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Medicare Health Outcomes Survey 2023-2025 Cohort 26 Performance Measurement Data Users Guide

**Centers for Medicare & Medicaid Services
Health Services Advisory Group**



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Preface

Medicare Health Outcomes Survey

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs). The Medicare Health Outcomes Survey (HOS) is the first patient-reported health outcomes measure for the Medicare population in managed care settings. The HOS design is based on a randomly selected sample of individuals from each participating MAO and measures physical and mental health over a two-year period.

General information about the Medicare HOS Program is available on the [CMS HOS website](#). A full description of the program is available on the HOS website at www.HOSonline.org.

This HOS 2023-2025 Cohort 26 Performance Measurement **Data Users Guide** (DUG) explains the contents of beneficiary-level 2023-2025 Cohort 26 Performance Measurement data files for MAOs. The DUG includes an overview of the file organization, an explanation of derived fields, a table defining the attributes of all fields in the files, and copies of the survey instruments annotated with the field names in the data files.

The *2023-2025 Cohort 26 Performance Measurement Reports*, which are based on these data, were made available to participating MAOs via the CMS Health Plan Management System (HPMS) in July 2026. The MAO reports summarize the results for an individual MAO compared with the national HOS total. The *HOS Sample Performance Measurement Report* is also available on the Sample Reports page of the [Resources](#) section on the HOS website. This report is an example of the reports distributed to the MAOs and describes the program background, methodology, design, and national HOS results. The sample report displays the actual results for the national HOS total but uses hypothetical data for the MAO and state summaries.

Statutory Authority

Section 722 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandates collecting, analyzing, and reporting health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must use the same types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the first patient-reported outcomes measure in Medicare managed care and therefore remains a critical part of assessing MAO quality. In addition, CMS includes the HOS results as a component of the Medicare Plan Finder (www.medicare.gov/plan-compare), a web-based tool that helps inform beneficiaries about Medicare enrollment choices. CMS incorporates new survey components in the HOS, as appropriate, to provide outcome measures that MAOs can use in quality improvement initiatives.

Technical Assistance

Medicare HOS Information and Technical Support at hos@hsag.com or (888) 880-0077 is available to assist with questions regarding the data file. For more detailed discussions on the sampling, survey administration, data collection, and instruments, please refer to the *Healthcare Effectiveness Data and Information Set (HEDIS®)*¹ *Measurement Year (MY) 2022* and *HEDIS MY 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey* manuals. The most recent HEDIS Volume 6 manuals are available at no cost from the [NCQA store](#).^{2,3} Copies of older HEDIS publications may be obtained by calling NCQA Customer Support at (888) 275-7585. Additionally, a glossary consisting of definitions relevant to the HOS may be accessed from the [Glossary](#) link at the bottom of each HOS webpage.

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

² National Committee for Quality Assurance. *HEDIS® MY 2022, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2023.

³ National Committee for Quality Assurance. *HEDIS® MY 2024 Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2025.

Methodology and Design

2023-2025 Medicare Advantage Organization Participation

MAOs with a minimum enrollment of 500 beneficiaries, and with Medicare contracts in effect on or before January 1, 2022, were required by CMS to administer the Cohort 26 Baseline survey in 2023:

- All MAOs, including all coordinated care contracts, local and regional preferred provider organizations (PPO), Private Fee-for-Service (PFFS) contracts, and Medical Savings Account (MSA) contracts
- Section 1876 cost contracts, even if closed for enrollment
- Employer/union only contracts
- Medicare-Medicaid Plans (MMP)

For MAOs that offered an Institutional Special Needs Plan (I-SNP) and had Medicare Advantage contracts in effect on or before January 1, 2022, the HOS reporting requirements were as follows. Contracts with only one Plan Benefit Package (PBP), or with multiple PBPs that were all I-SNPs, were excluded from the 2023 Baseline HOS. Contracts with at least one non-I-SNP PBP were required to administer 2023 HOS Baseline if 500 or more non-I-SNP members remained in the contract after I-SNP members were removed.

MAOs that administered the Cohort 26 Baseline survey in 2023 were required by CMS to administer the Cohort 26 Follow Up survey in 2025. In the event of a consolidation, merger, or novation, the surviving contract had to report Follow Up HOS for all members of all contracts involved. All eligible members of these contracts were resurveyed, and the results were reported as one under the surviving contract. For a contract conversion, the contract had to report if its new organization type was required to report. Refer to the MAO Performance Measurement Contract List available from the [Survey Results](#) page of the HOS website.

MAOs sponsoring Fully Integrated Dual Eligible (FIDE) Special Needs Plans (SNPs) within Medicare contracts in effect on or before January 1, 2024, and with a minimum enrollment of 50 beneficiaries could elect to report the 2025 HOS or HOS–Modified (HOS-M) at the PBP level for a frailty assessment under the Affordable Care Act. The assessment determined eligibility for a frailty adjustment payment, like the payments provided to Program of All-Inclusive Care for the Elderly (PACE), for FIDE SNPs with a similar average level of frailty to PACE. The FIDE SNP sponsors were permitted to choose whether their assessments would be calculated based on activities of daily living (ADL) items reported in the HOS or on a separate sample of beneficiaries who completed the HOS-M. Voluntary reporting for frailty assessment at the FIDE SNP level is in addition to standard HOS requirements for quality reporting at the contract level.

Sampling Methodology

2023 Cohort 26 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- MAOs with fewer than 500 beneficiaries enrolled were not required to report HOS.
- For MAOs with 500 to 1,200 beneficiaries, all eligible beneficiaries were included in the sample.
- For MAOs with more than 1,200 beneficiaries, a simple random sample of 1,200 beneficiaries was selected.
- Beneficiaries were defined as eligible if they were 18 years or older on the date the sample was drawn. The six months enrollment requirement was waived beginning in 2009, and beneficiaries with End Stage Renal Disease (ESRD) were no longer excluded from the sampling beginning in 2010. Since 2019, MAOs could request a survey sample larger than 1,200. Oversampling was expressed as a whole percentage of the standard sample size. Since 2020, I-SNPs have been excluded at the PBP level from the HOS Baseline.

2025 Cohort 26 Follow Up Sampling

CMS identified beneficiaries from the 2023 Cohort 26 Baseline sample who were eligible for remeasurement as follows:

- Beneficiaries were eligible for remeasurement if they had sufficient data to derive physical health or mental health summary scores at baseline, were not deceased, and were enrolled in the same MAO contract at the time of the follow up sampling.

Beneficiaries were excluded if they did not have summary scores at baseline, had disenrolled from their MAO at the time of the follow up sampling, or died after the baseline survey. Although deceased beneficiaries were excluded from the follow up sample, CMS includes deceased baseline respondents in the MAO files and when calculating the two-year death rate for the HOS performance measurement results. Beneficiaries who were not enrolled in their original contract when the follow-up sample was drawn are not included in the MAO files. Furthermore, beneficiaries who were not enrolled in their original contract at follow up will not have person-level performance measurement scores calculated. These beneficiaries will, however, be included as part of the analytic sample in the case-mix analysis.

The baseline and follow up survey samples were comprised of beneficiaries who completed the HOS in English, Spanish, Chinese, or Russian language versions of the mail survey. Though the Russian language option became available in 2019, no mail surveys were completed in Russian for the Cohort 26 Baseline or Cohort 26 Follow Up. For the telephone phase, a standardized version of an Electronic Telephone Interviewing System was used to collect interview data in English, Spanish, or Chinese. The Chinese language protocol was added to the HOS in 2020.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 3.0 for the 2023 Cohort 26 Baseline and the 2025 Cohort 26 Follow Up. The HOS 3.0 incorporated the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instruments is available in the HEDIS MY 2022 and HEDIS MY 2024 Volume 6 manuals.^{2,3} Appendix A provides the data file layout by position, and the Annotated Baseline and Follow Up Survey forms showing the field names for each question are available in Appendices B and C of this DUG.

Summary Measures

VR-12

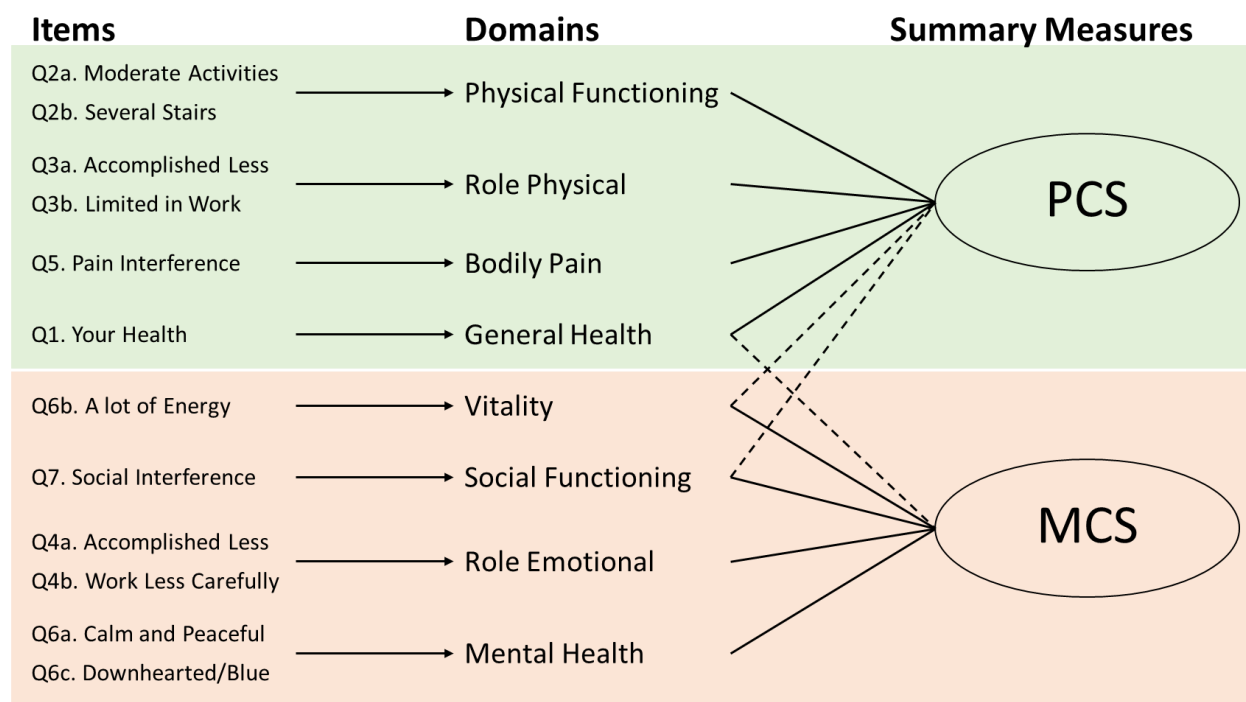
The key component of the HOS for assessment of the physical and mental health functioning is the VR-12 health survey.⁴ The VR-12 consists of 14 items, 12 of which are used in the calculation of eight health domains and two summary measures, the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the 36-item health survey previously used in HOS 1.0. Each domain aggregates one or two items and all eight domains are used to calculate the two summary measures, as illustrated in Figure 1. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix **B26VR** for the baseline, and **F26VR** for the follow up fields in the data file.

