection years 1998-2009, beneficiaries with End Stage Renal Disease (ESRD) were excluded. Effective 2010, those with ESRD are no longer excluded.

The standard HEDIS protocol for administering the Medicare HOS employs a combination of mail and telephone survey administration. Beneficiaries respond to the survey in English, Spanish or Chinese.

Two years after a baseline survey is administered, these same respondents are surveyed again (i.e., follow up measurement). The following cohorts have been completed by 2012: *Cohort 1* (1998-2000), *Cohort 2* (1999-2001), *Cohort 3* (2000-2002), *Cohort 4* (2001-2003), *Cohort 5* (2002-2004), *Cohort 6* (2003-2005), *Cohort 7* (2004-2006), *Cohort 8* (2005-2007), *Cohort 9* (2006-2008), *Cohort 10* (2007-2009), *Cohort 11* (2008-2010), *Cohort 12* (2009-2011) and *Cohort 13* (2010-2012).

### **MEDICARE HOS LIMITED DATA SETS**

HOS Limited Data Sets (LDS) are comprised of the entire national sample for a given cohort (including respondents and non-respondents; and senior and disabled beneficiaries), and contain all of the HOS survey items. The LDS retains some protected beneficiary-level health information from the comprehensive RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., name, Medicare health insurance claim [HIC] number, the CMS beneficiary link key, social security number [SSN], and street address) are not included in the LDS files. All baseline and follow up survey items are included, as well as calculated

fields; however, the reporting unit (contract number) information has been modified. **Plan contract numbers are blinded in the LDS and certain plan level fields are removed (i.e., plan name) or modified (i.e., categorical enrollment) to prevent identification of individual health plans.** Researchers who require these person-level or plan identifiers should request a RIF, as described below. The files are SAS<sup>®2</sup> data sets and are generated using SAS Version 9.3.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. Effective September 1, 2016, all research requests for LDS files must be submitted through the CMS LDS File Process, while the requests for RIF files will continue to be processed through the [Research Data Assistance Center](#) (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For additional information and assistance with obtaining Medicare HOS LDS files, go to the [Research Data Files](#) section on the Data page of the HOS website at <http://hosonline.org/en/data-dissemination/research-data-files/>.

For more information about obtaining the RIFs, please visit the ResDAC HOS web page (<http://www.resdac.org/cms-data/file-family/Health-Outcomes-Survey-HOS>). ResDAC may also be contacted by calling 1-888-9RESDAC (1-888-973-7322) between the hours of 8:30 AM and 4:30 PM CST Monday through Friday or by emailing [resdac@umn.edu](mailto:resdac@umn.edu).

#### LIMITED DATA SET FILE SPECIFICATIONS

The following table describes the file layout by field position for five LDS files. Each of the *Cohorts 9-13* LDS files contain the baseline and follow up survey items, calculated fields, as well as death dates and reporting unit (blinded contract number) information. There are a total of 333 fields in the *Cohort 9* and *Cohort 10* LDS files, 334 fields in the *Cohort 11* LDS, and 332 fields in the *Cohort 12* and *Cohort 13* LDS. The LDS files are represented in the table with the following column headings: **B9F9** for *Cohort 9*, **B10F10** for *Cohort 10*, **B11F11** for *Cohort 11*, **B12F12** for *Cohort 12*, and **B13F13** for *Cohort 13*.

The table provides the field name/description, type, length, and additional information (including valid values); and indication of field inclusion or exclusion for each cohort file. In each cohort field column, the survey question number for that year is indicated. The text for questions, valid values, and skip patterns in this document are from the most current HOS questionnaire in which the question appears, unless otherwise noted. The exact text of each question for each cohort survey can be obtained by referring to the HEDIS Manual or online questionnaires.<sup>3</sup> Check marks in the cohort field column are used to indicate non-survey items, such as administrative

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<sup>2</sup> SAS<sup>®</sup> is a registered trademark of the SAS Institute Inc., Cary, NC.

<sup>3</sup> Copies of the 2006 through 2012 HEDIS Volume 6 Specifications for the Medicare Health Outcomes Survey Manuals may be purchased by calling the NCQA customer support telephone line at 1-888-275-7585 or from NCQA's Publications Center (<http://www.ncqa.org/publications-products>). In addition, copies of all HOS questionnaires are available from <http://hosonline.org/en/survey-instrument/>.

and analytic fields. **Shaded rows in the table indicate fields which were removed to prevent identification of individual health plans.**

All surveys for *Cohorts 9-13* used the HOS 2.0 questionnaire, which contained the Veteran's RAND 12-Item Health Survey (VR-12) for calculation of the physical component summary (PCS) and mental component summary (MCS) scores. The *Cohorts 9-13* field names and attributes may differ from earlier cohorts, which used the HOS 1.0 questionnaire.

There are three categories of fields in the LDS files: baseline, follow up, and performance measurement. All baseline fields are derived from the baseline survey and have a "B" prefix, all follow up fields are derived from the follow up survey and have an "F" prefix, and all performance measurement fields are calculated or retrieved from other data sources and 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. In the field names the "x" following the prefix represents the cohort identifier (e.g., 9) for the field name. For example, the field BxEDUC represents B9EDUC for *Cohort 9*, B10EDUC for *Cohort 10*, B11EDUC for *Cohort 11*, B12EDUC for *Cohort 12*, and B13EDUC for *Cohort 13* baseline data. Note that the field type, length and formats given in the file specifications table below correspond to the most current LDS file in the table and may differ from previous LDS files. Where applicable, valid values for specific cohorts are provided. Please refer to the diagram on the following page for additional information about the fields.

Additional information pertaining to the cohorts covered by this document, 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 of the HOS website ([www.HOSonline.org](http://www.HOSonline.org)). A glossary consisting of definitions relevant to the HOS may be accessed from the "Glossary" links at the bottom of HOS website pages. Questions related to the LDS fields may be directed to the Medicare HOS Information and Technical Support Telephone Line: 1-888-880-0077 or E-mail Address: [hos@azqio.sdps.org](mailto:hos@azqio.sdps.org).

## Description of File Specifications Table

✓ = Included Non-Survey Item

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	B9F9* FIELDS	B10F10† FIELDS	B11F11§ FIELDS	B12F12# FIELDS	B13F13∞ FIELDS
<i>BxNCQAORGID</i> NCQA Healthcare Organization ID at Baseline	Char	8	Organization ID supplied by NCQA at the time of baseline sampling	✓	✓	✓	✓	✓
<i>FxFTSRS</i> Follow Up Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Sores or wounds on your feet that did not heal</u> 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	Q16d	Q16d	Q16d	Q16d	Q16d
<i>FxPNART</i> Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how would you describe any arthritis pain you usually had?</i> 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q17	Q17	Q17	Q17	Q17
<i>PxPLDUR</i> Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓
<i>BxEDUC</i> Baseline Survey: Education Question	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 <sup>th</sup> 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	Q59	Q59	Q60	Q60	Q60
<i>FxEDUC</i> Follow Up Survey: Education Question	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 <sup>th</sup> 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	Q60	Q60	Q60	Q60	Q60

Shaded rows indicate fields removed to prevent identification of individual health plans.

\*B9F9 = 2006-2008 Cohort 9 Merged Baseline and Follow Up LDS

† B10F10 = 2007-2009 Cohort 10 Merged Baseline and Follow Up LDS

§ B11F11 = 2008-2010 Cohort 11 Merged Baseline and Follow Up LDS

# B12F12 = 2009-2011 Cohort 12 Merged Baseline and Follow Up LDS

∞ B13F13 = 2010-2012 Cohort 13 Merged Baseline and Follow Up LDS

## Limited Data Sets 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	B9F9* FIELDS	B10F10 <sup>†</sup> FIELDS	B11F11 <sup>§</sup> FIELDS	B12F12 <sup>#</sup> FIELDS	B13F13 <sup>∞</sup> FIELDS
<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> <b>Blinded Plan Contract Number at Baseline</b>	Char	5	<b>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.</b>	✓	✓	✓	✓	✓
<i>BxPLAN_NAME</i> Plan Name at Baseline	Char	70	Plan name at the time of baseline sampling	✓	✓	✓	✓	✓
<i>BxPLAN_REG</i> NCQA Administrative Field at Baseline	Char	1	NCQA administrative field at the time of baseline sampling		✓	✓	✓	
<i>BxPRODUCT</i> Line of Business at Baseline	Num	3	Line of business at the time of baseline sampling 1 = Health Maintenance Organizations (HMO) 2 = Point Of Service plans (POS) 3 = Preferred Provider Organizations (PPO) 4 = HMO/POS Combined 5 = Fee For Service (FFS)/Indemnity 6 = Other	✓	✓	✓	✓	✓

