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Medicare Health Outcomes Survey Limited Data Sets File Specifications for Cohort 24 (Plan Fields Removed)

OVERVIEW

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

The HOS LDS files are comprised of the entire national sample for a given cohort. This includes respondents and non-respondents; senior beneficiaries (age 65 and older) and disabled beneficiaries (age 18-64); and quality reporting and voluntary reporting samples. All baseline and follow up survey items are included, as well as calculated fields; however, the reporting unit (plan contract number) information has been modified. Plan contract numbers were blinded in the LDS and certain plan level fields were removed (e.g., plan name) or modified (e.g., categorical enrollment) to prevent identification of individual health plans. Researchers who require these plan identifiers should request a RIF, as described below. The LDS retains some protected beneficiary-level health information from the RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., beneficiary name, the CMS beneficiary link key, Medicare Beneficiary Identifier [MBI], Social Security Number [SSN], phone number, and street address) are not included in the LDS files. The files are SAS¹ data sets and were generated with SAS Version 9.4.

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

Requests for RIF data files are processed through the Research Data Assistance Center (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to CMS. For more information about obtaining the RIFs, please visit the [ResDAC HOS](#) web page. ResDAC may also be contacted by calling (888) 9RESDAC (888-973-7322) between the hours of 8am to 4pm CT Monday through Friday or by emailing resdac@umn.edu.

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

MEDICARE HOS VERSIONS

The 2021-2023 Cohort 24 was collected with the HOS 3.0 at baseline and follow up. The HOS version 3.0 is based on the Veterans RAND 12-Item Health Survey (VR-12). The 12-item health survey portion (questions one [Q1] through seven [Q7]) was used to calculate the physical component summary (PCS) and mental component summary (MCS) scores at baseline and follow up. The HOS 3.0 included new questions about instrumental activities of daily living (IADLs), memory problems, pain, and living arrangements; and revised questions on race, Hispanic ethnicity, primary language, sex, and disability status that were introduced in 2013. In 2015 the HOS 3.0 also added questions about the average number of hours of sleep during the past month, overall sleep quality over the past month; and revised questions about leaking of urine changing daily activities or interfering with sleep, and the language mainly spoken at home. During the 2021 fielding, the osteoporosis testing question was removed from the questionnaire. During the 2022 fielding, five questions were removed, including three chronic conditions, a question about smoking status, and a question about annual household income. In 2022, the following chronic condition questions were removed, reducing the number from 15 to 12: arthritis of the hip or knee, arthritis of the hand or wrist, and sciatica. Additionally, the question about the language mainly spoken at home was revised to add Russian language as category (4) and Some other language, formerly category 4, as category (7).

LDS STRUCTURE

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

There are two fields (BxHOSQRS, FxHOSQRS) that identify Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) benefit packages (PBPIDs) which are voluntarily reporting HOS for calculation of the frailty adjustment factor based on the six activities of daily living (ADLs) in the HOS. At baseline, BxHOSQRS=1 for beneficiaries in MAOs that are part of the quality reporting sample and BxHOSQRS = 0 for beneficiaries in MAOs that are voluntarily reporting HOS for frailty assessment only. Beginning in 2015, BxHOSQRS = 2 was assigned for beneficiaries in MAOs that are voluntarily reporting HOS for other reasons. Up until 2019, at follow up, FxHOSQRS may equal 1 or 2. Beginning in 2019, beneficiaries in other HOS non-quality reporting samples (FxHOSQRS = 2) were no longer included. Since Cohort 20, BxHOSQRS = 2 and FxHOSQRS = 2 are no longer applicable. In the field names above, and elsewhere in this document, the “x” following the prefix represents the cohort identifier (24).