The baseline and follow up PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and for imputation of missing data.⁵ These unadjusted scores are used to create the final adjusted change scores that are discussed in the Physical and Mental Component Summary Scores section. The MRE is a general method for obtaining scale scores in the context of missing data, where a different set of regression weights is applied depending on the pattern of missing item responses. With the MRE, it is possible to obtain scores for PCS alone, MCS alone, or both scores. A completed survey is defined as one that can be used to calculate at least one of the scores.

⁴ Information about the VR-36, VR-12, and VR-6D instruments is available on the Boston University School of Public Health website. For information about the instruments and to request permission to use the documentation and scoring algorithms, go to: <https://www.bu.edu/sph/research/centers-and-groups/vr-36-vr-12-and-vr-6d/>. Accessed on: April 29, 2026.

⁵ Iqbal SU, Rogers W, Selim A, et al. *The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used*. 2007.

Figure 1: Mapping of HOS VR-12 to Eight Health Domains and Two Summary Measures



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

Physical and Mental Component Summary Scores

For those beneficiaries with complete responses across the VR-12, the following steps were taken to calculate PCS and MCS:⁶

- Step One: New variables were created for each response level choice with one level omitted. Using the 59 total response categories across the VR-12 questions, 47 indicator variables were created.
- Step Two: Aggregate PCS and MCS scores were created separately from a regression equation that weighted each of the 47 indicator variables. The weights were derived from the Veterans SF-36 PCS and MCS Scales using the 1999 Large Health Survey of Veteran Enrollees.
- Step Three: A constant was added to each of the estimates obtained from Step Two. The scores were then standardized using normative values from a 1990 U.S. general population. Therefore, a mean score of 50 represents the national average, a 10-point difference above and below the mean score is one standard deviation, and, with few exceptions, the scores have a range of 0 through 100 (higher being better).

⁶ Spiro A, Rogers WH, Qian S, Kazis LE. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004.

- Step Four: When a beneficiary had missing data across any of the VR-12 items, PCS and MCS scores were imputed using the MRE. Using the MRE algorithm, PCS and MCS scores can be calculated in as many as 90% of the cases in which one or more VR-12 responses are missing.⁷ Depending on the pattern of missing item responses for a beneficiary, a different set of regression weights was required to compute that individual's PCS and/or MCS scores.⁶ For each combination of missing data, the beneficiaries' data were merged with the stored regression weights and the PCS or MCS scores were computed and then standardized using the normative values from Step Three.
- Step Five: Beneficiary PCS and MCS results were mode adjusted for the impact of telephone administration compared to the reference mode of mail administration. Comparisons across the VR-12 of matched HOS and Veterans Administration surveys for the same respondents show that PCS and MCS scores are, on average, 1.9 and 4.5 points greater respectively for telephone compared to mail administered surveys.⁸ Therefore, for telephone surveys, 1.9 points were subtracted from the PCS score and 4.5 points were subtracted from the MCS score.

For the physical health summary measure, very high scores indicate no physical limitations, disabilities, or decline in well-being; high energy level; and a rating of health as "excellent." For the mental health summary measure, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

Case-mix Adjustment for Comparison of MAOs at Follow Up

The *2023-2025 Cohort 26 Performance Measurement Report* incorporates the results from the HOS 3.0 in 2023 at baseline and in 2025 at follow up. There are three possible outcomes of the performance measurement analysis: death, change in physical health (PCS score), and change in mental health (MCS score). For the HOS results, death and PCS outcomes are combined into one overall measure of change in physical health. Thus, there are two primary outcomes: (1) Alive and PCS better or same (vs. PCS worse or death) and (2) MCS better or same (vs. MCS worse). The MAO level percentages derived for these outcomes are the two HOS *Improving or Maintaining Physical Health* and *Mental Health* measures used in the Medicare Star Ratings. These outcomes are the primary outcomes of interest since health maintenance, rather than improvement, is a realistic clinical goal for many older adults. The outcomes are case mix adjusted using multivariate logistic regression models. More information about the calculation of outcomes and the Medicare Star Ratings is found in the [HOS Sample Performance Measurement Report](#).

⁷ Selim A, Iqbal SU, Rogers W, et al. *Medicare Health Outcomes Survey: An Alternative Case-Mix Methodology*. Technical Report prepared by: Center for Health Quality, Outcomes, and Economic Research, VA Medical Center, Bedford, Massachusetts. 2007.

⁸ Rogers WH, Gandek B, Sinclair SJ. *Calculating Medicare Health Outcomes Survey Performance Measurement Results*. Technical Report prepared by: Health Assessment Lab, Waltham, MA, The Health Institute, Department of Clinical Care Research, New England Medical Center, Boston, MA. 2004.

Data File Characteristics

The 2023-2025 Cohort 26 Performance Measurement file is distributed to MAOs as a Comma Separated Values (CSV) file. The CSV file is generated using PROC EXPORT with the DBMS=CSV option in SAS Version 9.4. The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to ensure that character fields will not be truncated.

The baseline data are merged with the follow up data, so that the file contains one record per beneficiary. There are 281 fields in the MAO Cohort 26 Performance Measurement file distributed to MAOs. Fields from the baseline survey have a **B26** prefix, and fields from the follow up survey have a **F26** prefix. Fields derived at the time of the performance measurement analysis have a **P26** prefix. The Medicare Beneficiary Identifier (MBI), **AMBIDNUM**, is a unique alphanumeric identifier used to identify each beneficiary in the file and is the only field without a prefix.

Analytic Sample Definition

The Performance Measurement data file contains the records for beneficiaries in the 2023-2025 Cohort 26 Performance Measurement analytic sample, which includes all beneficiaries who meet the following criteria:

- Completed the baseline survey, where a completed survey is one for which a PCS or MCS score can be calculated (i.e., B26PCS or B26MCS not equal to missing).
- MAO still existed at the time of the follow up survey (i.e., P26CONTRACT not blank), including contracts that consolidated after the baseline survey and by December 31 of the follow up survey measurement year.
- Age 65 or older at baseline (i.e., B26AGE greater than or equal to 65).

Disabled beneficiaries under the age of 65 are not included in the analytic sample and are not part of the MAO Performance Measurement data file.

Beneficiaries in the analytic sample are classified into several categories at the time of performance measurement, as indicated by P26PMRIND. These categories include: respondents; non-respondents; ineligible beneficiaries at follow up; those who died within two years of the baseline survey; and those who voluntarily disenrolled from their MAO prior to the follow up sampling. Ineligible beneficiaries at follow up met one of the following criteria:

- Bad address and phone number
- Bad address and mail-only protocol (Russian only)
- Language barrier

Beneficiaries who disenrolled from their MAO prior to follow up sampling are included in the Cohort 26 Performance Measurement analytic sample and in the case-mix analysis. However, in accordance with CMS policy, data on those beneficiaries are not included in the MAO-level Performance Measurement data files distributed to participating MAOs.

New and Revised Fields

There were no **new** fields in the 2023 Cohort 26 Baseline compared with the 2022 Cohort 25 Baseline file.

There were no **new** fields in the 2025 Cohort 26 Follow Up compared with the 2024 Cohort 25 Follow Up file.

There were no **revised fields** in either the 2023 Cohort 26 Baseline or the 2025 Cohort 26 Follow Up.

Selected field attributes (i.e., field name, type, length, or label) may have been modified for some fields included in the 2023-2025 Cohort 26 Performance Measurement data file, when compared to the same fields included in previous HOS data files. Refer to Appendix A for detailed information regarding all field attributes contained in the data file.

Excluded Fields

There were eight fields excluded from the 2023-2025 Cohort 26 Performance Measurement data file compared with the 2022-2024 Cohort 25 Performance Measurement data file. These fields were excluded from the HOS in 2025.

- DIFMEALS - Difficulty Preparing Meals (Q11a).
- DIFMONEY - Difficulty Managing Money (Q11b).
- DIFMEDS - Difficulty Taking Medication as Prescribed (Q11c).
- HDPHY - Number of Days Physical Health Not Good (Q12).
- HDMEN - Number of Days Mental Health Not Good (Q13).
- HDACT - Number of Days Poor Health Interfered with Activities (Q14).
- PAINRATE - Average pain rating in past 7 days (0=No pain, 10=Worst pain) (Q35).
- SRVSEX - Survey Sex (Q52).

Field Overview

The following is a general description of fields included in the Performance Measurement data file. The fields are listed in the order they appear in the MAO file.

Plan Level Fields (Fields 1 - 10)

Data from this section are taken from the header record of the baseline and follow up data files, as well as information obtained from the August 2025 HPMS Plan Contract List and the December 2025 *CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans* from the CMS website (<https://go.cms.gov/mapddata>). These fields include the MAO contract number (P26CONTRACT), which was the **MAO level unit of analysis** for the *2023-2025 Cohort 26 Performance Measurement Reports*.

Other fields in this section are the plan state field (P26PLANSTN), which is the two letter state abbreviation, and the CMS region code (P26PLREGCDE), which in most cases was assigned to the MAO from the HPMS Plan Contract List. Typically, plan state and CMS region designations are determined at the MAO level and are assigned to the state and region in which an MAO is reported. However, a small number of MAOs were reassigned because a majority of beneficiaries resided in a different state from the one designated in HPMS or were reassigned for consistency with previous cohorts. The reporting state field (P26RPTST) categorizes the PFFS and Regional PPO (RPPO) contracts into unique states (i.e., PFFS state = FS and RPPO state = RS) to exclude these contracts from any state level aggregate numbers, while retaining them in the national level analysis for the HOS performance measurement reporting. PFFS and RPPO plans usually include beneficiaries from several states and therefore are not reported in any state or region and are excluded from any state totals. For all other MAOs, P26RPTST has the same value as P26PLANSTN. P26RPTST was the **state level unit of analysis** for the *2023-2025 Cohort 26 Performance Measurement Report*.