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<i>BxMODEL</i> Model Type at Baseline	Num	3	Model type at the time of baseline sampling 1 = Group Practice Model (Group) 2 = Individual Practice Association (IPA) 3 = Mixed 4 = Network 5 = Staff 6 = Other	✓	✓	✓	✓	✓
<i>BxVENDOR</i> Baseline Survey: Survey Vendor	Num	3	Baseline Survey Vendor: <u>Cohort 9</u> <u>Cohorts 10 – 12</u> <u>Cohort 13</u> 1 = DSS Research      1 = DataStat      1415 = DataStat 2 = NRC      2 = DSS Research      1417 = DSS Research 4 = Synovate      3 = MORPACE      1440 = Morpace, Inc. 5 = DataStat      4 = Synovate      1437 = Synovate 5 = The Myers Group      1463 = The Myers Group 6 = WB&A      1471 = WB&A	✓	✓	✓	✓	✓
<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>BxNCQASPCID</i> NCQA Special Area ID at Baseline	Num	3	Special area ID supplied by NCQA at the time of baseline sampling	✓	✓	✓	✓	
<i>BxPLANID</i> Plan Identification Number at Baseline	Char	6	Plan identification number at the time of baseline sampling.	✓	✓	✓	✓	✓
<i>BxPBPID</i> Plan Benefit Package Number	Char	3	Plan Benefit Package Number at the time of baseline sampling.				✓	✓
<i>BxSNPTYPE</i> Type of Special Needs Plan	Num	3	<i>BxSNPTYPE</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					✓

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# B12F12 = 2009-2011 Cohort 12 Merged Baseline and Follow Up LDS

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<i>BxCITY</i> Beneficiary's City	Char	22	Beneficiary's city from the baseline member level record	✓	✓	✓	✓	✓
<i>BxSTATE</i> Beneficiary's State	Char	22	Beneficiary's state from the baseline member level record	✓	✓	✓	✓	✓
<i>BxZIP</i> Beneficiary's Zip Code	Char	22	Beneficiary's zip code from the baseline member level record	✓	✓	✓	✓	✓
<i>BxSTATEABV</i> Beneficiary's Baseline SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code	✓	✓	✓	✓	✓
<i>BxSTNAME</i> Beneficiary's Baseline SSA State Name	Char	20	Beneficiary's state name based on the baseline SSA state code	✓	✓	✓	✓	✓
<i>BxSTATECDE</i> Beneficiary's Baseline Social Security Administration (SSA) State Code	Char	2	Beneficiary's SSA state code from the baseline member level record	✓	✓	✓	✓	✓
<i>BxCTNAME</i> Beneficiary's Baseline Social Security Administration (SSA) State Code	Char	21	Beneficiary's county name based on the baseline SSA county code	✓	✓	✓	✓	✓
<i>BxCNTYCDE</i> Beneficiary's Baseline SSA County Code	Char	3	Beneficiary's SSA county code from the baseline member level record	✓	✓	✓	✓	✓
<i>BxZIPCDE</i> Beneficiary's Baseline ZIP Code	Char	9	Beneficiary's ZIP code from the baseline member level record	✓	✓	✓	✓	✓
<i>BxRACE</i> Beneficiary's Baseline Race (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	✓	✓	✓	✓	✓

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<i>BxGENDER</i> Beneficiary's Baseline Gender (CMS)	Num	3	Beneficiary's gender 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.	✓	✓	✓	✓	✓
<i>BxESRD</i> Beneficiary's Baseline ESRD Status	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 Baseline Institutional Status	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 Baseline Hospice Status	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 Baseline Medicaid Status	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid	✓	✓	✓	✓	✓

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<i>BxENTITLE</i> Beneficiary's Baseline Reason for Entitlement	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	✓	✓	✓	✓	✓
<i>BxPROTID</i> Protocol Identifier Flag	Num	3	Beneficiary's survey protocol from the baseline member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 6 = Chinese	✓	✓	✓	✓	✓
<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 Question	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	Q1	Q1	Q1	Q1	Q1
<i>BxVRMACT</i> Baseline Survey: Moderate Activities Question	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> <b><u>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u></b> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a	Q2a	Q2a	Q2a	Q2a

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<i>BxVRSTAIR</i> Baseline Survey: Climbing Several Flights of Stairs Question	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	Q2b	Q2b	Q2b	Q2b	Q2b
<i>BxVRPACCL</i> Baseline Survey: Physical Health Limiting Amount Accomplished Question	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	Q3a	Q3a	Q3a	Q3a	Q3a
<i>BxVRPWORK</i> Baseline Survey: Physical Health Limiting the Kind of Activities Question	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	Q3b	Q3b	Q3b	Q3b	Q3b

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<i>BxVRMACCL</i> Baseline Survey: Emotional Problems Limiting Amount Accomplished Question	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>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	Q4a	Q4a	Q4a	Q4a	Q4a
<i>BxVRMWORK</i> Baseline Survey: Emotional Problems Limiting Carefulness Question	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	Q4b	Q4b	Q4b	Q4b	Q4b
<i>BxVRPAIN</i> Baseline Survey: Pain Interfering with Work Question	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	Q5	Q5	Q5	Q5	Q5

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<i>BxVRCALM</i> Baseline Survey: Calm and Peaceful Question	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 <b>past 4 weeks</b>. 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 <b>past 4 weeks</b>...</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	Q6a	Q6a	Q6a	Q6a	Q6a
<i>BxVRENERGY</i> Baseline Survey: Lots of Energy Question	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 <b>past 4 weeks</b>. 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 <b>past 4 weeks</b>...</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	Q6b	Q6b	Q6b	Q6b	Q6b

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<i>BxVRDOWN</i> Baseline Survey: Downhearted and Blue Question	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 <b>past 4 weeks</b>. 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 <b>past 4 weeks</b>...</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	Q6c	Q6c	Q6c	Q6c	Q6c
<i>BxVRSACT</i> Baseline Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>During the <b>past 4 weeks</b>, how much of the time has your <b>physical health or emotional problems</b> 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	Q7	Q7	Q7	Q7	Q7
<i>BxVRPHCMP</i> Baseline Survey: Physical Health Compared to One Year Ago Question	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. <b>Compared to one year ago</b>, how would you rate your <b>physical health</b> in general <b>now</b>?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8	Q8	Q8	Q8	Q8

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<i>BxVRMHCMP</i> Baseline Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the baseline survey: <b><i>Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i></b> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9	Q9	Q9	Q9	Q9
<i>BxADLBTH</i> Baseline Survey: Bathing Question	Num	3	Beneficiary's response from the baseline survey: <b><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></b> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a	Q10a	Q10a	Q10a	Q10a
<i>BxADLDRS</i> Baseline Survey: Dressing Question	Num	3	Beneficiary's response from the baseline survey: <b><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></b> <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b	Q10b	Q10b	Q10b	Q10b
<i>BxADLEAT</i> Baseline Survey: Eating Question	Num	3	Beneficiary's response from the baseline survey: <b><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></b> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c	Q10c	Q10c	Q10c	Q10c

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<i>BxADLCHR</i> Baseline Survey: Getting In/Out of Chairs Question	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 <b>without special equipment or help from another person?</b></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	Q10d	Q10d	Q10d	Q10d	Q10d
<i>BxADLWLK</i> Baseline Survey: Walking Question	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 <b>without special equipment or help from another person?</b></i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e	Q10e	Q10e	Q10e	Q10e
<i>BxADLTLT</i> Baseline Survey: Using the Toilet Question	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 <b>without special equipment or help from another person?</b></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	Q10f	Q10f	Q10f	Q10f	Q10f
<i>BxHDPHY</i> Baseline Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: <i>These next questions ask about your physical and mental health during the past 30 days. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was your physical health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>	Q11	Q11	Q11	Q11	Q11

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<i>BxHDMEN</i> Baseline Survey: Number of Days Mental Health Not Good Question	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 <b>past 30 days</b> was your mental health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>	Q12	Q12	Q12	Q12	Q12
<i>BxHDACT</i> Baseline Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the baseline survey: <i>During the <b>past 30 days</b>, for about how many days did <b>poor</b> 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.)</i>	Q13	Q13	Q13	Q13	Q13
<i>BxCHSTEX</i> Baseline Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the baseline survey: <i>Now we are going to ask some questions about specific medical conditions. During the <b>past 4 weeks</b>, how often have you had any of the following problems?</i> <u>Chest pain or pressure when you exercise</u> 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	Q14a	Q14a	Q14a	Q14a	Q14a
<i>BxCHSTRST</i> Baseline Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the baseline survey: <i>During the <b>past 4 weeks</b>, how often have you had any of the following problems?</i> <u>Chest pain or pressure when resting</u> 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	Q14b	Q14b	Q14b	Q14b	Q14b

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<i>BxSOBFLT</i> Baseline Survey: Shortness of Breath when Lying Flat Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When lying down flat</u> 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	Q15a	Q15a	Q15a	Q15a	Q15a
<i>BxSOBSIT</i> Baseline Survey: Shortness of Breath when Sitting or Resting Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When sitting or resting</u> 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	Q15b	Q15b	Q15b	Q15b	Q15b
<i>BxSOBWLK</i> Baseline Survey: Shortness of Breath when Walking Less than One Block Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When walking less than one block</u> 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	Q15c	Q15c	Q15c	Q15c	Q15c
<i>BxSOBSTR</i> Baseline Survey: Shortness of Breath when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When climbing one flight of stairs</u> 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	Q15d	Q15d	Q15d	Q15d	Q15d