LDS FILE SPECIFICATIONS TABLE DESCRIPTION

The File Specifications Table in this document describes the file layout by field position for the Cohort 24 LDS file. The table has one row per field. The columns provide the field name/description, type, length, and additional information (including valid values where applicable). There is also a column to indicate the included fields for this cohort, **B24F24**. The survey question number is printed in the

corresponding row under the column heading if the question was asked. Check marks in this column indicate the presence of non-survey items, such as administrative and analytic fields. Shaded rows indicate fields which were removed to prevent identification of individual health plans.

The question text, valid values, and skip patterns in this document are from the most recent HOS questionnaire in which the question appears, unless otherwise noted. The exact text of each question for each survey year can be found in the HOS survey instrument, which can be downloaded from [NCQA's website](#). Additional information may be found in the *HEDIS® Volume 6: Specifications for the Medicare Health Outcomes Survey*. The most recent HEDIS Volume 6 manuals are available at no cost from the [NCQA Store](#). Copies of older editions of HEDIS® publications may be obtained by calling NCQA Customer Support at (888) 275-7585.²

The field name and attributes in the File Specifications Table correspond to the Cohort 24 LDS file only and may differ from previous LDS files derived from the HOS 1.0, 2.0, and 2.5. The File Specifications documents for all prior HOS cohorts are available in the [Research Data Files](#) section on the HOS website.

SUMMARY OF LDS FILE

	Cohort 24	
Year	2021	2023
Time Point	Baseline	Follow Up
HOS Version	3.0	3.0
No. of Survey Questions	67	62

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

SUMMARY OF BLINDED LDS FILE NUMBERS

	Cohort 24
No. of Observations	928,077
No. of Fields	374

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

Limited Data Sets File Specifications Table (Plan Fields Removed)

FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B24F24 ^S FIELDS
<i>BxPATID</i> Anonymous Beneficiary ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample	√
<i>BxPLAN</i> Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling	√
<i>BxRECID</i> Record Identifier at Baseline	Char	1	Baseline record identifier	√
<i>BxRPTYR</i> Baseline Reporting Year	Num	3	Reporting year for the baseline survey	√
<i>BxCONTRACT</i> Plan Contract Number at Baseline	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling.	√
<i>BxCONT_ID</i> Blinded Plan Contract Number at Baseline	Char	5	Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.	√
<i>BxPLAN_NAME</i> Plan Name at Baseline	Char	70	Plan name at the time of baseline sampling	√
<i>BxVENDOR</i> Survey Vendor at Baseline	Num	8	Baseline Survey Vendor 1413 = CSS 1415 = DataStat, Inc. 1463 = SPH Analytics 290721=MDR	√
<i>BxNCQAORGID</i> NCQA Healthcare Organization ID at Baseline	Num	8	Organization ID supplied by NCQA at the time of baseline sampling	√
<i>BxNCQASUBID</i> NCQA Submission ID at Baseline	Num	8	Submission ID supplied by NCQA at the time of baseline sampling	√
<i>BxPLANID</i> Plan Identification Number at Baseline	Char	5	Plan identification number at the time of baseline sampling.	√
<i>BxPBPID</i> Plan Benefit Package Number at Baseline	Char	3	Plan Benefit Package (PBP) ID at the time of baseline sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website	√
<i>BxSNPTYPE</i> Type of Special Needs Plan at Baseline	Num	3	<i>BxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	√