Survey Level Fields (Fields 11 - 205)

This section contains an anonymous beneficiary identification (ID) number (B26PATID), as well as survey information from the 62 questions at baseline and 56 questions at follow up comprising the HOS 3.0 instrument. The questions in this section exclude the name of the person responding to the surveys, Q62 at baseline and Q56 at follow up (B26NMCOMP and F26NMCOMP), which are included in the Beneficiary-Level Fields section.

Other than the anonymous beneficiary ID, the information presented in this section represents each beneficiary's actual answers to the specific questions. These data include beneficiary responses to questions pertaining to the VR-12; ADLs; health status indicators; chronic medical conditions; sleep duration and quality; urinary incontinence; physical activity; falls; demographics; and who completed the survey (Q61 [B26CMPWHO] at baseline and Q55 [F26CMPWHO] at follow up). The data also include responses for questions added or revised in 2013 about memory problems, pain, living arrangements, depression, race, Hispanic ethnicity, vision, and hearing.

The VR-12 survey portion (questions one [Q1] through seven [Q7] in the HOS 3.0 instruments) was used to obtain the physical and mental health summary scores at both baseline and follow up. The beneficiary's weight and height at baseline and follow up are obtained from open-

ended questions (B26WEIGHTLB, B26HEIGHTFT, B26HEIGHTIN, F26WEIGHTLB, F26HEIGHTFT, F26HEIGHTIN).

Survey Administration Fields (Fields 206 - 218)

The fields in this section include the mode of survey administration, which indicates whether or not the beneficiary completed a baseline or follow up survey by mail or telephone (B26DISP, F26DISP), the dates the surveys were completed (B26TSRVDAT, B26TSRVDATIM, F26TSRVDAT, F26TSRVDATIM), and the language(s) in which the surveys were completed (B26SRVLANG, F26SRVLANG). The original baseline and follow up survey date fields (B26TSRVDAT, F26TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates.

The imputed date fields (B26TSRVDATIM and F26TSRVDATIM) are equal to the original survey dates except in those instances where survey dates have been imputed due to missing data. For beneficiaries with missing baseline survey dates, an imputed date was used (B26TSRVDATIM); similarly, beneficiaries with missing follow up survey dates also had a date imputed (F26TSRVDATIM). The imputed dates represent the midpoint dates for each of the data collection time frames. The imputed survey dates are used to calculate age at baseline and follow up for records with missing survey dates due to non-response or ineligible surveys. The imputed survey date field (B26TSRVDATIM) in combination with the date of birth was used to derive the beneficiary's age at baseline.

The proxy status field (F26PROXST), which was assigned to beneficiaries at follow up, identifies whether a member or a proxy completed the survey at baseline and at follow up. In addition, when a proxy is identified for both surveys, this field provides information about whether the proxy is the same or a different proxy when sufficient information is available. This section also includes indicators for a member's request to be excluded from future surveys (B26EXCLUDE, F26EXCLUDE).

Physical and Mental Health Summary Measures (Fields 219 - 224)

The fields in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B26PCS, B26MCS, F26PCS, F26MCS. The section also includes the baseline and follow up Physical Functioning Activities of Daily Living (PFADL) scale scores (B26PFADL, F26PFADL), which were created from two physical functioning questions (Q2a and Q2b) and six ADL questions (Q10a-f). Information about the PFADL change score that is derived from the scale scores is available in the [Medicare HOS PFADL Change Measure](#) document on the HOS website.

Analytic Fields (Fields 225 - 228)

Data from this section include the beneficiary's Body Mass Index (BMI) and BMI categories at baseline (B26BMI, B26BMICAT) and follow up (F26BMI, F26BMICAT). The weight and height fields in the baseline survey were used to calculate the beneficiary's baseline BMI, while the weight and height fields at follow up were used to calculate the follow up BMI. The BMI categories were then created using the beneficiary's calculated BMI measures.

Beneficiary-Level Fields (Fields 229 - 281)

Data from this section are taken primarily from the member level record of the baseline and follow up data files. These data recorded in baseline and follow up survey administrations were

obtained from a combination of CMS databases. The MBI, a unique identifier added in 2019, is included at baseline and follow up (B26MBIDNUM and F26MBIDNUM). The Analytic MBI (AMBIDNUM) was used to identify each beneficiary and was the **beneficiary-level unit of analysis** for the *Cohort 26 Performance Measurement Report*.

The PBP ID at baseline (B26PBPID) and follow up (F26PBPID) identify the plan benefit package(s) within a contract to which the beneficiary belongs. Each contract may contain one or more PBPs, and some PBPs are SNPs. The SNP type field at baseline (B26SNPTYPE) and follow up (F26SNPTYPE) identify the type of SNP PBP in which certain vulnerable beneficiaries are enrolled. Beneficiaries with severe or disabling chronic conditions, dually-eligible members, and frail elderly who live in specific types of institutions may be enrolled in several categories of SNPs. Additional categories such as Highly Integrated Dual Eligible (HIDE) SNP and FIDE SNP were added in 2025. Further information about SNPs, such as contract number, contract name, plan ID, enrollment, and type of medical condition(s) served, may be obtained from the [SNP Comprehensive Report](#).

Beneficiary addresses (mailing address, county, state, and ZIP Code), phone numbers, race, sex, date of birth, and reason for entitlement from baseline and follow up are included in this section. The ESRD, Hospice, Medicaid, Dual, and Institutional Status indicators at baseline and follow up are also included. The beneficiary's date of death field (P26THDOD) was updated from the CMS databases in January 2026 to include available death dates. The beneficiary's baseline date of birth (B26TDOB), in combination with the baseline imputed survey date field (B26TSRVDATIM), was used to derive the beneficiary's age at baseline (B26AGE). This age field was used in the HOS performance measurement analysis.

The performance measurement analytic sample distribution indicator (P26PMRIND) identifies respondent, non-respondent, ineligible, deceased, and disenrolled beneficiaries. Beneficiaries who had voluntarily disenrolled from their original MAO at the time of the follow up sampling are not included in the MAO files; however, they are included in the calculation of the performance measurement results that appear in the *2023-2025 Cohort 26 Performance Measurement Reports*.

Data Field Utilization Notes

- The HOS questionnaire contains multiple skip patterns. Exercise caution when interpreting responses from questions that involve skip patterns, as not every beneficiary is asked the question. The skip patterns are indicated on the survey instruments in Appendices B and C.
- The race field is obtained both from CMS databases at the baseline and follow up samplings and from the data provided by the respondent from each survey. Inconsistencies exist between the CMS fields and the corresponding respondent survey data. Exercise caution when examining these fields. The sex field was obtained from CMS databases and by self-reported survey data until 2024. As of 2025, the sex field is solely obtained from CMS databases.
- For the calculation of performance measurement results, beneficiaries are considered deceased if they died within two years of completing the baseline survey and did not complete a follow up survey. The performance measurement analytic sample

distribution indicator (P26PMRIND) can be used to identify the status of each beneficiary in the MAO file.

- Question numbers from the follow up survey may differ from the baseline survey, as well as from previous MAO Performance Measurement data files. In the timeline below, question numbers align with the follow up survey. Exercise caution when examining the data across multiple cohorts.

Timeline of Survey Modifications

- Beginning with the 2010 HOS Survey, permanent HOS survey vendor IDs were assigned. The assignments in this file (B26VENDOR, F26VENDOR), are consistent across the survey years for each survey vendor since the 2010-2012 Cohort 13 merged data. Consult the fields in Appendix A for the participating survey vendors.
- Beginning with the 2013 HOS 2.5, two depression screening questions from the Patient Health Questionnaire-2 (PHQ-2) replaced the questions that served as the depression screening measure in previous versions of the HOS (DEPNPLS, DEPDOWN). Due to the change, estimates of the proportion with positive depression screens derived from the 2013 and subsequent surveys are not comparable to estimates produced using past HOS versions. A description of the depression screen is available in the glossary, which is accessible from the Glossary link at the bottom of the HOS site webpages.
- Beginning with the 2013 HOS 2.5, three questions recognized as Patient-Reported Outcomes Measurement Information System (PROMIS) pain items were added to the HOS questionnaire. These questions measure self-reported pain over the previous seven days. PAINDACT asks how much pain interfered with day-to-day activities from 1 (“Not at all”) to 5 (“Very much”), and (PAINSACT asks how often pain kept the member from socializing from 1 (“Never”) to 5 (“Always”). Both questions (Q29 and Q30) have five possible categorical responses. PAINRATE (formerly Q35, excluded in 2025) asks the member to rate his/her average pain, ranging from 0 (“No pain”) to 10 (“Worst imaginable pain”). The response options for PAINRATE were changed in 2021 to span from 0 to 10. Prior to 2021, this scale ranged from 1-10, and the “No Pain” response is not comparable to earlier surveys.
- Beginning with the 2017-2019 HOS Cohort 20 merged file, the baseline and follow up fields for BMI category (B26BMICAT and F26BMICAT) were modified. Underweight category was changed from “<20” to “<18.5” and Normal weight category was changed from “20 to 24.99” to “18.5 to 24.99.” Morbid obesity was combined with Obesity into one category (“≥30”). Due to the modifications, the category percentages for Cohort 20 and subsequent cohorts are not comparable to percentages produced for past cohorts.
- Beginning with the 2018-2020 HOS Cohort 21 merged file, two derived fields were added for inclusion in the beneficiary-level data (B26HISPANA and F26HISPANA). These fields are indicators for Hispanic ethnicity that are used for the Performance Measurement analyses. The baseline and follow-up HISPANA variables are derived from the multiple response categories in Question 47a-e. HISPANA=1 indicates Hispanic ethnicity if the beneficiary selects one or more Hispanic categories in Q47b-e (HPMEX, HPPR, HPCUBA, and/or HPOTHER=1) and does not select “No, not Hispanic, Latino/a or

Spanish origin” in Q47a (HPNOHISP=0). HISPANA=2 indicates the beneficiary selects “No, not Hispanic, Latino/a or Spanish origin” (HPNOHISP=1) and all categories of Q47b-e=0.