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<i>BxFTNUMB</i> Baseline Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Numbness or loss of feeling in your feet</u> 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	Q16a	Q16a	Q16a	Q16a	Q16a
<i>BxFTSENS</i> Baseline Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Tingling or burning sensation in your feet especially at night</u> 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	Q16b	Q16b	Q16b	Q16b	Q16b
<i>BxFTHC</i> Baseline Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Decreased ability to feel hot or cold with your feet</u> 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	Q16c	Q16c	Q16c	Q16c	Q16c
<i>BxFTSRS</i> Baseline Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Sores or wounds on your feet that did not heal</u> 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	Q16d	Q16d	Q16d	Q16d	Q16d

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<i>BxPNART</i> Baseline Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how would you describe any arthritis pain you usually had?</i> 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q17	Q17	Q17	Q17	Q17
<i>BxREAD</i> Baseline Survey: Vision Question	Num	3	Beneficiary's response from the baseline survey: <i>Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?</i> 1 = Yes 2 = No	Q18	Q18	Q18	Q18	Q18
<i>BxHEAR</i> Baseline Survey: Hearing Question	Num	3	Beneficiary's response from the baseline survey: <i>Can you hear <b>most</b> of the things people say (with a hearing aid if that's how you hear best)?</i> 1 = Yes 2 = No	Q19	Q19	Q19	Q19	Q19
<i>BxCCHBP</i> Baseline Survey: Hypertension Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No	Q20	Q20	Q20	Q20	Q20
<i>BxCC_CAD</i> Baseline Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No	Q21	Q21	Q21	Q21	Q21
<i>BxCC_CHF</i> Baseline Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No	Q22	Q22	Q22	Q22	Q22

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<i>BxCCMI</i> Baseline Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No	Q23	Q23	Q23	Q23	Q23
<i>BxCCHRTOTH</i> Baseline Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever 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	Q24	Q24	Q24	Q24	Q24
<i>BxCCSTROKE</i> Baseline Survey: Stroke Question	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	Q25	Q25	Q25	Q25	Q25
<i>BxCC_COPD</i> Baseline Survey: COPD Question	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	Q26	Q26	Q26	Q26	Q26
<i>BxCCGI</i> Baseline Survey: Inflammatory Bowel Disease Question	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	Q27	Q27	Q27	Q27	Q27
<i>BxCCARTHIP</i> Baseline Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hip or knee</u> 1 = Yes 2 = No	Q28	Q28	Q28	Q28	Q28

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∞ B13F13 = 2010-2012 Cohort 13 Merged Baseline and Follow Up LDS

<b>FIELD NAME / DESCRIPTION</b> <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	<b>FIELD TYPE</b>	<b>FIELD LENGTH</b>	<b>ADDITIONAL INFORMATION AND VALID VALUES</b>	<b>B9F9*</b> FIELDS	<b>B10F10†</b> FIELDS	<b>B11F11§</b> FIELDS	<b>B12F12#</b> FIELDS	<b>B13F13∞</b> FIELDS
<i>BxCCARTHND</i> Baseline Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hand or wrist</u> 1 = Yes 2 = No	Q29	Q29	Q29	Q29	Q29
<i>BxCCOSTEO</i> Baseline Survey: Osteoporosis Question	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	Q30	Q30	Q30	Q30	Q30
<i>BxCCSCIATI</i> Baseline Survey: Sciatica Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Sciatica (pain or numbness that travels down your leg to below your knee)</u> 1 = Yes 2 = No	Q31	Q31	Q31	Q31	Q31
<i>BxCCDIABET</i> Baseline Survey: Diabetes Question	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	Q32	Q32	Q32	Q32	Q32
<i>BxCCANYCA</i> Baseline Survey: Any Cancer Question	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	Q33	Q33	Q33	Q33	Q33
<i>BxCACOLON</i> Baseline Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No	Q34a	Q34a	Q34a	Q34a	Q34a

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<i>BxCALUNG</i> Baseline Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No	Q34b	Q34b	Q34b	Q34b	Q34b
<i>BxCABRST</i> Baseline Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No	Q34c	Q34c	Q34c	Q34c	Q34c
<i>BxCAPROS</i> Baseline Survey: Prostate Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No	Q34d	Q34d	Q34d	Q34d	Q34d
<i>BxPNBACK</i> Baseline Survey: Low Back Pain Question	Num	3	Beneficiary's response from the baseline survey: <b><i>In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work, school or housework)?</i></b> 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	Q35	Q35	Q35	Q35	Q35
<i>BxDEP2WK</i> Baseline Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the baseline survey: <b><i>In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?</i></b> 1 = Yes 2 = No	Q36	Q36	Q36	Q36	Q36

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<i>BxDEPYR</i> Baseline Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the baseline survey: <i>In the past year, have you felt depressed or sad much of the time?</i> 1 = Yes 2 = No	Q37	Q37	Q37	Q37	Q37
<i>BxDEP2YR</i> Baseline Survey: Depression Most of the Time Question	Num	3	Beneficiary's response from the baseline survey: <i>Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?</i> 1 = Yes 2 = No	Q38	Q38	Q38	Q38	Q38
<i>BxDEPWEEK</i> Depressed for How Much of the Time in Past Week	Num	3	Beneficiary's response from the baseline survey: <i>How much of the time in the past week did you feel depressed?</i> 1 = Less than one day 2 = One or two days 3 = Three or four days 4 = More than four days			Q39	Q39	Q39
<i>BxCMPHTH</i> Baseline Survey: Comparative Health Question	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	Q39	Q39	Q40	Q40	Q40
<i>BxSMOKE</i> Baseline Survey: Current Smoker Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you now smoke every day, some days, or not at all?</i> 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q40	Q40	Q41	Q41	Q41
<i>BxMUILKG</i> Baseline Survey: Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>Many people experience problems with urinary incontinence, the leakage of urine. In the past 6 months, have you accidentally leaked urine?</i> 1 = Yes (Go to Q42) (Go to Q43 for Cohorts 11 - 13) 2 = No (Go to Q45) (Go to Q46 for Cohort 11 - 13)	Q41	Q41	Q42	Q42	Q42

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<i>BxMUIMAG</i> Baseline Survey: Magnitude of Urine Leakage Problem Question	Num	3	Beneficiary's response from the baseline survey: <i>How much of a problem, if any, was the urine leakage for you?</i> 1 = A big problem (Go to Q43) (Go to Q44 for Cohorts 11 - 13) 2 = A small problem (Go to Q43) (Go to Q44 for Cohorts 11 - 13) 3 = Not a problem (Go to Q45) (Go to Q46 for Cohorts 11 - 13)	Q42	Q42	Q43	Q43	Q43
<i>BxMUITLK</i> Baseline Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>Have you talked with your current doctor or other health provider about your urine leakage problem?</i> 1 = Yes 2 = No	Q43	Q43	Q44	Q44	Q44
<i>BxMUITRT</i> Baseline Survey: Received Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?</i> 1 = Yes 2 = No	Q44	Q44	Q45	Q45	Q45
<i>BxPAOTLK</i> Baseline Survey: Talked with Doctor About Physical Activities Question	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 Q46) (Go to Q47 for Cohorts 11 - 13) 2 = No (Go to Q46) (Go to Q47 for Cohorts 11 - 13) 3 = I had no visits in the past 12 months (Go to Q47) (Go to Q48 for Cohorts 11 - 13)	Q45	Q45	Q46	Q46	Q46
<i>BxPAOADV</i> Baseline Survey: Advised to Increase or Maintain Activities Question	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	Q46	Q46	Q47	Q47	Q47

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<i>BxFRMTLK</i> Baseline Survey: Talked with Doctor about Falling or Balance Problem Question	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 <b>past 12 months</b>, 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	Q47	Q47	Q48	Q48	Q48
<i>BxFRMFALL</i> Baseline Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the baseline survey: <i>Did you fall in the <b>past 12 months</b>?</i> 1 = Yes 2 = No	Q48	Q48	Q49	Q49	Q49
<i>BxFRMBAL</i> Baseline Survey: Problem with Walking or Balance in Past 12 Months Question	Num	3	Beneficiary's response from the baseline survey: <i>In the <b>past 12 months</b>, have you had a problem with balance or walking?</i> 1 = Yes 2 = No	Q49	Q49	Q50	Q50	Q50
<i>BxFRMPREV</i> Baseline Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the baseline survey: <i>Has your doctor or other health provider done these or anything else 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 • Check your blood pressure lying or standing • Suggest that you do an exercise or physical therapy program • Suggest a vision or hearing testing 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q50	Q50	Q51	Q51	Q51
<i>BxOTOTEST</i> Baseline Survey: Bone Density Test for Osteoporosis Question	Num	3	Beneficiary's response from the baseline survey: <i>Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.</i> 1 = Yes 2 = No	Q51	Q51	Q52	Q52	Q52