√ = Included Non-Survey Item

§ B24F24= 2021-2023 Cohort 24 Merged Baseline and Follow Up LDS

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October 2024

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<i>BxFIDEIND</i> Frailty Assessment FIDE Applicant Indicator at Baseline	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of baseline sampling 0 = Not an applicant 1 = Applicant not eligible for quality reporting 2 = Applicant only PBP in contract 3 = Applicant one of multiple PBPs in contract	√
<i>BxFIDESST</i> Sampling Stage for FIDE Applicant at Baseline	Num	8	FIDE Applicant Sampling Stage Indicator at the time of baseline sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up	√
<i>BxHOSQRS</i> HOS Quality Reporting Sample Flag at Baseline	Num	8	HOS Quality Reporting Sample Flag at the time of baseline sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample	√
<i>BxCITY</i> Beneficiary's City at Baseline	Char	22	Beneficiary's city from the baseline member level record	√
<i>BxSTATE</i> Beneficiary's State at Baseline	Char	22	Beneficiary's state from the baseline member level record	√
<i>BxZIP</i> Beneficiary's Zip Code at Baseline	Char	22	Beneficiary's zip code from the baseline member level record	√
<i>BxSTATEABV</i> Beneficiary's Social Security Administration (SSA) State Two Letter Abbreviation at Baseline	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code	√
<i>BxSTNAME</i> Beneficiary's SSA State Name at Baseline	Char	20	Beneficiary's state name based on the baseline SSA state code	√
<i>BxSTATECDE</i> Beneficiary's SSA State Code at Baseline	Char	2	Beneficiary's SSA state code from the baseline member level record	√
<i>BxCTNAME</i> Beneficiary's SSA County Name at Baseline	Char	21	Beneficiary's county name based on the baseline SSA county code	√
<i>BxCNTYCDE</i> Beneficiary's SSA County Code at Baseline	Char	3	Beneficiary's SSA county code from the baseline member level record	√

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<i>BxRACE</i> Beneficiary's Race at Baseline (CMS)	Num	3	Beneficiary's race from the baseline member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	√
<i>BxGENDER</i> Beneficiary's Gender at Baseline (CMS)	Num	3	Beneficiary's gender from the baseline member level record. This information is derived from CMS databases. 1 = Male 2 = Female	√
<i>BxDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS databases.	√
<i>BxDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS databases. This field is blank for all records.	√
<i>BxDOE</i> Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.	√
<i>BxDOT</i> Beneficiary's Baseline Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the baseline member level record. This field is blank for all records.	√
<i>BxESRD</i> Beneficiary's ESRD Status at Baseline	Num	3	Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS databases. 0 = No ESRD 1 = ESRD	√
<i>BxINSTUT</i> Beneficiary's Institutional Status at Baseline	Num	3	Beneficiary's institutional status at baseline. This information is derived from CMS databases. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care	√
<i>BxHOSPICE</i> Beneficiary's Hospice Status at Baseline	Num	3	Beneficiary's hospice status at baseline. This information is derived from CMS databases. 0 = No hospice start date present 1 = Hospice start date present	√
<i>BxMEDICAID</i> Beneficiary's Medicaid Status at Baseline	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid	√

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<i>BxDUAL</i> Dual Status	Num	3	Beneficiary's Dual status at baseline. This information is derived from CMS databases. 0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)	√
<i>BxENTITLE</i> Beneficiary's Reason for Entitlement at Baseline	Num	3	Beneficiary's reason for entitlement at baseline. This information is derived from CMS databases. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	√
<i>BxPROTID</i> Protocol Identifier Flag at Baseline	Num	8	Beneficiary's survey protocol from the baseline member level record 1 = English Follow Up – No Proxy at Baseline 2 = English Follow Up – Proxy at Baseline 3 = Baseline 4 = Spanish Follow Up – No Proxy at Baseline 5 = Spanish Follow Up – Proxy at Baseline 6 = Chinese Follow Up – No Proxy at Baseline 7 = Chinese Follow Up – Proxy at Baseline	√
<i>BxSRVIND</i> Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	√
<i>BxVRGENHTH</i> Baseline Survey: General Health Question	Num	3	Beneficiary's response from the baseline survey: <i>In general, would you say your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1
<i>BxVRMACT</i> Baseline Survey: Moderate Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i> Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or <u>playing golf</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a