- Beginning with the 2020 HOS 3.0, the SPEAKLNG field (Q49a) was revised to add a Russian language option. The baseline and follow up responses of 4 (“Some other language”) were revised to 4 (“Russian”) and 7 (“Some other language”). Responses for 1 (“English”), 2 (“Spanish”), and 3 (“Chinese”) did not change.
- Beginning with the 2021 HOS 3.0, two fields were removed from the Performance Measurement data file. These fields were AHICNUM, a unique member identifier, and OTOTEST (formerly Bone Density Test Q52).
- Beginning with the 2022 HOS 3.0, five chronic conditions were removed from the survey. These conditions were CCARTHIP (Arthritis of the hip or knee, formerly Q28); CCARTHND (Arthritis of the hand or wrist, formerly Q29); CCSCIATI (Sciatica, or pain/numbness traveling down the leg, formerly Q31); SMOKE (Smoking frequency, formerly Q41); and HHINC (Household income, formerly Q67).

Appendix A: Performance Measurement Data File Specifications

The following table describes the field attributes for the 2023-2025 Cohort 26 Performance Measurement data file. The fields are sorted in the order they appear in the **MAO file**.

The “Comments” column indicates where the field was obtained, and if applicable, how it was derived. Fields obtained directly from the HOS instrument are so indicated. For the survey level items, the exact text of each question can be obtained from Appendices B and C, or by referring to the HEDIS MY 2022 and HEDIS MY 2024, Volume 6 manuals.^{2,3}

Data File Field Layout by Position

Field#	Name/ Description	Type	Length	Valid Values	Comments
1	<i>P26CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 26 Performance Measurement reporting in 2026. This was the MAO level unit of analysis for the <i>Cohort 26 Performance Measurement Report</i> .
2	<i>B26CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 26 Baseline sampling in 2023. This was the MAO level unit of analysis for the <i>Cohort 26 Baseline Report</i> .
3	<i>F26CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the Cohort 26 Follow Up sampling in 2025.

Field#	Name/ Description	Type	Length	Valid Values	Comments
4	<i>P26PLREGCDE</i> Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NJ, NY, Puerto Rico, Virgin Islands) 3 = Region 3 - Philadelphia (DC, DE, MD, PA, VA, WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, TX) 7 = Region 7 - Kansas City (IA, KS, MO, NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10 = Region 10 - Seattle (AK, ID, OR, WA)	CMS region code created from the region field in the August 2025 HPMS Plan Contract List
5	<i>P26PLORGNM</i> Plan Organization Name - source CMS 12/25	Char	54		Obtained from December 2025 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
6	<i>P26PLPTORG</i> Plan Parent Organization – source CMS 12/25	Char	50		Obtained from December 2025 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
7	<i>P26PLANSTN</i> Plan State - source HPMS 08/25	Char	2		Obtained from the state field in the August 2025 HPMS Plan Contract List
8	<i>P26RPTST</i> Reporting Plan State	Char	2		Derived field This was the state level unit of analysis for the <i>Cohort 26 Performance Measurement Report</i> .

Field#	Name/ Description	Type	Length	Valid Values	Comments
9	<i>P26PLTYPE</i> Plan Type - source CMS 12/25	Char	39		Obtained from December 2025 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
10	<i>P26PLTAXST</i> Plan Tax Status - source HPMS 08/25	Char	25		Obtained from the tax status field in the August 2025 HPMS Plan Contract List
11	<i>B26PATID</i> Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the Cohort 26 Baseline sample
12	<i>B26VRGENHTH</i> Q1 General Health Question	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)
13	<i>B26VRMACT</i> Q2a Health Limitation-In moderate activities	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
14	<i>B26VRSTAIR</i> Q2b Health Limitation-Climbing several flights	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
15	<i>B26VRPACCL</i> Q3a Physical-Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
16	<i>B26VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
17	<i>B26VRMACCL</i> Q4a Emotional-Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
18	<i>B26VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
19	<i>B26VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
20	<i>B26VRCALM</i> Q6a Felt calm and peaceful	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
21	<i>B26VRENERGY</i> Q6b Have a lot of energy	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
22	<i>B26VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix B)
23	<i>B26VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix B)
24	<i>B26VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
25	<i>B26VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix B)
26	<i>B26ADLBTH</i> Q10a Difficulty Bathing	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
27	<i>B26ADLDRS</i> Q10b Difficulty Dressing	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
28	<i>B26ADLEAT</i> Q10c Difficulty Eating	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
29	<i>B26ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
30	<i>B26ADLWLK</i> Q10e Difficulty Walking	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
31	<i>B26ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix B)
32	<i>B26DIFMEALS</i> Q11a Difficulty Preparing Meals	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I do not do this activity	Entered from the survey (See Appendix B)
33	<i>B26DIFMONEY</i> Q11b Difficulty Managing Money	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I do not do this activity	Entered from the survey (See Appendix B)
34	<i>B26DIFMEDS</i> Q11c Difficulty Taking Medication as Prescribed	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I do not do this activity	Entered from the survey (See Appendix B)
35	<i>B26HDPHY</i> Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
36	<i>B26HDMEN</i> Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
37	<i>B26HDACT</i> Q14 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
38	<i>B26DIFSEE</i> Q15 Blind or Serious Difficulty Seeing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
39	<i>B26DIFHEAR</i> Q16 Deaf or Serious Difficulty Hearing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
40	<i>B26DIFREMEM</i> Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
41	<i>B26DIFERRND</i> Q18 Difficulty doing errands	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
42	<i>B26DIFMPROB</i> Q19 Memory problems interfered with activities in past month	Num	3	1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never	Entered from the survey (See Appendix B)
43	<i>B26CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
44	<i>B26CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
45	<i>B26CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
46	<i>B26CCMI</i> Q23 Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
47	<i>B26CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
48	<i>B26CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
49	<i>B26CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
50	<i>B26CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
51	<i>B26CCOSTEO</i> Q28 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
52	<i>B26CCDIABET</i> Q29 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
53	<i>B26CCDEP</i> Q30 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
54	<i>B26CCANYCA</i> Q31 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
55	<i>B26CACOLON</i> Q32a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
56	<i>B26CALUNG</i> Q32b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
57	<i>B26CABRST</i> Q32c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
58	<i>B26CAPROS</i> Q32d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
59	<i>B26CAOTHER</i> Q32e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
60	<i>B26PAINDACT</i> Q33 Pain interfered with activities in past 7 days	Num	3	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Entered from the survey (See Appendix B)
61	<i>B26PAINSACT</i> Q34 Pain kept you from socializing in past 7 days	Num	3	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Entered from the survey (See Appendix B)
62	<i>B26PAINRATE</i> Q35 Average pain rating in past 7 days (0=No pain, 10=Worst pain)	Num	3	0 = 0 No pain 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10 = 10 Worst imaginable pain	Entered from the survey (See Appendix B)
63	<i>B26DEPNOPLS</i> Q36a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Entered from the survey (See Appendix B)
64	<i>B26DEPDOWN</i> Q36b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Entered from the survey (See Appendix B)
65	<i>B26CMPHTH</i> Q37 General Health compared to peers	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)
66	<i>B26MUILKG</i> Q38 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
67	<i>B26MUIDACT</i> Q39 Urine Leakage Changed Daily Activities	Num	3	1 = A lot 2 = Somewhat 3 = Not at all	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
68	B26MUITLK Q40 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
69	B26MUITRT Q41 Talked About Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
70	B26PAOTLK Q42 Talked with Doctor About Physical Activities	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix B)
71	B26PAOADV Q43 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
72	B26FRMTLK Q44 Talked with Doctor about Falling or Balance Problem	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix B)
73	B26FRMFALL Q45 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
74	B26FRMBAL Q46 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
75	B26FRMPREV Q47 Talked with Doctor about How to Prevent Falls	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix B)
76	B26SLEEPHRS Q48 Average Hours of Sleep per Night in Past Month	Num	3	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours	Entered from the survey (See Appendix B)
77	B26SLEEPQUA Q49 Overall Sleep Quality Rating in Past Month	Num	3	1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Entered from the survey (See Appendix B)
78	B26WEIGHTLB Q50 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix B)
79	B26HEIGHTFT Q51a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
80	B26HEIGHTIN Q51b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
81	B26SRVSEX Q52 Survey Sex	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix B)

Field#	Name/ Description	Type	Length	Valid Values	Comments
82	<i>B26HPNOHISP</i> Q53a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
83	<i>B26HPMEX</i> Q53b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
84	<i>B26HPPR</i> Q53c Yes, Puerto Rican	Num	3	0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
85	<i>B26HPCUBA</i> Q53d Yes, Cuban	Num	3	0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
86	<i>B26HPOTHER</i> Q53e Yes, another Hispanic, Latino/a or Spanish origin	Num	3	0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
87	<i>B26RCWHITE</i> Q54a White	Num	3	0 = Respondent did not check White 1 = Respondent checked White	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
88	<i>B26RCAFRAM</i> Q54b Black or African American	Num	3	0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
89	<i>B26RCNATAM</i> Q54c American Indian or Alaskan Native	Num	3	0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
90	<i>B26RCINDIA</i> Q54d Asian Indian	Num	3	0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.

Field#	Name/ Description	Type	Length	Valid Values	Comments
91	<i>B26RCCHINA</i> Q54e Chinese	Num	3	0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
92	<i>B26RCFILIP</i> Q54f Filipino	Num	3	0 = Respondent did not check Filipino 1 = Respondent checked Filipino	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
93	<i>B26RCJAPAN</i> Q54g Japanese	Num	3	0 = Respondent did not check Japanese 1 = Respondent checked Japanese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
94	<i>B26RCKOREA</i> Q54h Korean	Num	3	0 = Respondent did not check Korean 1 = Respondent checked Korean	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
95	<i>B26RCVIET</i> Q54i Vietnamese	Num	3	0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
96	<i>B26RCOTHASN</i> Q54j Other Asian	Num	3	0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
97	<i>B26RCHAWAII</i> Q54k Native Hawaiian	Num	3	0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
98	<i>B26RCGUAM</i> Q54l Guamanian or Chamorro	Num	3	0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
99	<i>B26RCSAMOA</i> Q54m Samoan	Num	3	0 = Respondent did not check Samoan 1 = Respondent checked Samoan	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
100	<i>B26RCOTHPAC</i> Q54n Other Pacific Islander	Num	3	0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.