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<i>BxWEIGHT</i> Baseline Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the baseline survey: <i>How much do you weigh in pounds (lbs.)?</i> 01 = 90 lbs. or less      14 = 211–220 lbs. 02 = 91–100 lbs.      15 = 221–230 lbs. 03 = 101–110 lbs.      16 = 231–240 lbs. 04 = 111–120 lbs.      17 = 241–250 lbs. 05 = 121–130 lbs.      18 = 251–260 lbs. 06 = 131–140 lbs.      19 = 261–270 lbs. 07 = 141–150 lbs.      20 = 271–280 lbs. 08 = 151–160 lbs.      21 = 281–290 lbs. 09 = 161–170 lbs.      22 = 291–300 lbs. 10 = 171–180 lbs.      23 = 301–310 lbs. 11 = 181–190 lbs.      24 = 311–320 lbs. 12 = 191–200 lbs.      25 = 321 lbs. or more 13 = 201–210 lbs.	Q52	Q52	Q53	Q53	Q53
<i>BxHEIGHT</i> Baseline Survey: How Tall Are You Without Shoes (ft. in.) Question	Num	8	Beneficiary's response from the baseline survey: <i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i> 01 = 5 ft. 00 in. or less      09 = 5 ft. 08 in. 02 = 5 ft. 01 in.      10 = 5 ft. 09 in. 03 = 5 ft. 02 in.      11 = 5 ft. 10 in. 04 = 5 ft. 03 in.      12 = 5 ft. 11 in. 05 = 5 ft. 04 in.      13 = 6 ft. 00 in. 06 = 5 ft. 05 in.      14 = 6 ft. 01 in. 07 = 5 ft. 06 in.      15 = 6 ft. 02 in. 08 = 5 ft. 07 in.      16 = 6 ft. 03 in. or more	Q53	Q53	Q54	Q54	Q54
<i>BxSRVBRYR</i> Baseline Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the baseline survey: <i>In what year were you born? Please provide your year of birth only. [For example, if your date of birth is January 1, 1935, please answer "1935."]</i> <i>Note: The example language was removed beginning in Cohort 11.</i>	Q54	Q54	Q55	Q55	Q55
<i>BxSRVGEND</i> Baseline Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you male or female?</i> 1 = Male 2 = Female	Q55	Q55	Q56	Q56	Q56

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<i>BxHISPAN</i> Baseline Survey: Hispanic Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic or Latino origin or descent?</i> 1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Q56	Q56	Q57	Q57	Q57
<i>BxRCNATAM</i> Baseline Survey: Race = American Indian or Alaskan Native	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>a. American Indian or Alaskan Native</i></u> 0 = No 1 = Yes	Q57a	Q57a	Q58a	Q58a	Q58a
<i>BxRCASIAN</i> Baseline Survey: Race = Asian	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>b. Asian</i></u> 0 = No 1 = Yes	Q57b	Q57b	Q58b	Q58b	Q58b
<i>BxRCAFRAM</i> Baseline Survey: Race = Black or African American	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>c. Black or African American</i></u> 0 = No 1 = Yes	Q57c	Q57c	Q58c	Q58c	Q58c
<i>BxRCNHPI</i> Baseline Survey: Race = Native Hawaiian or other Pacific Islander	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>d. Native Hawaiian or Other Pacific Islander</i></u> 0 = No 1 = Yes	Q57d	Q57d	Q58d	Q58d	Q58d
<i>BxRCWHITE</i> Baseline Survey: Race = White	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>e. White</i></u> 0 = No 1 = Yes	Q57e	Q57e	Q58e	Q58e	Q58e
<i>BxRCOTHER</i> Baseline Survey: Race = Another Race	Num	3	Beneficiary's response from the baseline survey: <i>How would you describe your race? Please mark one or more.</i> <u><i>f. Another race</i></u> 0 = No 1 = Yes	Q57f	Q57f	Q58f	Q58f	Q58f

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<i>BxMARITAL</i> Baseline Survey: Marital Status Question	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	Q58	Q58	Q59	Q59	Q59
<i>BxEDUC</i> Baseline Survey: Education Question	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 <sup>th</sup> 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	Q59	Q59	Q60	Q60	Q60
<i>BxHMOWN</i> Baseline Survey: Housing Question	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	Q60	Q60	Q61	Q61	Q61
<i>BxCMPWHO</i> Baseline Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the baseline survey: <i>Who completed this survey form?</i> 1 = Person to whom survey was addressed <b>(Go to Q63) (Go to Q64 for Cohorts 11 - 13)</b> 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	Q61	Q61	Q62	Q62	Q62

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<i>BxHHINC</i> Baseline Survey: Household Income Question	Num	3	Beneficiary's response from the baseline survey: <i>Which of the following categories best represents the <b>combined income for all family members in your household for the past 12 months?</b></i> 1 = Less than \$5,000 2 = \$5,000 - \$9,999 3 = \$10,000 - \$19,999 4 = \$20,000 - \$29,999 5 = \$30,000 - \$39,999 6 = \$40,000 - \$49,999 7 = \$50,000 - \$79,999 8 = \$80,000 - \$99,999 9 = \$100,000 or more 10 = Don't know	Q63	Q63	Q64	Q64	Q64
<i>BxSRVDISP</i> Disposition of Baseline Survey	Char	3	Survey disposition at baseline (“M” prefix=Mail, “T” prefix=Telephone) M10/T10 = Complete survey (80-100% complete) M11/T11 = Non-response: partial complete survey (50-79% complete) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO <b>M22/T22<sup>A</sup></b> = Ineligible: end stage renal disease M23/T23 = Ineligible: language barrier 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  <sup>A</sup> Since 2010 Cohort 13 the M22/T22 codes for ESRD were removed	✓	✓	✓	✓	✓

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<i>BxSRVMODE</i> Round Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 <sup>st</sup> mailing M2 = 2 <sup>nd</sup> mailing T1 = 1 <sup>st</sup> telephone T2 = 2 <sup>nd</sup> telephone T3 = 3 <sup>rd</sup> telephone T4 = 4 <sup>th</sup> telephone T5 = 5 <sup>th</sup> telephone T6 = 6 <sup>th</sup> telephone T7 = 7 <sup>th</sup> telephone T8 = 8 <sup>th</sup> telephone T9 = 9 <sup>th</sup> telephone MT = Partially completed by mail and converted to complete by telephone MM = Partially completed by mail and converted to complete by mail re-contact NC = Not completed	✓	✓	✓	✓	✓
<i>BxSRVLANG</i> Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese	✓	✓	✓	✓	✓
<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 Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	8	Vendor's 8-digit unique CATI interviewer ID at baseline	✓	✓	✓	✓	✓
<i>BxMCONUM</i> MCO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MCO provide a phone number for the member at baseline? 1 = Yes 2 = No	✓	✓	✓	✓	✓

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<i>BxSPANFL</i> Baseline Spanish Materials Flag	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration? 1 = Yes 2 = No <i>Note: This flag is <b>not</b> an indicator of whether the Spanish survey was completed.</i>	✓	✓	✓		
<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 never contact me again</i> 2 = Member did not request <i>Take me off your list and never contact me again</i>	✓	✓	✓	✓	✓
<i>BxCHIN</i> Baseline Chinese Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a Chinese language plan 1 = Member of a Chinese language plan	✓	✓			
<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, M21, <b>M22<sup>A</sup></b> , M23, M25, T20, T21, <b>T22<sup>A</sup></b> , T23, or T24) <sup>A</sup> Note that the M22/T22 codes for ESRD were removed beginning with the <i>2010 Cohort 13</i> .	✓	✓	✓	✓	✓
<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 80% or more of the baseline survey was completed 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	✓	✓	✓	✓	✓

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<i>BxTDOB</i> Beneficiary's Baseline Date of Birth (SAS <sup>®</sup> Date Format)	Num	8	Beneficiary's SAS date of birth (DOB) from the baseline member level record. This information is derived from CMS databases. MMDDYY10. Format	✓	✓	✓	✓	✓
<i>BxTSRVDAT</i> Date Baseline Survey Completed (SAS <sup>®</sup> Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. Format	✓	✓	✓	✓	✓
<i>BxTDOE</i> Beneficiary's Baseline Date of Accretion into Plan (SAS <sup>®</sup> Date Format)	Num	8	Beneficiary's accretion into plan SAS date from the baseline member level record MMDDYY10. Format	✓	✓	✓	✓	✓
<i>BxTSRVDATIM</i> Date Baseline Survey Completed with Missing Values Imputed (SAS <sup>®</sup> 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 following date(s): <ul style="list-style-type: none"> <li>• <i>Cohort 9</i> - the mean survey date by vendor and mode of administration</li> <li>• <i>Cohort 10</i> - May 16, 2007, represents a midpoint survey date</li> <li>• <i>Cohort 11</i> - May 14, 2008, represents a midpoint survey date</li> <li>• <i>Cohort 12</i> - May 13, 2009, represents a midpoint survey date</li> <li>• <i>Cohort 13</i> - May 12, 2010, represents a midpoint survey date</li> </ul> MMDDYY10. format <i>Note: This variable, in combination with date of birth (BxTDOB), was used to calculate age (BxAGE).</i>	✓	✓	✓	✓	✓
<i>BxTDOELMT</i> Beneficiary's Baseline Date of Accretion Limit into Plan (SAS <sup>®</sup> Date Format)	Num	8	Baseline survey SAS date of accretion limit into plan MMDDYY10. Format	✓	✓	✓	✓	✓
<i>BxBMI</i> Calculated Body Mass Index	Num	8	BMI = [Midpoint weight of BxWEIGHT category in pounds / (Height from BxHEIGHT in inches) <sup>2</sup> ] x 703	✓	✓	✓	✓	✓
<i>BxBMICAT</i> Categories of Body Mass Index	Num	3	1 = Underweight (BMI <20) 2 = Normal (BMI 20 - <25) 3 = Overweight (BMI 25 - <30) 4 = Obese (BMI 30 - <35) 5 = Morbid Obesity (BMI ≥ 35)	✓	✓	✓	✓	✓