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<i>BxVRSTAIR</i> Baseline Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the baseline survey: <i>Does your health now limit you in these activities? If so, how much?</i> <u>Climbing several flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b
<i>BxVRPACCL</i> Baseline Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Accomplished less than you would like</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3a
<i>BxVRPWORK</i> Baseline Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Were limited in the kind of work or other activities</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3b
<i>BxVRMACCL</i> Baseline Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Accomplished less than you would like</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4a

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<i>BxVRMWORK</i> Baseline Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Didn't do work or other activities as carefully as usual</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4b
<i>BxVRPAIN</i> Baseline Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i> 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q5
<i>BxVRCALM</i> Baseline Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt calm and peaceful?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6a

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<i>BxVRENERGY</i> Baseline Survey: Lots of Energy Question	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Did you have a lot of energy?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6b
<i>BxVRDOWN</i> Baseline Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the baseline survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt downhearted and blue?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6c
<i>BxVRSACT</i> Baseline Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</i> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q7

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<i>BxVRPHCMP</i> Baseline Survey: Physical Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the baseline survey: <i>Now, we'd like to ask you some questions about how your health may have changed. Compared to <u>one year ago</u>, how would you rate your physical health in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8
<i>BxVRMHCMP</i> Baseline Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the baseline survey: <i>Compared to <u>one year ago</u>, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9
<i>BxADLBTH</i> Baseline Survey: Bathing Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a
<i>BxADLDRS</i> Baseline Survey: Dressing Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b
<i>BxADLEAT</i> Baseline Survey: Eating Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c

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<i>BxADLCHR</i> Baseline Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Getting in or out of chairs</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10d
<i>BxADLWLK</i> Baseline Survey: Walking Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e
<i>BxADLTLT</i> Baseline Survey: Using the Toilet Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Using the toilet</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10f
<i>BxDIFMEALS</i> Baseline Survey: Difficulty Preparing Meals Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Preparing meals</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11a
<i>BxDIFMONEY</i> Baseline Survey: Difficulty Managing Money Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Managing money</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11b

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<i>BxDIFMEDS</i> Baseline Survey: Difficulty Taking Medication as Prescribed Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Taking medication as prescribed</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11c
<i>BxHDPHY</i> Baseline Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: These next questions ask about your physical and mental health during the past 30 days. <i>Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q12
<i>BxHDMEN</i> Baseline Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: <i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q13
<i>BxHDACT</i> Baseline Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the baseline survey: <i>During the 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?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q14
<i>BxDIFSEE</i> Baseline Survey: Blind or Serious Difficulty Seeing Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</i> 1 = Yes 2 = No	Q15
<i>BxDIFHEAR</i> Baseline Survey: Deaf or Serious Difficulty Hearing Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</i> 1 = Yes 2 = No	Q16
<i>BxDIFREMEM</i> Baseline Survey: Difficulty Concentrating, Remembering, or Making Decisions Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?</i> 1 = Yes 2 = No	Q17

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<i>BxDIFERRND</i> Baseline Survey: Difficulty Doing Errands Question	Num	3	Beneficiary's response from the baseline survey: <i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</i> 1 = Yes 2 = No	Q18
<i>BxDIFMPROB</i> Baseline Survey: Memory Problems Interfered with Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>In the past month, how often did memory problems interfere with your daily activities?</i> 1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never	Q19
<i>BxCCHBP</i> Baseline Survey: Hypertension Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No	Q20
<i>BxCC_CAD</i> Baseline Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No	Q21
<i>BxCC_CHF</i> Baseline Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No	Q22
<i>BxCCMI</i> Baseline Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No	Q23
<i>BxCCHRTOTH</i> Baseline Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No	Q24