Field#	Name/ Description	Type	Length	Valid Values	Comments
101	<i>B26SPEAKLNG</i> Q55a Language Mainly Spoken at Home	Num	3	1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language	Entered from the survey (See Appendix B)
102	<i>B26SPEAKOTH</i> Q55b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix B)
103	<i>B26MARITAL</i> Q56 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix B)
104	<i>B26EDUC</i> Q57 Education Level	Num	3	1 = 8th Grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Entered from the survey (See Appendix B)
105	<i>B26LVALONE</i> Q58a Live alone	Num	3	0 = Respondent did not check live alone 1 = Respondent checked live alone	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
106	<i>B26LVSPOUSE</i> Q58b Live with spouse/significant other	Num	3	0 = Respondent did not check live with spouse 1 = Respondent checked live with spouse	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
107	<i>B26LVCHILD</i> Q58c Live with children/other relatives	Num	3	0 = Respondent did not check live with child/relative 1 = Respondent checked live with child/relative	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"
108	<i>B26LVNONREL</i> Q58d Live with non-relatives	Num	3	0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for "Do you live alone or with others?"

Field#	Name/ Description	Type	Length	Valid Values	Comments
109	<i>B26LVCAREGV</i> Q58e Live with paid caregiver	Num	3	0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for “Do you live alone or with others?”
110	<i>B26WHERELV</i> Q59 Where do you live	Num	3	1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other	Entered from the survey (See Appendix B)
111	<i>B26HMOWN</i> Q60 Homeowner Status	Num	3	1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and you live in without payment of rent 5 = None of the above	Entered from the survey (See Appendix B)
112	<i>B26CMPWHO</i> Q61 Who completed Survey	Num	3	1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix B)
113	<i>F26VRGENHTH</i> Q1 General Health Question	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix C)
114	<i>F26VRMACT</i> Q2a Health Limitation-In moderate activities	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix C)
115	<i>F26VRSTAIR</i> Q2b Health Limitation-Climbing several flights	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
116	<i>F26VRPACCL</i> Q3a Physical-Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
117	<i>F26VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
118	<i>F26VRMACCL</i> Q4a Emotional - Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
119	<i>F26VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix C)
120	<i>F26VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Entered from the survey (See Appendix C)
121	<i>F26VRCALM</i> Q6a Felt calm and peaceful	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix C)
122	<i>F26VRENERGY</i> Q6b Have a lot of energy	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix C)
123	<i>F26VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Entered from the survey (See Appendix C)
124	<i>F26VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix C)
125	<i>F26VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
126	<i>F26VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Entered from the survey (See Appendix C)
127	<i>F26ADLBTH</i> Q10a Difficulty Bathing	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
128	<i>F26ADLDRS</i> Q10b Difficulty Dressing	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
129	<i>F26ADLEAT</i> Q10c Difficulty Eating	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
130	<i>F26ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
131	<i>F26ADLWLK</i> Q10e Difficulty Walking	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
132	<i>F26ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
133	<i>F26DIFSEE</i> Q11 Blind or Serious Difficulty Seeing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
134	<i>F26DIFHEAR</i> Q12 Deaf or Serious Difficulty Hearing	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
135	<i>F26DIFREM</i> Q13 Difficulty concentrating, remembering, or making decisions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
136	<i>F26DIFERRND</i> Q14 Difficulty doing errands	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
137	<i>F26DIFMPROB</i> Q15 Memory problems interfered with activities in past month	Num	3	1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never	Entered from the survey (See Appendix C)
138	<i>F26CCHBP</i> Q16 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
139	<i>F26CC_CAD</i> Q17 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
140	<i>F26CC_CHF</i> Q18 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
141	<i>F26CCMI</i> Q19 Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
142	<i>F26CCHRTOTH</i> Q20 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
143	<i>F26CCSTROKE</i> Q21 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
144	<i>F26CC_COPD</i> Q22 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
145	<i>F26CCGI</i> Q23 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
146	<i>F26CCOSTEO</i> Q24 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
147	<i>F26CCDIABET</i> Q25 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
148	<i>F26CCDEP</i> Q26 Depression	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
149	<i>F26CCANYCA</i> Q27 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
150	<i>F26CACOLON</i> Q28a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
151	<i>F26CALUNG</i> Q28b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
152	<i>F26CABRST</i> Q28c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
153	<i>F26CAPROS</i> Q28d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
154	<i>F26CAOTHER</i> Q28e Under Treatment for Other Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
155	<i>F26PAINDACT</i> Q29 Pain interfered with activities in past 7 days	Num	3	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Entered from the survey (See Appendix C)
156	<i>F26PAINSACT</i> Q30 Pain kept you from socializing in past 7 days	Num	3	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Entered from the survey (See Appendix C)
157	<i>F26DEPNOPLS</i> Q31a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Entered from the survey (See Appendix C)
158	<i>F26DEPDOWN</i> Q31b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Entered from the survey (See Appendix C)
159	<i>F26CMPHTH</i> Q32 General Health compared to peers	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix C)
160	<i>F26MUIKLG</i> Q33 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
161	<i>F26MUIDACT</i> Q34 Urine Leakage Changed Daily Activities	Num	3	1 = A lot 2 = Somewhat 3 = Not at all	Entered from the survey (See Appendix C)
162	<i>F26MUITLK</i> Q35 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
163	<i>F26MUITRT</i> Q36 Talked About Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
164	<i>F26PAOTLK</i> Q37 Talked with Doctor About Physical Activities	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
165	<i>F26PAOADV</i> Q38 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
166	<i>F26FRMTLK</i> Q39 Talked with Doctor about Falling or Balance Problem	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix C)
167	<i>F26FRMFALL</i> Q40 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
168	<i>F26FRMBAL</i> Q41 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
169	<i>F26FRMPREV</i> Q42 Talked with Doctor about How to Prevent Falls	Num	3	1 = Yes 2 = No 3 = I had no visits in the past 12 months	Entered from the survey (See Appendix C)
170	<i>F26SLEEPHRS</i> Q43 Average Hours of Sleep per Night in Past Month	Num	3	1 = Less than 5 hours 2 = 5-6 hours 3 = 7-8 hours 4 = 9 or more hours	Entered from the survey (See Appendix C)
171	<i>F26SLEEPQUA</i> Q44 Overall Sleep Quality Rating in Past Month	Num	3	1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Entered from the survey (See Appendix C)
172	<i>F26WEIGHTLB</i> Q45 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix C)
173	<i>F26HEIGHTFT</i> Q46a Height in feet (ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
174	<i>F26HEIGHTIN</i> Q46b Height in inches (in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
175	<i>F26HPNOHISP</i> Q47a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
176	<i>F26HPMEX</i> Q47b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
177	<i>F26HPPR</i> Q47c Yes, Puerto Rican	Num	3	0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.

Field#	Name/ Description	Type	Length	Valid Values	Comments
178	<i>F26HPCUBA</i> Q47d Yes, Cuban	Num	3	0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
179	<i>F26HPOTHER</i> Q47e Yes, another Hispanic, Latino/a or Spanish origin	Num	3	0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Hispanic Ethnicity.
180	<i>F26RCWHITE</i> Q48a White	Num	3	0 = Respondent did not check White 1 = Respondent checked White	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
181	<i>F26RCAFRAM</i> Q48b Black or African American	Num	3	0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
182	<i>F26RCNATAM</i> Q48c American Indian or Alaska Native	Num	3	0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
183	<i>F26RCINDIA</i> Q48d Asian Indian	Num	3	0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
184	<i>F26RCCHINA</i> Q48e Chinese	Num	3	0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
185	<i>F26RCFILIP</i> Q48f Filipino	Num	3	0 = Respondent did not check Filipino 1 = Respondent checked Filipino	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
186	<i>F26RCJAPAN</i> Q48g Japanese	Num	3	0 = Respondent did not check Japanese 1 = Respondent checked Japanese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.

Field#	Name/ Description	Type	Length	Valid Values	Comments
187	<i>F26RCKOREA</i> Q48h Korean	Num	3	0 = Respondent did not check Korean 1 = Respondent checked Korean	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
188	<i>F26RCVIET</i> Q48i Vietnamese	Num	3	0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
189	<i>F26RCOTHASN</i> Q48j Other Asian	Num	3	0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
190	<i>F26RCHAWAII</i> Q48k Native Hawaiian	Num	3	0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
191	<i>F26RCGUAM</i> Q48l Guamanian or Chamorro	Num	3	0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
192	<i>F26RCSAMOA</i> Q48m Samoan	Num	3	0 = Respondent did not check Samoan 1 = Respondent checked Samoan	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
193	<i>F26RCOTHPAC</i> Q48n Other Pacific Islander	Num	3	0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
194	<i>F26SPEAKLNG</i> Q49a Language Mainly Spoken at Home	Num	3	1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language	Entered from the survey (See Appendix C)
195	<i>F26SPEAKOTH</i> Q49b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix C)
196	<i>F26MARITAL</i> Q50 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
197	<i>F26EDUC</i> Q51 Education Level	Num	3	1 = 8th Grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than a 4-year college degree	Entered from the survey (See Appendix C)
198	<i>F26LVALONE</i> Q52a Live alone	Num	3	0 = Respondent did not check live alone 1 = Respondent checked live alone	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for “Do you live alone or with others?”
199	<i>F26LVSPOUSE</i> Q52b Live with spouse/significant other	Num	3	0 = Respondent did not check live with spouse 1 = Respondent checked live with spouse	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for “Do you live alone or with others?”
200	<i>F26LVCHILD</i> Q52c Live with children/other relatives	Num	3	0 = Respondent did not check live with child/relative 1 = Respondent checked live with child/relative	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for “Do you live alone or with others?”
201	<i>F26LVNONREL</i> Q52d Live with non-relatives	Num	3	0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for “Do you live alone or with others?”
202	<i>F26LVCAREGV</i> Q52e Live with paid caregiver	Num	3	0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for “Do you live alone or with others?”
203	<i>F26WHERELV</i> Q53 Where do you live	Num	3	1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other	Entered from the survey (See Appendix C)