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<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. <u>Cohort 9:</u> Calculated by subtracting the baseline date of birth ( <i>BxTDOB</i> ) from the date the baseline survey was completed (with missing values imputed, ( <i>BxTSRVDATIM</i> ), and dividing the result by 365.25. <u>Cohorts 10-13:</u> $AGE = \text{floor}(\text{intck}(\text{'month'}, BxTDOB, BxTSRVDATIM) - (\text{day}(BxTSRVDATIM) < \text{day}(BxTDOB)) / 12)$	✓	✓	✓	✓	✓
<i>BxAGECAT</i> Beneficiary's Baseline Age Group	Num	8	Beneficiary's age group at baseline <u>Cohorts 9 and 10</u> <u>Cohorts 11 - 13</u> 0 = Under 65              0 = Under 65 1 = 65 to 69              1 = 65 to 69 2 = 70 to 74              2 = 70 to 74 3 = 75 to 79              3 = 75 to 79 4 = 80 or older            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	✓	✓	✓	✓	✓

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<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	✓	✓	✓	✓	✓
<i>BxINCCAT</i> Household Income at Baseline Using Combined Groups	Num	3	Beneficiary's household income category at baseline, created by combining values of the <i>BxHHINC</i> variable 1 = Less than \$10,000 2 = \$10,000 - \$19,999 3 = \$20,000 - \$29,999 4 = \$30,000 - \$49,999 5 = \$50,000 or more 6 = Don't know	✓	✓	✓	✓	✓
<i>BxDEPRSS</i> Positive Depression Screen at Baseline	Num	3	Beneficiary's depression status at baseline based on three depression questions. The result is "1 = Yes" if any of the three questions (Q36 – Q38) were answered "yes". 0 = No 1 = Yes	✓	✓			
<i>BxDEPSCREEN</i> Positive Depression Screen	Num	3	Beneficiary's depression status at baseline based on four depression questions. The result is "1 = Positive" if any of three questions (Q36 – Q38) were answered "yes", or if Q39 was answered as having one or more days. 0 = Negative 1 = Positive			✓	✓	✓

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<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 questions 20 through 33.	✓	✓	✓	✓	✓
<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>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	✓	✓	✓	✓	✓
<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> <b>Blinded Plan Contract Number at Follow Up</b>	<b>Char</b>	<b>5</b>	<b>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.</b>	✓	✓	✓	✓	✓

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<i>FxPLAN_NAME</i> Plan name at Follow Up	Char	70	Plan name at the time of follow up sampling	✓	✓	✓	✓	✓
<i>FxPLAN_REG</i> NCQA Administrative Field at Follow Up	Char	1	NCQA administrative field at the time of follow up sampling	✓	✓			
<i>FxPRODUCT</i> Reporting Product at Follow Up	Num	3	Reporting product at the time of follow up sampling for <i>Cohorts 9 and 10</i> 1 = Health Maintenance Organizations (HMO) 2 = Point Of Service plans (POS) 3 = Preferred Provider Organizations (PPO) 4 = HMO/POS Combined 5 = Fee For Service (FFS)/Indemnity 6 = Other  Reporting product at the time of follow up sampling for <i>Cohort 11</i> 0 = NA 1 = HMO 2 = HMO/POS Combined 3 = POS 4 = PPO 6 = FFS/Indemnity (use for PFFS contracts) 8 = PPO/PFFS 9 = HMO/PPO/POS Combined 10 = HMO/PPO Combined 11 = POS/PPO Combined	✓	✓	✓		
<i>FxMODEL</i> Model Type at Follow Up	Num	3	Model type at the time of follow up sampling 0 = None 1 = Group Practice Model (Group) 2 = Individual Practice Association (IPA) 3 = Mixed 4 = Network 5 = Staff 6 = Other	✓	✓	✓		

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<i>FxVENDOR</i> Follow Up Survey: Survey Vendor	Num	3	Follow Up Survey Vendor: <i>Cohorts 9 and 10</i> <i>Cohorts 11 - 13</i> 1 = DataStat              1415 = DataStat 2 = DSS Research        1417 = DSS Research 3 = MORPACE             1440 = Morpace, Inc. 4 = Synovate              1437 = Synovate 5 = The Myers Group     1463 = The Myers Group 6 = WB&A                 1471 = WB&A	✓	✓	✓	✓	✓
<i>FxSNPEXFL</i> Exclusive Special Needs Plan Flag at Follow Up	Num	8	Exclusive Special Needs Plan Flag at the time of follow up sampling (for administrative use only)				✓	✓
<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>FxNCQASPCID</i> NCQA Special Area ID at Follow Up	Num	8	Special area 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	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	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			✓	✓	✓

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<i>FxFIDEIND</i> FIDE Applicant Frailty Assessment Indicator	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> FIDE Applicant Sampling Stage Indicator	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	Num	8	HOS Quality Reporting Sample Flag at the time of follow up sampling 0 = Not HOS quality reporting sample 1 = HOS quality reporting sample				✓	✓
<i>FxCITY</i> Member City at Follow Up	Char	22	Beneficiary's city from the follow up member level record	✓	✓	✓	✓	✓
<i>FxSTATE</i> Beneficiary's Follow Up State	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 Follow Up SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code	✓	✓	✓	✓	✓
<i>FxSTNAME</i> Beneficiary's Follow Up SSA State Name	Char	20	Beneficiary's state name based on the follow up SSA state code	✓	✓	✓	✓	✓
<i>FxSTATECDE</i> Beneficiary's State SSA Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record	✓	✓	✓	✓	✓

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<i>FxCTNAME</i> Beneficiary's Follow Up SSA County Name	Char	21	Beneficiary's county name based on the follow up SSA county code	✓	✓	✓	✓	✓
<i>FxCNTYCDE</i> Beneficiary's County SSA Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record	✓	✓	✓	✓	✓
<i>FxZIPCDE</i> Beneficiary's Follow Up ZIP Code	Char	9	Beneficiary's ZIP code from the follow up member level record	✓	✓	✓		
<i>FxRACE</i> Beneficiary's Follow Up Race (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>FxGENDER</i> Beneficiary's Follow Up Gender (CMS)	Num	3	Beneficiary's gender 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.	✓	✓	✓	✓	✓

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<i>FxESRD</i> Beneficiary's Follow Up ESRD Status	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 Follow Up Institutional Status	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	✓	✓	✓	✓	✓
<i>FxHOSPICE</i> Beneficiary's Follow Up Hospice Status	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 Follow Up Medicaid Status	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid	✓	✓	✓	✓	✓
<i>FxENTITLE</i> Beneficiary's Follow Up Reason for Entitlement	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	Num	3	Beneficiary's survey protocol from the follow up member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 6 = Chinese	✓	✓	✓	✓	✓
<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	✓	✓	✓	✓	✓

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<i>FxVRGENHTH</i> Follow Up Survey: General Health Question	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	Q1	Q1	Q1	Q1	Q1
<i>FxVRMACT</i> Follow Up Survey: Moderate Activities Question	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> <b><u>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u></b> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a	Q2a	Q2a	Q2a	Q2a
<i>FxVRSTAIR</i> Follow Up Survey: Climbing Several Flights of Stairs Question	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> <b><u>Climbing several flights of stairs</u></b> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b	Q2b	Q2b	Q2b	Q2b
<i>FxVRPACCL</i> Follow Up Survey: Physical Health Limiting Amount Accomplished Question	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> <b><u>Accomplished less than you would like</u></b> 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	Q3a	Q3a	Q3a	Q3a	Q3a

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<i>FxVRPWORK</i> Follow Up Survey: Physical Health Limiting the Kind of Activities Question	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	Q3b	Q3b	Q3b	Q3b	Q3b
<i>FxVRMACCL</i> Follow Up Survey: Emotional Problems Limiting Amount Accomplished Question	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	Q4a	Q4a	Q4a	Q4a	Q4a
<i>FxVRMWORK</i> Follow Up Survey: Emotional Problems Limiting Carefulness Question	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	Q4b	Q4b	Q4b	Q4b	Q4b

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<i>FxVRPAIN</i> Follow Up Survey: Pain Interfering with Work Question	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	Q5	Q5	Q5	Q5	Q5
<i>FxVRCALM</i> Follow Up Survey: Calm and Peaceful Question	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	Q6a	Q6a	Q6a	Q6a	Q6a
<i>FxVREENERGY</i> Follow Up Survey: Lots of Energy Question	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	Q6b	Q6b	Q6b	Q6b	Q6b

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<i>FxVRDOWN</i> Follow Up Survey: Downhearted and Blue Question	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 <b>past 4 weeks</b>. 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 <b>past 4 weeks</b>...</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	Q6c	Q6c	Q6c	Q6c	Q6c
<i>FxVRSACT</i> Follow Up Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>During the <b>past 4 weeks</b>, how much of the time has your <b>physical health or emotional problems</b> 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	Q7	Q7	Q7	Q7	Q7
<i>FxVRPHCMP</i> Follow Up Survey: Physical Health Compared to One Year Ago Question	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. <b>Compared to one year ago</b>, how would you rate your <b>physical health</b> in general <b>now</b>?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8	Q8	Q8	Q8	Q8