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<i>BxCCSTROKE</i> Baseline Survey: Stroke Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>A stroke</u> 1 = Yes 2 = No	Q25
<i>BxCC_COPD</i> Baseline Survey: COPD Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u> 1 = Yes 2 = No	Q26
<i>BxCCGI</i> Baseline Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u> 1 = Yes 2 = No	Q27
<i>BxCCARTHIP</i> Baseline Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hip or knee</u> 1 = Yes 2 = No	Q28
<i>BxCCARTHND</i> Baseline Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Arthritis of the hand or wrist</u> 1 = Yes 2 = No	Q29
<i>BxCCOSTEO</i> Baseline Survey: Osteoporosis Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Osteoporosis, sometimes called thin or brittle bones</u> 1 = Yes 2 = No	Q30
<i>BxCCSCIATI</i> Baseline Survey: Sciatica Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Sciatica (pain or numbness that travels down your leg to below your knee)</u> 1 = Yes 2 = No	Q31

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<i>BxCCDIABET</i> Baseline Survey: Diabetes Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Diabetes, high blood sugar, or sugar in the urine</u> 1 = Yes 2 = No	Q32
<i>BxCCDEP</i> Baseline Survey: Depression Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Depression</u> 1 = Yes 2 = No	Q33
<i>BxCCANYCA</i> Baseline Survey: Any Cancer Question	Num	3	Beneficiary's response from the baseline survey: <i>Has a doctor ever told you that you had:</i> <u>Any cancer (other than skin cancer)</u> 1 = Yes 2 = No	Q34
<i>BxCACOLON</i> Baseline Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No	Q35a
<i>BxCALUNG</i> Baseline Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No	Q35b
<i>BxCABRST</i> Baseline Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No	Q35c
<i>BxCAPROS</i> Baseline Survey: Prostate Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No	Q35d

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<i>BxCAOTHER</i> Baseline Survey: Treatment for Other Cancer Question	Num	3	Beneficiary's response from the baseline survey: <i>If you answered "yes" to BxCCANYCA above, Are you <u>currently</u> under treatment for: Other cancer (other than skin cancer)</i> 1 = Yes 2 = No	Q35e
<i>BxPAINDACT</i> Baseline Survey: Pain Interfered With Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how much did pain interfere with your day to day activities?</i> 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Q36
<i>BxPAINSACT</i> Baseline Survey: Pain Kept You from Socializing With Others Question	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how often did pain keep you from socializing with others?</i> 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Q37
<i>BxPAINRATE</i> Baseline Survey: Average Pain Rating Question	Num	3	Beneficiary's response from the baseline survey: <i>In the <u>past 7 days</u>, how would you rate your pain <u>on average</u>?</i> 0 = No pain 1 2 3 4 5 6 7 8 9 10 = Worst imaginable pain	Q38

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<i>BxDEPNOPLS</i> Baseline Survey: Little Interest or Pleasure In Doing Things Question	Num	3	Beneficiary's response from the baseline survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Little interest or pleasure in doing things</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Q39a
<i>BxDEPDOWN</i> Baseline Survey: Feeling Down, Depressed, or Hopeless Question	Num	3	Beneficiary's response from the baseline survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day	Q39b
<i>BxCMPHTH</i> Baseline Survey: Comparative Health Question	Num	3	Beneficiary's response from the baseline survey: <i>In general, compared to other people your age, would you say that your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q40
<i>BxSMOKE</i> Baseline Survey: Current Smoker Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you now smoke every day, some days, or not at all?</i> 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q41
<i>BxMUILKG</i> Baseline Survey: Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</i> 1 = Yes (<i>Go to BxMUIDACT below</i>) 2 = No (<i>Go to BxPAOTLK below</i>)	Q42

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<i>BxMUIDACT</i> Baseline Survey: Urine Leakage Changed Daily Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</i> 1 = A lot 2 = Somewhat 3 = Not at all	Q43
<i>BxMUITLK</i> Baseline Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</i> 1 = Yes 2 = No	Q44
<i>BxMUITRT</i> Baseline Survey: Talked About Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: <i>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?</i> 1 = Yes 2 = No	Q45
<i>BxPAOTLK</i> Baseline Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i> 1 = Yes (<i>Go to BxPAOADV below</i>) 2 = No (<i>Go to BxPAOADV below</i>) 3 = I had no visits in the past 12 months (<i>Go to BxFRMTLK below</i>)	Q46
<i>BxPAOADV</i> Baseline Survey: Advised to Increase or Maintain Activities Question	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i> 1 = Yes 2 = No	Q47
<i>BxFRMTLK</i> Baseline Survey: Talked with Doctor about Falling or Balance Problem Question	Num	3	Beneficiary's response from the baseline survey: <i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i> 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q48