Field#	Name/ Description	Type	Length	Valid Values	Comments
204	<i>F26HMOWN</i> Q54 Homeowner Status	Num	3	1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and you live in without payment of rent 5 = None of the above	Entered from the survey (See Appendix C)
205	<i>F26CMPWHO</i> Q55 Who completed Survey	Num	3	1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix C)
206	<i>B26DISP</i> Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	Cohort 26 Baseline respondent's survey disposition indicator
207	<i>F26DISP</i> Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	Cohort 26 Follow Up respondent's survey disposition indicator
208	<i>B26TSRVDAT</i> SAS Date of Survey	Num	8		Cohort 26 Baseline respondent's survey date
209	<i>B26TSRVDATIM</i> SAS Date of Survey (Missing Imputed)	Num	8		Baseline survey date created from the original survey date field (B26TSRVDAT). For records with a missing survey date, a date of Aug 22, 2023 was imputed to represent the midpoint date for the data collection.
210	<i>F26TSRVDAT</i> SAS Date of Survey	Num	8		Cohort 26 Follow Up respondent's survey date

Field#	Name/ Description	Type	Length	Valid Values	Comments
211	<i>F26TSRVDATIM</i> SAS Date of Survey (Missing Imputed)	Num	8		Follow Up survey date created from the original survey date field (F26TSRVDAT). For records with a missing survey date, a date of Aug 22, 2025 was imputed to represent the midpoint date for the data collection.
212	<i>B26SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese 5 = Russian	Cohort 26 Baseline survey language
213	<i>F26SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese 5 = Russian	Cohort 26 Follow Up survey language
214	<i>B26VENDOR</i> Vendor	Num	8	1413 = CSS 1415 = DataStat 1463 = Press Ganey	Cohort 26 Baseline survey vendor
215	<i>F26VENDOR</i> Vendor	Num	8	1413 = CSS 1415 = DataStat 1463 = Press Ganey 630396 = Qualtrics	Cohort 26 Follow Up survey vendor
216	<i>F26PROXST</i> Proxy Status	Num	8	1 = Member (Baseline)/Member (Follow Up) 2 = Member (Baseline)/Proxy (Follow Up) 3 = Proxy (Baseline)/Member (Follow Up) 4 = Proxy (Baseline)/Same Proxy (Follow Up) 5 = Proxy (Baseline)/Diff Proxy (Follow Up) 6 = Not Enough Information (Baseline) 7 = Not Enough Information (Follow Up)	Cohort 26 Follow Up proxy status

Field#	Name/ Description	Type	Length	Valid Values	Comments
217	<i>B26EXCLUDE</i> Request to be Excluded	Num	3	1 = Member requested "Take me off your list and/or never contact me again" 2 = Member did not request "Take me off your list and/or never contact me again"	Generated by survey vendor
218	<i>F26EXCLUDE</i> Request to be Excluded	Num	3	1 = Member requested "Take me off your list and/or never contact me again" 2 = Member did not request "Take me off your list and/or never contact me again"	Generated by survey vendor
219	<i>B26PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field Cohort 26 Baseline unadjusted PCS Score
220	<i>B26MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field Cohort 26 Baseline unadjusted MCS Score
221	<i>F26PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field Cohort 26 Follow Up unadjusted PCS Score
222	<i>F26MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field Cohort 26 Follow Up unadjusted MCS Score
223	<i>B26PFADL</i> PFADL Scale, 0-16 Higher is Better	Num	8		Derived field Cohort 26 Baseline unadjusted PFADL Score
224	<i>F26PFADL</i> PFADL Scale, 0-16 Higher is Better	Num	8		Derived field Cohort 26 Follow Up unadjusted PFADL Score
225	<i>B26BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI= (weight / height ²)*703 Units: weight in pounds; height in inches
226	<i>B26BMICAT</i> Categories of Body Mass Index	Num	8	1 = Underweight (BMI <18.5) 2 = Normal (BMI 18.5 - <25) 3 = Overweight (BMI 25 - <30) 4 = Obese (BMI ≥30)	Derived from B26BMI
227	<i>F26BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI= (weight / height ²)*703 Units: weight in pounds; height in inches

Field#	Name/ Description	Type	Length	Valid Values	Comments
228	<i>F26BMICAT</i> Categories of Body Mass Index	Num	8	1 = Underweight (BMI <18.5) 2 = Normal (BMI 18.5 - <25) 3 = Overweight (BMI 25 - <30) 4 = Obese (BMI ≥30)	Derived from F26BMI
229	<i>AMBIDNUM</i> Analytic Medicare Beneficiary Identifier	Char	11		Unique beneficiary identifier derived from CMS databases AMBIDNUM was the beneficiary-level unit of analysis for the <i>Cohort 26 Performance Measurement Report</i>
230	<i>B26MBIDNUM</i> Medicare Beneficiary Identifier	Char	11		Unique member identifier derived from CMS databases at Baseline
231	<i>B26LNAME</i> Last Name	Char	24		Beneficiary's last name from the Cohort 26 Baseline member level record
232	<i>B26MIDINIT</i> Middle Initial	Char	1		Beneficiary's middle initial from the Cohort 26 Baseline member level record
233	<i>B26FNAME</i> First Name	Char	15		Beneficiary's first name from the Cohort 26 Baseline member level record
234	<i>B26PBPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the <i>SNP Comprehensive Report</i> on the CMS website
235	<i>B26SNPTYPE</i> Type of Special Needs Plan	Num	3	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	Obtained from the Sample File
236	<i>B26BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
237	<i>B26PHONE</i> Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the Cohort 26 Baseline survey

Field#	Name/ Description	Type	Length	Valid Values	Comments
238	<i>B26ADDRESS</i> Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the Cohort 26 Baseline member level record
239	<i>B26STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the Cohort 26 Baseline member level record
240	<i>B26CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the Cohort 26 Baseline member level record
241	<i>B26STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the Cohort 26 Baseline state SSA code (B26STATECDE)
242	<i>B26CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the Cohort 26 Baseline county SSA code (B26CNTYCDE)
243	<i>B26ZIP</i> Member Zip code	Char	22		Beneficiary's ZIP Code from the Cohort 26 Baseline member level record
244	<i>F26PBPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the <i>SNP Comprehensive Report</i> on the CMS website
245	<i>F26SNPTYPE</i> Type of Special Needs Plan	Char	1	1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional* = HIDE or FIDE	Obtained from the Sample File
246	<i>F26BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
247	<i>F26MBIDNUM</i> Medicare Beneficiary Identifier	Char	11		Unique member identifier derived from CMS databases
248	<i>F26PHONE</i> Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the Cohort 26 Follow Up survey

Field#	Name/ Description	Type	Length	Valid Values	Comments
249	<i>F26ADDRESS</i> Combined Address (Member Address Fields)	Char	161		Beneficiary's mailing address from the Cohort 26 Follow Up member level record
250	<i>F26STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the Cohort 26 Follow Up member level record
251	<i>F26CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the Cohort 26 Follow Up member level record
252	<i>F26STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the Cohort 26 Follow Up state SSA code (F26STATECDE)
253	<i>F26CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the Cohort 26 Follow Up county SSA code (F26CNTYCDE)
254	<i>F26ZIP</i> Member Zip code	Char	22		Beneficiary's ZIP Code from the Cohort 26 Follow Up member level record
255	<i>B26RACE</i> Race (CMS)	Num	3	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Beneficiary's race from the Cohort 26 Baseline member level record, obtained from CMS databases
256	<i>B26HISPANA</i> Hispanic Indicator Derived from Q53a-e	Num	8	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Derived field from multiple responses in Q53a-e. <u>HISPANA=1</u> if member selects one or more Hispanic categories in Q53b-e (HPMEX, HPPR, HPCUBA, or HPOTHER=1) and does not select Q53a "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=0). <u>HISPANA=2</u> if HPNOHISP=1 and Q53b-e=0.

Field#	Name/ Description	Type	Length	Valid Values	Comments
257	<i>B26SEX</i> Sex (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's sex from the Cohort 26 Baseline member level record, obtained from CMS databases
258	<i>B26TDOB</i> SAS Date of Birth	Num	8		Beneficiary's date of birth, which in combination with the survey date with missing values imputed (B26TSRVDATIM), was used to calculate baseline age (B26AGE) for all beneficiaries
259	<i>B26ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the Cohort 26 Baseline member level record, obtained from CMS databases
260	<i>B26INSTUT</i> Institutional Status	Num	3	0 = Out of Institution 1 = Institutionalized 2 = Eligible for nursing home care	Beneficiary's institutional status from the Cohort 26 Baseline member level record, obtained from CMS databases
261	<i>B26HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the Cohort 26 Baseline member level record, obtained from CMS databases
262	<i>B26MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid (Full or Partial benefit in March)	Beneficiary's Medicaid status from the Cohort 26 Baseline member level record, obtained from CMS databases
263	<i>B26DUAL</i> Dual Status	Num	3	0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)	Beneficiary's dual status from the Cohort 26 Baseline member level record, obtained from CMS databases
264	<i>B26ENTITLE</i> Reason for Entitlement	Num	3	10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	Beneficiary's reason for entitlement from the Cohort 26 Baseline member level record, obtained from CMS databases
265	<i>B26NMCOMP</i> Q62 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q62 from the Cohort 26 Baseline survey: What is the name of the person who completed this survey form?