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<i>FxVRMHCMP</i> Follow Up Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: <b><i>Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i></b> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9	Q9	Q9	Q9	Q9
<i>FxADLBTH</i> Follow Up Survey: Bathing Question	Num	3	Beneficiary's response from the follow up survey: <b><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></b> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a	Q10a	Q10a	Q10a	Q10a
<i>FxADLDRS</i> Follow Up Survey: Dressing Question	Num	3	Beneficiary's response from the follow up survey: <b><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></b> <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b	Q10b	Q10b	Q10b	Q10b
<i>FxADLEAT</i> Follow Up Survey: Eating Question	Num	3	Beneficiary's response from the follow up survey: <b><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></b> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c	Q10c	Q10c	Q10c	Q10c

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<i>FxADLCHR</i> Follow Up Survey: Getting In/Out of Chairs Question	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 <b>without special equipment or help from another person?</b></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	Q10d	Q10d	Q10d	Q10d	Q10d
<i>FxADLWLK</i> Follow Up Survey: Walking Question	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 <b>without special equipment or help from another person?</b></i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e	Q10e	Q10e	Q10e	Q10e
<i>FxADLTLT</i> Follow Up Survey: Using the Toilet Question	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 <b>without special equipment or help from another person?</b></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	Q10f	Q10f	Q10f	Q10f	Q10f
<i>FxHDPHY</i> Follow Up Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: <i>These next questions ask about your physical and mental health during the past 30 days. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the <b>past 30 days</b> was your physical health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>	Q11	Q11	Q11	Q11	Q11

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<i>FxHDMEN</i> Follow Up Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: <i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <b>past 30 days</b> was your mental health <b>not</b> good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)</i>	Q12	Q12	Q12	Q12	Q12
<i>FxHDACT</i> Follow Up Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the follow up survey: <i>During the <b>past 30 days</b>, for about how many days did <b>poor</b> 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.)</i>	Q13	Q13	Q13	Q13	Q13
<i>FxCHSTEX</i> Follow Up Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the follow up survey: <i>Now we are going to ask some questions about specific medical conditions. During the <b>past 4 weeks</b>, how often have you had any of the following problems?</i> <u>Chest pain or pressure when you exercise</u> 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	Q14a	Q14a	Q14a	Q14a	Q14a
<i>FxCHSTRST</i> Follow Up Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the follow up survey: <i>During the <b>past 4 weeks</b>, how often have you had any of the following problems?</i> <u>Chest pain or pressure when resting</u> 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	Q14b	Q14b	Q14b	Q14b	Q14b

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<i>FxSOBFLT</i> Follow Up Survey: Shortness of Breath when Lying Flat Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When lying down flat</u> 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	Q15a	Q15a	Q15a	Q15a	Q15a
<i>FxSOBSIT</i> Follow Up Survey: Shortness of Breath when Sitting or Resting Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When sitting or resting</u> 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	Q15b	Q15b	Q15b	Q15b	Q15b
<i>FxSOBWLK</i> Follow Up Survey: Shortness of Breath when Walking Less than One Block Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When walking less than one block</u> 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	Q15c	Q15c	Q15c	Q15c	Q15c
<i>FxSOBSTR</i> Follow Up Survey: Shortness of Breath when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how often have you felt short of breath under the following conditions?</i> <u>When climbing one flight of stairs</u> 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	Q15d	Q15d	Q15d	Q15d	Q15d

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<i>FxFTNUMB</i> Follow Up Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Numbness or loss of feeling in your feet</u> 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	Q16a	Q16a	Q16a	Q16a	Q16a
<i>FxFTSENS</i> Follow Up Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Tingling or burning sensation in your feet especially at night</u> 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	Q16b	Q16b	Q16b	Q16b	Q16b
<i>FxFTHC</i> Follow Up Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Decreased ability to feel hot or cold with your feet</u> 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	Q16c	Q16c	Q16c	Q16c	Q16c
<i>FxFTSRS</i> Follow Up Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?</i> <u>Sores or wounds on your feet that did not heal</u> 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	Q16d	Q16d	Q16d	Q16d	Q16d

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<i>FxPNART</i> Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how would you describe any arthritis pain you usually had?</i> 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q17	Q17	Q17	Q17	Q17
<i>FxREAD</i> Follow Up Survey: Vision Question	Num	3	Beneficiary's response from the follow up survey: <i>Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?</i> 1 = Yes 2 = No	Q18	Q18	Q18	Q18	Q18
<i>FxHEAR</i> Follow Up Survey: Hearing Question	Num	3	Beneficiary's response from the follow up survey: <i>Can you hear <b>most</b> of the things people say (with a hearing aid if that's how you hear best)?</i> 1 = Yes 2 = No	Q19	Q19	Q19	Q19	Q19
<i>FxCCHBP</i> Follow Up Survey: Hypertension Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No	Q20	Q20	Q20	Q20	Q20
<i>FxCC_CAD</i> Follow Up Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No	Q21	Q21	Q21	Q21	Q21
<i>FxCC_CHF</i> Follow Up Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No	Q22	Q22	Q22	Q22	Q22

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<i>FxCCMI</i> Follow Up Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No	Q23	Q23	Q23	Q23	Q23
<i>FxCCHRTOTH</i> Follow Up Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever 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	Q24	Q24	Q24	Q24	Q24
<i>FxCCSTROKE</i> Follow Up Survey: Stroke Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>A stroke</u> 1 = Yes 2 = No	Q25	Q25	Q25	Q25	Q25
<i>FxCC_COPD</i> Follow Up Survey: COPD Question	Num	3	Beneficiary's response from the follow up 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	Q26	Q26	Q26	Q26	Q26
<i>FxCCGI</i> Follow Up Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the follow up 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	Q27	Q27	Q27	Q27	Q27
<i>FxCCARTHIP</i> Follow Up Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hip or knee</u> 1 = Yes 2 = No	Q28	Q28	Q28	Q28	Q28

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<i>FxCCARTHND</i> Follow Up Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hand or wrist</u> 1 = Yes 2 = No	Q29	Q29	Q29	Q29	Q29
<i>FxCCOSTEO</i> Follow Up Survey: Osteoporosis Question	Num	3	Beneficiary's response from the follow up 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	Q30	Q30	Q30	Q30	Q30
<i>FxCCSCIATI</i> Follow Up Survey: Sciatica Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Sciatica (pain or numbness that travels down your leg to below your knee)</u> 1 = Yes 2 = No	Q31	Q31	Q31	Q31	Q31
<i>FxCCDIABET</i> Follow Up Survey: Diabetes Question	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	Q32	Q32	Q32	Q32	Q32
<i>FxCCANYCA</i> Follow Up Survey: Any Cancer Question	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	Q33	Q33	Q33	Q33	Q33
<i>FxCCACOLON</i> Follow Up Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No	Q34a	Q34a	Q34a	Q34a	Q34a

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<i>FxCALUNG</i> Follow Up Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No	Q34b	Q34b	Q34b	Q34b	Q34b
<i>FxCABRST</i> Follow Up Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No	Q34c	Q34c	Q34c	Q34c	Q34c
<i>FxCAPROS</i> Follow Up Survey: Prostate Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <b><i>If you answered "yes" to question 33 above (that you have had cancer)</i></b> <i>Are you currently under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No	Q34d	Q34d	Q34d	Q34d	Q34d
<i>FxPNBACK</i> Follow Up Survey: Low Back Pain Question	Num	3	Beneficiary's response from the follow up survey: <b><i>In the past 4 weeks, how often has low back pain interfered with your usual daily activities (work, school or housework)?</i></b> 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	Q35	Q35	Q35	Q35	Q35
<i>FxDEP2WK</i> Follow Up Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the follow up survey: <b><i>In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?</i></b> 1 = Yes 2 = No	Q36	Q36	Q36	Q36	Q36

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<i>FxDEPYR</i> Follow Up Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past year, have you felt depressed or sad much of the time?</i> 1 = Yes 2 = No	Q37	Q37	Q37	Q37	Q37
<i>FxDEP2YR</i> Follow Up Survey: Depression Most of the Time Question	Num	3	Beneficiary's response from the follow up survey: <i>Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?</i> 1 = Yes 2 = No	Q38	Q38	Q38	Q38	Q38
<i>FxDEPWEEK</i> Depressed for How Much of the Time in Past Week	Num	3	Beneficiary's response from the follow up survey: <i>How much of the time in the past week did you feel depressed?</i> <u>Cohorts 9-11</u> 1 = Less than one day 2 = One or two days 3 = Three or four days 4 = More than four days <u>Cohort 12-13</u> 1 = Rarely or none of the time 2 = Some or a little of the time 3 = Occasionally or a moderate amount of time 4 = Most or all of the time	Q39	Q39	Q39	Q39	Q39
<i>FxCMPHTH</i> Follow Up Survey: Comparative Health Question	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	Q40	Q40	Q40	Q40	Q40
<i>FxSMOKE</i> Follow Up Survey: Current Smoker Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you now smoke every day, some days, or not at all?</i> 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q41	Q41	Q41	Q41	Q41