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<i>BxFRMFALL</i> Baseline Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the baseline survey: <i>Did you fall in the past 12 months?</i> 1 = Yes 2 = No	Q49
<i>BxFRMBAL</i> Baseline Survey: Problem with Walking or Balance in Past 12 Months Question	Num	3	Beneficiary's response from the baseline survey: <i>In the past 12 months, have you had a problem with balance or walking?</i> 1 = Yes 2 = No	Q50
<i>BxFRMPREV</i> Baseline Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the baseline survey: <i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i> <ul style="list-style-type: none"> • 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	Q51
<i>BxSLEEPHRS</i> Baseline Survey: Average Hours of Sleep per Night in Past Month Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past month, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)</i> 1 = Less than 5 hours 2 = 5 - 6 hours 3 = 7 - 8 hours 4 = 9 or more hours	Q52
<i>BxSLEEPQUA</i> Baseline Survey: Overall Sleep Quality Rating in Past Month Question	Num	3	Beneficiary's response from the baseline survey: <i>During the past month, how would you rate your overall sleep quality?</i> 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Q53
<i>BxWEIGHTLB</i> Baseline Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the baseline survey: <i>How much do you weigh in pounds (lbs.)?</i>	Q54
<i>BxHEIGHTFT</i> Baseline Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the baseline survey: <i>How tall are you without shoes on in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches or 5 feet 04 inches (if ½ inch, please round up).</i> Note: This field contains only the feet (ft.) portion of the response.	Q55a

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<i>BxHEIGHTIN</i> Baseline Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary's response from the baseline survey: <i>How tall are you without shoes on in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches or 5 feet 04 inches (if ½ inch., please round up).</i> Note: This field contains only the inches (in.) portion of the response.	Q55b
<i>BxSRVGEND</i> Baseline Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you male or female?</i> 1 = Male 2 = Female 3 = Other (<i>Telephone surveys only</i>)	Q56a
<i>BxHPNOHISP</i> Baseline Survey: No, not Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>a. No, not of Hispanic, Latino/a or Spanish origin</i></u> 0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Q57a
<i>BxHPMEX</i> Baseline Survey: Yes, Mexican, Mexican American, Chicano/a Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>b. Yes, Mexican, Mexican American, Chicano/a</i></u> 0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Q57b
<i>BxHPPR</i> Baseline Survey: Yes, Puerto Rican Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>c. Yes, Puerto Rican</i></u> 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Q57c
<i>BxHPCUBA</i> Baseline Survey: Yes, Cuban Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>d. Yes, Cuban</i></u> 0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Q57d

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<i>BxHPOTHER</i> Baseline Survey: Yes, Another Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary's response from the baseline survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>e. Yes, Another Hispanic, Latino/a or Spanish origin</i></u> 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Q57e
<i>BxRCWHITE</i> Baseline Survey: White Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>a. White</i></u> 0 = Respondent did not check White 1 = Respondent checked White	Q58a
<i>BxRCAFRAM</i> Baseline Survey: Black or African American Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>b. Black or African American</i></u> 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American	Q58b
<i>BxRCNATAM</i> Baseline Survey: American Indian or Alaska Native Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>c. American Indian or Alaskan Native</i></u> 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native	Q58c
<i>BxRCINDIA</i> Baseline Survey: Asian Indian Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>d. Asian Indian</i></u> 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Q58d
<i>BxRCCHINA</i> Baseline Survey: Chinese Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>e. Chinese</i></u> 0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Q58e
<i>BxRCFILIP</i> Baseline Survey: Filipino Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>f. Filipino</i></u> 0 = Respondent did not check Filipino 1 = Respondent checked Filipino	Q58f