Field#	Name/ Description	Type	Length	Valid Values	Comments
266	<i>F26RACE</i> Race (CMS)	Num	3	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	Beneficiary's race from the Cohort 26 Follow Up member level record, obtained from CMS databases
267	<i>F26HISPANA</i> Hispanic Indicator derived from Q47a-e	Num	8	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Derived field from multiple responses in Q47a-e. <u>HISPANA=1</u> if member selects one or more Hispanic categories in Q47b-e (HPMEX, HPPR, HPCUBA, or HPOTHER=1) and does not select Q47a "No, not Hispanic, Latino/a or Spanish origin" (HPNOHISP=0). <u>HISPANA=2</u> if HPNOHISP=1 and Q47b-e=0.
268	<i>F26SEX</i> Sex (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's sex from the Cohort 26 Follow Up member level record, obtained from CMS databases
269	<i>F26TDOB</i> SAS Date of Birth	Num	8		Beneficiary's date of birth from the Cohort 26 Follow Up member level record, obtained from CMS databases
270	<i>F26ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the Cohort 26 Follow Up member level record, obtained from CMS databases
271	<i>F26INSTUT</i> Institutional Status	Num	3	0 = Out of Institution 1 = Institutionalized 2 = Eligible for nursing home care	Beneficiary's institutional status from the Cohort 26 Follow Up member level record, obtained from CMS databases
272	<i>F26HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the Cohort 26 Follow Up member level record, obtained from CMS databases

Field#	Name/ Description	Type	Length	Valid Values	Comments
273	<i>F26MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid (Full or Partial Benefit in March)	Beneficiary's Medicaid status from the Cohort 26 Follow Up member level record, obtained from CMS databases
274	<i>F26DUAL</i> Dual Status	Num	3	0 = Not Dual Status 1 = Dual Status (Full Benefit anytime during the year)	Beneficiary's Dual status from the Cohort 26 Follow Up member level record, obtained from CMS databases
275	<i>F26ENTITLE</i> Reason for Entitlement	Num	3	10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	Beneficiary's reason for entitlement from the Cohort 26 Follow Up member level record, obtained from CMS databases
276	<i>F26NMCOMP</i> Q56 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q56 from the Cohort 26 Follow Up survey: What is the name of the person who completed this survey form?
277	<i>P26THDOD</i> SAS Date of Death - source CMS 01/26	Num	8		Beneficiary's date of death obtained from CMS databases in January 2026
278	<i>B26AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the baseline date of birth (B26TDOB) and survey date with missing values imputed (B26TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age
279	<i>P26PMRIND</i> Performance Measurement Report Sample Distribution Indicator	Num	3	1 = Respondent 2 = Non-respondent 3 = Ineligible 4 = Dead 5 = Voluntarily Disenrolled	Status indicator of the record in this analytic file Note: Beneficiaries who completed the baseline survey and had disenrolled from the MAO at the time of the follow up sampling are not included in the MAO files; however, they are used in the calculation of the case-mix analysis.

Field#	Name/ Description	Type	Length	Valid Values	Comments
280	<i>B26GEOCAT</i> HOS Geographic County Designation	Num	8	1 = Metropolitan 2 = Micropolitan 3 = Rural	
281	<i>F26GEOCAT</i> HOS Geographic County Designation	Num	8	1 = Metropolitan 2 = Micropolitan 3 = Rural	

Appendix B: Annotated 2023 Baseline Survey Form

Medicare Health Outcomes Survey

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

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

B26VRGENHTH

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

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

1 ☐ Yes, limited a lot

2 ☐ Yes, limited a little

3 ☐ No, not limited at all

B26VRMACT

- b. Climbing **several** flights of stairs

1 ☐ Yes, limited a lot

2 ☐ Yes, limited a little

3 ☐ No, not limited at all

B26VRSTAIR

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

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

1 ☐ No, none of the time

2 ☐ Yes, a little of the time

3 ☐ Yes, some of the time

4 ☐ Yes, most of the time

5 ☐ Yes, all of the time

B26VRPACCL

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

1 ☐ No, none of the time

2 ☐ Yes, a little of the time

3 ☐ Yes, some of the time

4 ☐ Yes, most of the time

5 ☐ Yes, all of the time

B26VRPWORK

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

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

1 ☐ No, none of the time

2 ☐ Yes, a little of the time

3 ☐ Yes, some of the time

4 ☐ Yes, most of the time

5 ☐ Yes, all of the time.

B26VRMACCL

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

1 ☐ No, none of the time

2 ☐ Yes, a little of the time

3 ☐ Yes, some of the time

4 ☐ Yes, most of the time

5 ☐ Yes, all of the time

B26VRMWORK

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

B26VRPAIN

- 1 ☐ Not at all
2 ☐ A little bit
3 ☐ Moderately
4 ☐ Quite a bit
5 ☐ Extremely

These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the **past 4 weeks**:

- a. Have you felt calm and peaceful?

B26VRCALM

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

- b. Did you have a lot of energy?

B26VRENERGY

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

- c. Have you felt downhearted and blue?

B26VRDOWN

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

B26VRSACT

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

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

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

B26VRPHCMP

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

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

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

B26VRMHCMP

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

- a. Bathing

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

B26ADLBTH

- b. Dressing

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

B26ADLDRS

- c. Eating

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

B26ADLEAT

- d. Getting in or out of chairs

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

B26ADLCHR

- e. Walking

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

B26ADLWLK

- f. Using the toilet

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

B26ADTLT

11. Because of a health or physical problem, do you have any difficulty doing the following activities?

- a. Preparing meals

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

B26DIFMEALS

- b. Managing money

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

B26DIFMONEY

- c. Taking medication as prescribed

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

B26DIFMEDS

These next questions ask about your physical and mental health during the past 30 days.

12. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your **physical health not** good?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B26HDPHY

13. Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your **mental health not** good?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B26HDMEN

14. During the **past 30 days**, for about how many days did **poor physical or mental health** keep you from doing your usual activities, such as self-care, work, or recreation?

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B26HDACT

Now we are going to ask some questions about specific medical conditions.

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 ☐ Yes
2 ☐ No

B26DIFSEE

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

- 1 ☐ Yes
2 ☐ No

B26DIFHEAR

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

- 1 ☐ Yes
2 ☐ No

B26DIFREMEM

18. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 ☐ Yes
2 ☐ No

B26DIFERRND

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

- 1 ☐ Every day (7 days a week)
2 ☐ Most days (5-6 days a week)
3 ☐ Some days (2-4 days a week)
4 ☐ Rarely (once a week or less)
5 ☐ Never

B26DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

- 1 ☐ Yes
2 ☐ No

B26CCHBP

21. Angina pectoris or coronary artery disease

- 1 ☐ Yes
2 ☐ No

B26CC_CAD

22. Congestive heart failure

¹ ☐ Yes

² ☐ No

B26CC_CHF

23. A myocardial infarction or heart attack

¹ ☐ Yes

² ☐ No

B26CCMI

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

¹ ☐ Yes

² ☐ No

B26CCHRTOTH

25. A stroke

¹ ☐ Yes

² ☐ No

B26CCSTROKE

Has a doctor ever told you that you had:

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

¹ ☐ Yes

² ☐ No

B26CC_COPD

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

¹ ☐ Yes

² ☐ No

B26CCGI

28. Osteoporosis, sometimes called thin or brittle bones

¹ ☐ Yes

² ☐ No

B26CCOSTEO

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

¹ ☐ Yes

² ☐ No

B26CCDIABET

30. Depression

¹ ☐ Yes

² ☐ No

B26CCDEP

31. Any cancer (other than skin cancer)

¹ ☐ Yes → *Go to Question 32*

² ☐ No → *Go to Question 33*

B26CCANYCA

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

a. Colon or rectal cancer

¹ ☐ Yes

² ☐ No

B26CACOLON

b. Lung cancer

¹ ☐ Yes

² ☐ No

B26CALUNG

c. Breast cancer

¹ ☐ Yes

² ☐ No

B26CABRST

d. Prostate cancer

¹ ☐ Yes

² ☐ No

B26CAPROS

e. Other cancer (other than skin cancer)

¹ ☐ Yes

² ☐ No

B26CAOTHER

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

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

B26PAINDACT

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

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

B26PAINSACT

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

- 00 ☐ 0 No pain
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Worst imaginable pain

B26PAINRATE

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

a. Little interest or pleasure in doing things

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

B26DEPNOPLS

b. Feeling down, depressed or hopeless

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

B26DEPDOWN

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

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

B26CMPHTH

38. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

- 1 ☐ Yes → **Go to Question 39**
2 ☐ No → **Go to Question 42**

B26MUILKG

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

- 1 ☐ A lot
2 ☐ Somewhat
3 ☐ Not at all

B26MUIDACT

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

- 1 ☐ Yes
2 ☐ No

B26MUITLK

41. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?

- 1 ☐ Yes
2 ☐ No

B26MUITRT

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

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

B26PAOTLK

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

- 1 ☐ Yes
2 ☐ No

B26PAOADV

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

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

B26FRMTLK

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

- 1 ☐ Yes
2 ☐ No

B26FRMFALL

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

- 1 ☐ Yes
2 ☐ No

B26FRMBAL

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

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

1 ☐ Yes

B26FRMPREV

2 ☐ No

3 ☐ I had no visits in the past 12 months

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

1 ☐ Less than 5 hours

B26SLEEPHRS

2 ☐ 5–6 hours

3 ☐ 7–8 hours

4 ☐ 9 or more hours

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

1 ☐ Very Good

B26SLEEPQUA

2 ☐ Fairly Good

3 ☐ Fairly Bad

4 ☐ Very Bad

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

lbs.

B26WEIGHTLB

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

feet

B26HEIGHTFT

inches

B26HEIGHTIN

52. Are you male or female?

1 ☐ Male

B26SRVSEX

2 ☐ Female

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

1 ☐ No, not of Hispanic, Latino/a or

Spanish origin

B26HPNOHISP

2 ☐ Yes, Mexican, Mexican American,

Chicano/a

B26HPMEX

3 ☐ Yes, Puerto Rican

B26HPPR

4 ☐ Yes, Cuban

B26HPCUBA

5 ☐ Yes, another Hispanic, Latino/a or

Spanish origin

B26HPOTHER

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

01 ☐ White

B26RWHITE

02 ☐ Black or African

B26RCAFRAM

American

03 ☐ American Indian or

B26RCNATAM

Alaska Native

B26RCINDIA

04 ☐ Asian Indian

B26CCHINA

05 ☐ Chinese

B26RCFILIP

06 ☐ Filipino

B26RCJAPAN

07 ☐ Japanese

B26RCKOREA

08 ☐ Korean

B26RCVIET

09 ☐ Vietnamese

10 ☐ Other Asian

B26RCOTHASN

11 ☐ Native Hawaiian

B26RCHAWAII

12 ☐ Guamanian or

B26RCGUAM

Chamorro

13 ☐ Samoan

B26RCSAMOA

14 ☐ Other Pacific Islander

B26RCOTHPAC

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

1 ☐ English

B26SPEAKLNG

2 ☐ Spanish

3 ☐ Chinese

4 ☐ Russian

7 ☐ Some other language

(please specify)

B26SPEAKOTH

56. What is your current marital status?

1 ☐ Married

B26MARITAL

2 ☐ Divorced

3 ☐ Separated

4 ☐ Widowed

5 ☐ Never married

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

1 ☐ 8th grade or less

B26EDUC

2 ☐ Some high school, but did not graduate

3 ☐ High school graduate or GED

4 ☐ Some college or 2 year degree

5 ☐ 4 year college graduate

6 ☐ More than a 4 year college degree

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

1 ☐ Alone

B26LVALONE

2 ☐ With spouse/significant other

B26LVSPOUSE

3 ☐ With children/other relatives

B26LVCHILD

4 ☐ With non-relatives

B26LVNONREL

5 ☐ With paid caregiver

B26LVCAREGV

59. Where do you live?

1 ☐ House, apartment, condominium or mobile home → **Go to Question 60**

2 ☐ Assisted living or board and care home

→ **Go to Question 60**

B26WHERELV

3 ☐ Nursing home → **Go to Question 61**

4 ☐ Other → **Go to Question 61**

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

1 ☐ Owned or being bought by you

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

3 ☐ Rented for money

B26HMOWN

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

5 ☐ None of the above

61. Who completed this survey form?

1 ☐ Person to whom survey was addressed

→ **STOP HERE**

B26CMPWHO

2 ☐ Family member or relative of person to whom the survey was addressed

→ **Go to Question 62**

3 ☐ Friend of person to whom the survey was addressed → **Go to Question 62**

4 ☐ Professional caregiver of person to whom the survey was addressed → **Go to Question 62**

62. Did someone help you complete this survey? If so, please fill in that person's name.

DO NOT enter the name of the person to whom this survey was addressed. Please **print** clearly.