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<i>FxMUILKG</i> Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>Many people experience problems with urinary incontinence, the leakage of urine. In the <b>past 6 months</b>, have you accidentally leaked urine?</i> 1 = Yes (Go to Q43) 2 = No (Go to Q46)	Q42	Q42	Q42	Q42	Q42
<i>FxMUIMAG</i> Follow Up Survey: Magnitude of Urine Leakage Problem Question	Num	3	Beneficiary's response from the follow up survey: <i>How much of a problem, if any, was the urine leakage for you?</i> 1 = A big problem (Go to Q44) 2 = A small problem (Go to Q44) 3 = Not a problem (Go to Q46)	Q43	Q43	Q43	Q43	Q43
<i>FxMUITLK</i> Follow Up Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>Have you talked with your current doctor or other health provider about your urine leakage problem?</i> 1 = Yes 2 = No	Q44	Q44	Q44	Q44	Q44
<i>FxMUITRT</i> Follow Up Survey: Received Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?</i> 1 = Yes 2 = No	Q45	Q45	Q45	Q45	Q45
<i>FxPAOTLK</i> Follow Up Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>In the <b>past 12 months</b>, 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 Q47) 2 = No (Go to Q47) 3 = I had no visits in the past 12 months (Go to Q48)	Q46	Q46	Q46	Q46	Q46

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<i>FxPAOADV</i> Follow Up Survey: Advised to Increase or Maintain Activities Question	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	Q47	Q47	Q47	Q47	Q47
<i>FxFRMTLK</i> Follow Up Survey: Talked with Doctor about Falling or Balance Problem Question	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	Q48	Q48	Q48	Q48	Q48
<i>FxFRMFALL</i> Follow Up Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: <i>Did you fall in the past 12 months?</i> 1 = Yes 2 = No	Q49	Q49	Q49	Q49	Q49
<i>FxFRMBAL</i> Follow Up Survey: Problem with Walking or Balance in Past 12 Months Question	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	Q50	Q50	Q50	Q50	Q50

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<i>FxFRMPREV</i> Follow Up Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the follow up survey: <i>Has your doctor or other health provider done these or anything else to help prevent falls or treat problems with balance or walking? Some things they might do include:</i> <ul style="list-style-type: none"> <li>• Suggest that you use a cane or walker</li> <li>• Check your blood pressure lying or standing</li> <li>• Suggest that you do an exercise or physical therapy program</li> <li>• Suggest a vision or hearing testing</li> </ul> 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q51	Q51	Q51	Q51	Q51
<i>FxOTOTEST</i> Follow Up Survey: Bone Density Test for Osteoporosis Question	Num	3	Beneficiary's response from the follow up survey: <i>Have you ever had a <b>bone density test</b> to check for <b>osteoporosis</b>, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.</i> 1 = Yes 2 = No	Q52	Q52	Q52	Q52	Q52
<i>FxWEIGHT</i> Follow Up Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the follow up survey: <i>How much do you weigh in pounds (lbs.)?</i> 01 = 90 lbs. or less      14 = 211–220 lbs. 02 = 91–100 lbs.        15 = 221–230 lbs. 03 = 101–110 lbs.       16 = 231–240 lbs. 04 = 111–120 lbs.       17 = 241–250 lbs. 05 = 121–130 lbs.       18 = 251–260 lbs. 06 = 131–140 lbs.       19 = 261–270 lbs. 07 = 141–150 lbs.       20 = 271–280 lbs. 08 = 151–160 lbs.       21 = 281–290 lbs. 09 = 161–170 lbs.       22 = 291–300 lbs. 10 = 171–180 lbs.       23 = 301–310 lbs. 11 = 181–190 lbs.       24 = 311–320 lbs. 12 = 191–200 lbs.       25 = 321 lbs. or more 13 = 201–210 lbs.	Q53	Q53	Q53	Q53	
<i>FxWEIGHTLB</i> Follow Up Survey: How much do you weigh in pounds (lbs.) Question	Num	8	Beneficiary's response from the follow up survey: <i>How much do you weigh in pounds (lbs.)?</i>					Q53

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<b>FIELD NAME / DESCRIPTION</b> <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	<b>FIELD TYPE</b>	<b>FIELD LENGTH</b>	<b>ADDITIONAL INFORMATION AND VALID VALUES</b>	<b>B9F9*</b> FIELDS	<b>B10F10<sup>†</sup></b> FIELDS	<b>B11F11<sup>§</sup></b> FIELDS	<b>B12F12<sup>#</sup></b> FIELDS	<b>B13F13<sup>°</sup></b> FIELDS
<i>Fx</i> HEIGHT Follow Up Survey: How Tall Are You Without Shoes (ft. in.) Question	Num	8	Beneficiary's response from the follow up survey: <i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i> 01 = 5 ft. 00 in. or less    09 = 5 ft. 08 in. 02 = 5 ft. 01 in.            10 = 5 ft. 09 in. 03 = 5 ft. 02 in.            11 = 5 ft. 10 in. 04 = 5 ft. 03 in.            12 = 5 ft. 11 in. 05 = 5 ft. 04 in.            13 = 6 ft. 00 in. 06 = 5 ft. 05 in.            14 = 6 ft. 01 in. 07 = 5 ft. 06 in.            15 = 6 ft. 02 in. 08 = 5 ft. 07 in.            16 = 6 ft. 03 in. or more	Q54	Q54	Q54	Q54	
<i>Fx</i> HEIGHTFT Follow Up Survey: How tall are you without shoes on in feet (ft.) and inches (in.) Question	Num	8	Beneficiary's response from the follow up survey: <i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i>  <b>Note:</b> This field contains only the feet (ft.) portion of the response.					Q54a
<i>Fx</i> HEIGHTIN Follow Up Survey: How tall are you without shoes on in feet (ft.) and inches (in.) Question	Num	8	Beneficiary's response from the follow up survey: <i>How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)</i>  <b>Note:</b> This field contains only the inches (in.) portion of the response.					Q54b
<i>Fx</i> SRVBRYR Follow Up Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the follow up survey: <i>In what <b>year</b> were you born? Please provide your <b>year of birth</b> only.</i>	Q55	Q55	Q55	Q55	Q55
<i>Fx</i> SRVGEND Follow Up Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you male or female?</i> 1 = Male 2 = Female	Q56	Q56	Q56	Q56	Q56
<i>Fx</i> HISPAN Follow Up Survey: Hispanic Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic or Latino origin or descent?</i> 1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Q57	Q57	Q57	Q57	Q57

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<i>FxRCNATAM</i> Follow Up Survey: American Indian or Alaskan Native Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>a. American Indian or Alaskan Native</u> 0 = No 1 = Yes	Q58a	Q58a	Q58a	Q58a	Q58a
<i>FxRCASIAN</i> Follow Up Survey: Asian Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>b. Asian</u> 0 = No 1 = Yes	Q58b	Q58b	Q58b	Q58b	Q58b
<i>FxRCAFRAM</i> Follow Up Survey: Black or African American Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>c. Black or African American</u> 0 = No 1 = Yes	Q58c	Q58c	Q58c	Q58c	Q58c
<i>FxRCNHPI</i> Follow Up Survey: Native Hawaiian or other Pacific Islander Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>d. Native Hawaiian or Other Pacific Islander</u> 0 = No 1 = Yes	Q58d	Q58d	Q58d	Q58d	Q58d
<i>FxRCWHITE</i> Follow Up Survey: White Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>e. White</u> 0 = No 1 = Yes	Q58e	Q58e	Q58e	Q58e	Q58e
<i>FxRCOTHER</i> Follow Up Survey: Another Race Question	Num	3	Beneficiary's response from the follow up survey: <i>How would you describe your race? Please mark one or more.</i> <u>f. Another race</u> 0 = No 1 = Yes	Q58f	Q58f	Q58f		

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<i>FxMARITAL</i> Follow Up Survey: Marital Status Question	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	Q59	Q59	Q59	Q59	Q59
<i>FxEDUC</i> Follow Up Survey: Education Question	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 <sup>th</sup> 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	Q60	Q60	Q60	Q60	Q60
<i>FxHMOWN</i> Follow Up Survey: Housing Question	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	Q61	Q61	Q61	Q61	Q61
<i>FxCMPWHO</i> Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: <i>Who completed this survey form?</i> 1 = Person to whom survey was addressed ( <i>Go to Q64</i> ) 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	Q62	Q62	Q62	Q62	Q62

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<i>FxHHINC</i> Follow Up Survey: Household Income Question	Num	3	Beneficiary's response from the follow up survey: <i>Which of the following categories best represents the <b>combined income for all family members in your household for the past 12 months?</b></i> 1 = Less than \$5,000 2 = \$5,000 - \$9,999 3 = \$10,000 - \$19,999 4 = \$20,000 - \$29,999 5 = \$30,000 - \$39,999 6 = \$40,000 - \$49,999 7 = \$50,000 - \$79,999 8 = \$80,000 - \$99,999 9 = \$100,000 or more 10 = Don't know	Q64	Q64	Q64	Q64	Q64

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<i>FxSRVDISP</i> Disposition of Follow Up Survey	Char	3	Survey disposition at follow up (“M” prefix=Mail, “T” prefix=Telephone) M10/T10 <sup>A</sup> = Complete survey (80-100% complete) M11/T11 <sup>B</sup> = Nonresponse: partial complete survey (50-79% complete) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MAO M22/T22 <sup>C</sup> = Ineligible: end stage renal disease M23/T23 = Ineligible: language barrier 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 = 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 <sup>A</sup> Since 2011 Cohort 12 a complete survey also includes all 6 ADL items (Q10a-f) answered <sup>B</sup> Since 2011 Cohort 12 a partial complete survey also includes 80% or more completion with at least one ADL item (Q10a-f) unanswered <sup>C</sup> Since 2010 Cohort 11 the M22/T22 codes for ESRD were removed	✓	✓	✓	✓	✓