B26NMCOMP

First Name: _____

Last Name: _____

YOU HAVE COMPLETED THE SURVEY. THANK YOU.

Appendix C: Annotated 2025 Follow Up Survey Form

Medicare Health Outcomes Survey

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

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

F26VRGENHTH

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

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

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

F26VRMACT

b. Climbing **several** flights of stairs

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

F26VRSTAIR

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

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

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

F26VRPACCL

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

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

F26VRPWORK

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

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

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

F26VRMACCL

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

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

F26VRMWORK

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

F26VRPAIN

- 1 ☐ Not at all
2 ☐ A little bit
3 ☐ Moderately
4 ☐ Quite a bit
5 ☐ Extremely

These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

6. How much of the time during the **past 4 weeks**:

- a. Have you felt calm and peaceful?

F26VRCALM

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

- b. Did you have a lot of energy?

F26VRENERGY

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

- c. Have you felt downhearted and blue?

F26VRDOWN

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ A good bit of the time
4 ☐ Some of the time
5 ☐ A little of the time
6 ☐ None of the time

7. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

F26VRSACT

- 1 ☐ All of the time
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ A little of the time
5 ☐ None of the time

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

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

F26VRPHCMP

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

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

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

F26VRMHCMP

Earlier in the survey you were asked to indicate whether you have any limitations in your activities. We are now going to ask a few additional questions in this area.

10. Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person**?

- a. Bathing

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

F26ADLBTH

- b. Dressing

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

F26ADLDRS

- c. Eating

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

F26ADLEAT

- d. Getting in or out of chairs

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

F26ADLCHR

- e. Walking

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

F26ADLWLK

- f. Using the toilet

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

F26ADLTLT

Now we are going to ask some questions about specific medical conditions.

11. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 ☐ Yes
2 ☐ No

F26DIFSEE

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

- 1 ☐ Yes
2 ☐ No

F26DIFHEAR

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

- 1 ☐ Yes
2 ☐ No

F26DIFREMEM

14. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 ☐ Yes
2 ☐ No

F26DIFERRND

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

- 1 ☐ Every day (7 days a week)
2 ☐ Most days (5-6 days a week)
3 ☐ Some days (2-4 days a week)
4 ☐ Rarely (once a week or less)
5 ☐ Never

F26DIFMPROB

Has a doctor ever told you that you had:

16. Hypertension or high blood pressure

- 1 ☐ Yes
2 ☐ No

F26CCHBP

17. Angina pectoris or coronary artery disease

- 1 ☐ Yes
2 ☐ No

F26CC_CAD

18. Congestive heart failure

- 1 ☐ Yes
2 ☐ No

F26CC_CHF

19. A myocardial infarction or heart attack

- 1 ☐ Yes
2 ☐ No

F26CCMI

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

- 1 ☐ Yes
2 ☐ No

F26CCHRTOTH

21. A stroke

- 1 ☐ Yes
2 ☐ No

F26CCSTROKE

Has a doctor ever told you that you had:

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

- 1 ☐ Yes
2 ☐ No

F26CC_COPD

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

- 1 ☐ Yes
2 ☐ No

F26CCGI

24. Osteoporosis, sometimes called thin or brittle bones

- 1 ☐ Yes
2 ☐ No

F26CCOSTEO

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

- 1 ☐ Yes
2 ☐ No

F26CCDIABET

26. Depression

- 1 ☐ Yes
2 ☐ No

F26CCDEP

27. Any cancer (other than skin cancer)

- 1 ☐ Yes → **Go to Question 28**
2 ☐ No → **Go to Question 29**

F26CCANYCA

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

a. Colon or rectal cancer

1 ☐ Yes

2 ☐ No

F26CACOLON

b. Lung cancer

1 ☐ Yes

2 ☐ No

F26CALUNG

c. Breast cancer

1 ☐ Yes

2 ☐ No

F26CABRST

d. Prostate cancer

1 ☐ Yes

2 ☐ No

F26CAPROS

e. Other cancer (other than skin cancer)

1 ☐ Yes

2 ☐ No

F26CAOTHER

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

1 ☐ Not at all

2 ☐ A little bit

3 ☐ Somewhat

4 ☐ Quite a bit

5 ☐ Very much

F26PAINDACT

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

1 ☐ Never

2 ☐ Rarely

3 ☐ Sometimes

4 ☐ Often

5 ☐ Always

F26PAINSACT

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

a. Little interest or pleasure in doing things

1 ☐ Not at all

2 ☐ Several days

3 ☐ More than half the days

4 ☐ Nearly every day

F26DEPNOPLS

b. Feeling down, depressed, or hopeless

1 ☐ Not at all

2 ☐ Several days

3 ☐ More than half the days

4 ☐ Nearly every day

F26DEPDOWN

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

1 ☐ Excellent

2 ☐ Very good

3 ☐ Good

4 ☐ Fair

5 ☐ Poor

F26CMPHTH

33. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

1 ☐ Yes → **Go to Question 34**

2 ☐ No → **Go to Question 37**

F26MUILKG

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

1 ☐ A lot

2 ☐ Somewhat

3 ☐ Not at all

F26MUIDACT

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

1 ☐ Yes

2 ☐ No

F26MUITLK

36. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?

1 ☐ Yes

2 ☐ No

F26MUITRT

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

1 ☐ Yes →Go to Question 38

2 ☐ No →Go to Question 38

3 ☐ I had no visits in the past 12 months →Go to Question 39

F26PAOTLK

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

1 ☐ Yes

2 ☐ No

F26PAOADV

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

1 ☐ Yes

2 ☐ No

3 ☐ I had no visits in the past 12 months

F26FRMTLK

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

1 ☐ Yes

2 ☐ No

F26FRMFALL

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

1 ☐ Yes

2 ☐ No

F26FRMBAL

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

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

1 ☐ Yes

2 ☐ No

3 ☐ I had no visits in the past 12 months

F26FRMPREV

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

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

F26SLEEPHRS

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

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

F26SLEEPQUA

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

lbs.

F26WEIGHTLB

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

feet

inches

F26HEIGHTFT

F26HEIGHTIN

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

- 1 ☐ No, not of Hispanic, Latino/a or Spanish origin
2 ☐ Yes, Mexican, Mexican American, Chicano/a
3 ☐ Yes, Puerto Rican
4 ☐ Yes, Cuban
5 ☐ Yes, another Hispanic, Latino/a or Spanish origin

F26HPNOHISP

F26HPMEX

F26HPPR

F26HPCUBA

F26HPOTHER

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

- 01 ☐ White
02 ☐ Black or African American
03 ☐ American Indian or Alaska Native
04 ☐ Asian Indian
05 ☐ Chinese
06 ☐ Filipino
07 ☐ Japanese
08 ☐ Korean
09 ☐ Vietnamese
10 ☐ Other Asian
11 ☐ Native Hawaiian
12 ☐ Guamanian or Chamorro
13 ☐ Samoan
14 ☐ Other Pacific Islander

F26RCWHITE

F26RCAFRAM

F26RCNATAM

F26RCINDIA

F26RCCHINA

F26RCFILIP

F26RCJAPAN

F26RCKOREA

F26RCVIET

F26RCOTHASN

F26RCHAWAII

F26RCGUAM

F26RCSAMOA

F26RCOTHPAC

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

- 1 ☐ English
2 ☐ Spanish
3 ☐ Chinese
4 ☐ Russian
7 ☐ Some other language (please specify)

F26SPEAKLNG

F26SPEAKOTH

50. What is your current marital status?

- 1 ☐ Married
2 ☐ Divorced
3 ☐ Separated
4 ☐ Widowed
5 ☐ Never married

F26MARITAL

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

- 1 ☐ 8th grade or less **F26EDUC**
- 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

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

- 1 ☐ Alone **F26LVALONE**
- 2 ☐ With spouse/
significant other **F26LVSPOUSE**
- 3 ☐ With children/other relatives **F26LVCHILD**
- 4 ☐ With non-relatives **F26LVNONREL**
- 5 ☐ With paid caregiver **F26LVCAREGV**

53. Where do you live?

- 1 ☐ House, apartment, condominium or mobile home **→Go to Question 54**
- 2 ☐ Assisted living or board and care home **→Go to Question 54** **F26WHERELV**
- 3 ☐ Nursing home **→Go to Question 55**
- 4 ☐ Other **→Go to Question 55**

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

- 1 ☐ Owned or being bought by you
- 2 ☐ Owned or being bought by someone in your family other than you
- 3 ☐ Rented for money **F26HMOWN**
- 4 ☐ Not owned and one in which you live without payment of rent
- 5 ☐ None of the above

55. Who completed this survey form?

- 1 ☐ Person to whom survey was addressed **→STOP HERE** **F26CMPWHO**
- 2 ☐ Family member or relative of person to whom the survey was addressed **→Go to Question 56**
- 3 ☐ Friend of person to whom the survey was addressed **→Go to Question 56**
- 4 ☐ Professional caregiver of person to whom the survey was addressed **→Go to Question 56**

56. Did someone help you complete this survey? If so, please fill in that person's name.

DO NOT enter the name of the person to whom this survey was addressed.

Please **print** clearly.

F26NMCOMP

First Name: _____

Last Name: _____

YOU HAVE COMPLETED THE SURVEY. THANK YOU.