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<i>FxSRVMODE</i> Round Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 <sup>st</sup> mailing M2 = 2 <sup>nd</sup> mailing T1 = 1 <sup>st</sup> telephone T2 = 2 <sup>nd</sup> telephone T3 = 3 <sup>rd</sup> telephone T4 = 4 <sup>th</sup> telephone T5 = 5 <sup>th</sup> telephone T6 = 6 <sup>th</sup> telephone T7 = 7 <sup>th</sup> telephone T8 = 8 <sup>th</sup> telephone T9 = 9 <sup>th</sup> telephone MT = Partially completed by mail and converted to complete by telephone MM = Partially completed by mail and converted to complete by mail re-contact 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	✓	✓	✓	✓	✓
<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 Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	9	Vendor's 9-digit unique CATI 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	✓	✓	✓	✓	✓

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<i>FxSPANFL</i> Follow Up Spanish Materials Flag	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration? 1 = Yes 2 = No <i>Note: This flag is <b>not</b> an indicator of whether the Spanish survey was completed.</i>	✓				
<i>FxEXCLUDE</i> Follow Up Survey: 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 <b>not</b> request <i>Take me off your list and/or never contact me again</i>	✓	✓	✓	✓	✓
<i>FxPROXST</i> Follow Up Survey: 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>FxCHIN</i> Follow Up Chinese Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a Chinese plan at follow up 1 = Member of a Chinese plan 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, M21, <b>M22<sup>A</sup></b> , M23, M25, T20, T21, <b>T22<sup>A</sup></b> , T23, or T24) <sup>A</sup> Note that the M22/T22 codes for ESRD were removed beginning with the <i>2010 Cohort 11</i> .	✓	✓	✓	✓	✓
<i>FxADLCOUNT</i> Follow Up Count of ADL Questions Answered	Num	3	Numeric count of the number of ADL questions answered in the Follow Up Survey (0-6)				✓	✓

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<i>FxPCTCMP</i> Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	✓	✓	✓	✓	✓
<i>FxCMPSRV</i> Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 80% of the follow up survey was completed <sup>A</sup> 0 = Incomplete 1 = Complete <sup>A</sup> Since 2011 Cohort 12 a complete survey also includes all 6 ADL items (Q10a-f) answered	✓	✓	✓	✓	✓
<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>FxTSRV DAT</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	✓	✓	✓	✓	✓

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<i>FxTSRV DATIM</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 following date, which represents a midpoint survey date: <ul style="list-style-type: none"> <li>• Cohort 9 - May 14, 2008</li> <li>• Cohort 10 - May 13, 2009</li> <li>• Cohort 11 - May 12, 2010</li> <li>• Cohort 12 - May 25, 2011</li> <li>• Cohort 13 - May 9, 2012</li> </ul> MMDDYY10. format	✓	✓	✓	✓	✓
<i>FxTDOELMT</i> Beneficiary's 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	✓	✓	✓	✓	✓
<i>FxBMI</i> Calculated Body Mass Index	Num	8	<u>Cohorts 9-12</u> BMI = [Midpoint weight from <i>FxWEIGHT</i> category in pounds / (Height from <i>FxHEIGHT</i> in inches) <sup>2</sup> ] x 703  <u>Cohort 13</u> BMI = [ <i>FxWEIGHTLB</i> / (Height in inches from <i>FxHEIGHTFT</i> and <i>FxHEIGHTIN</i> ) <sup>2</sup> ] x 703	✓	✓	✓	✓	✓
<i>FxBMICAT</i> Categories of Body Mass Index	Num	3	1 = Underweight (BMI <20) 2 = Normal (BMI 20 - <25) 3 = Overweight (BMI 25 - <30) 4 = Obese (BMI 30 - <35) 5 = Morbid Obesity (BMI ≥ 35)	✓	✓	✓	✓	✓
<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	✓	✓	✓	✓	✓
<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	✓	✓	✓	✓	✓

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<i>Px</i> CONT_ID Blinded Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.	✓	✓	✓	✓	✓
<i>Px</i> HDOB 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>Px</i> THDOB 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>Px</i> HDOD 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>Px</i> THDOD 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>Px</i> ACTDTH Beneficiary's death within 2 year window indicator	Num	3	Beneficiary's death within 2 year window indicator	✓	✓	✓	✓	✓
<i>Px</i> GROUP Three-Level Baseline Status Indicator	Char	6	Three-level status indicator for all members of the baseline sample Group1 = baseline members in plans not existing at the time of follow up Group2 = baseline members in plans 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, they disenrolled from their plan, or they were deceased subsequent to the baseline survey Group3 = baseline members in plans still existing at follow up and who were part of the follow up sample	✓	✓	✓	✓	✓

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<b>FIELD NAME / DESCRIPTION</b> <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	<b>FIELD TYPE</b>	<b>FIELD LENGTH</b>	<b>ADDITIONAL INFORMATION AND VALID VALUES</b>	<b>B9F9*</b> FIELDS	<b>B10F10<sup>†</sup></b> FIELDS	<b>B11F11<sup>§</sup></b> FIELDS	<b>B12F12<sup>#</sup></b> FIELDS	<b>B13F13<sup>∞</sup></b> FIELDS
<i>PxSTATUS</i> Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample 1 = Beneficiary's plan is no longer a part of HOS at the time of 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 is no longer a part of HOS at the time of 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 is no longer a part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 4 = Beneficiary's plan is no longer a part of HOS at the time of 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 is part of HOS at the time of 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 is part of HOS at the time of 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 is part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan is part of HOS at the time of 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	✓	✓	✓	✓	✓

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<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 = 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 Report of Managed Care Health Plans Utilized at Baseline	Num	8	SAS date of CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format	✓	✓	✓	✓	✓
<i>BxPLTYPE</i> Plan Type at Baseline	Char	40	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans 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 of Managed Care Health Plans 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 of Managed Care Health Plans at the time of the baseline survey administration	✓	✓	✓	✓	✓
<i>BxPLPOP</i> Number Enrolled in Plan at Baseline	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓	✓	✓	✓

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<i>BxPOPCAT</i> Number Enrolled in Plan Category at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans 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>BxPLSTDT</i> Plan Contract Start SAS Date at Baseline	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration MMDDYY10. format		✓	✓	✓	✓
<i>BxPLSTDTN</i> Plan Contract Start SAS Date at Baseline	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration MMDDYY10. format	✓				
<i>BxPLANSTN</i> Plan State at Baseline	Char	2	<b>This field was the State level unit of analysis for the Cohort 9 and 10 Baseline Reports.</b> 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>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					✓

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<i>BxPLREGCDE</i> Plan's CMS Regional Office Code at Baseline	Num	3	Plan's regional office code as derived from the 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	✓	✓	✓	✓	✓
<i>BxPLDUR</i> Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans 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	<b>This field was the State level unit of analysis for the Cohort 11 through Cohort 13 Baseline Reports.</b> 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 Monthly Report of Managed Care Health Plans Utilized at Follow Up	Num	8	SAS Date of CMS Monthly Report of Managed Care Health Plans 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	40	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓

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<i>FxPLORGNM</i> Plan Organization Name at Follow Up - source CMS	Char	50	Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓
<i>FxPLMEDP</i> Plan Medicare Product Name at Follow Up - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans 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 of Managed Care Health Plans 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 of Managed Care Health Plans 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 of Managed Care Health Plans 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	✓	✓	✓	✓	✓

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<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				✓	✓
<i>FxPLREGCDE</i> Plan's CMS Regional Office Code at Follow Up	Num	3	Plan's regional office code as derived from the 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, as listed in the CMS Monthly Report of Managed Care Health Plans 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 the CMS Monthly Report of Managed Care Health Plans Utilized for Performance Measurement	Num	8	SAS Date of the CMS Monthly Report of Managed Care Health Plans 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	40	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓

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<i>PxPLORGNM</i> Plan Organization Name - source CMS	Char	50	Plan organization name from the CMS Monthly Report of Managed Care Health Plans 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 of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓
<i>PxPLPOP</i> Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan population as listed in the CMS Monthly Report of Managed Care Health Plans 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 of Managed Care Health Plans 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 of Managed Care Health Plans 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. <b>This was the state level unit of analysis for the <u>Cohort 9</u> performance measurement report.</b>	✓	✓	✓	✓	✓
<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	✓	✓	✓	✓	✓

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<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			✓	✓	✓
<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 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, as listed in the CMS Monthly Report of Managed Care Health Plans 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	✓	✓	✓	✓	✓

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<i>PxRPTST</i> Reporting Plan State at the Time of Performance Measurement Reporting	Char	2	<b>This field was the state level unit of analysis for the <i>Cohort 10</i> through <i>Cohort 13</i> Performance Measurement Reports.</b> 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>Note: The FS value, used in Cohort 11 - 13, represents PFFS contracts. The RS value, used in Cohorts 10 - 13, represents RPPO contracts.</i>		✓	✓	✓	✓

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