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<i>BxRCJAPAN</i> Baseline Survey: Japanese Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>g. Japanese</i></u> 0 = Respondent did not check Japanese 1 = Respondent checked Japanese	Q58g
<i>BxRCKOREA</i> Baseline Survey: Korean Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>h. Korean</i></u> 0 = Respondent did not check Korean 1 = Respondent checked Korean	Q58h
<i>BxRCVIET</i> Baseline Survey: Vietnamese Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>i. Vietnamese</i></u> 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese	Q58i
<i>BxRCOTHASN</i> Baseline Survey: Other Asian Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>j. Other Asian</i></u> 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian	Q58j
<i>BxRCHAWAII</i> Baseline Survey: Native Hawaiian Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>k. Native Hawaiian</i></u> 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian	Q58k
<i>BxRCGUAM</i> Baseline Survey: Guamanian or Chamorro Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>l. Guamanian or Chamorro</i></u> 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro	Q58l
<i>BxRCSAMOA</i> Baseline Survey: Samoan Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>m. Samoan</i></u> 0 = Respondent did not check Samoan 1 = Respondent checked Samoan	Q58m

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<i>BxRCOTHPAC</i> Baseline Survey: Other Pacific Islander Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your race? (One or more categories may be selected)</i> <u>n. Other Pacific Islander</u> 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander	Q58n
<i>BxSPEAKLNG</i> Language Mainly Spoken at Home Question	Num	3	Beneficiary's response from the baseline survey: <i>What language do you <u>mainly</u> speak at home?</i> 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)	Q59a
<i>BxSPEAKOTH</i> Specify Other Language Spoken at Home Question	Char	20	Beneficiary's response from the baseline survey: <i>What language do you <u>mainly</u> speak at home?</i> Some other language (please specify) _____	Q59b
<i>BxMARITAL</i> Baseline Survey: Marital Status Question	Num	3	Beneficiary's response from the baseline survey: <i>What is your current marital status?</i> 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q60
<i>BxEDUC</i> Baseline Survey: Education Question	Num	3	Beneficiary's response from the baseline survey: <i>What is the highest grade or level of school that you have completed?</i> 1 = 8 th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q61
<i>BxLVALONE</i> Baseline Survey: Living Alone Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u>a. Alone</u> 0 = Respondent did not check live alone 1 = Respondent checked live alone	Q62a

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<i>BxLV</i> SPOUSE Baseline Survey: Living With Spouse/Significant Other Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>b. With spouse/significant other</i></u> 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other	Q62b
<i>BxLV</i> CHILD Baseline Survey: Living With Children/Other Relatives Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>c. With children/other relatives</i></u> 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives	Q62c
<i>BxLV</i> NONREL Baseline Survey: Living With Non-Relatives Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>d. With non-relatives</i></u> 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives	Q62d
<i>BxLV</i> CAREGV Baseline Survey: Living With Paid Caregiver Question	Num	3	Beneficiary's response from the baseline survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>e. With paid caregiver</i></u> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Q62e
<i>Bx</i> WHERELV Baseline Survey: Where Do You Live Question	Num	3	Beneficiary's response from the baseline survey: <i>Where do you live?</i> 1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other (If answered 1 or 2, Go to <i>BxHMOWN</i> below; If answered 3 or 4, Go to <i>BxCMPWHO</i> below)	Q63
<i>Bx</i> HMOWN Baseline Survey: Housing Question	Num	3	Beneficiary's response from the baseline survey: <i>Is the house or apartment you currently live in:</i> 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q64

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<i>BxCMPWHO</i> Baseline Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the baseline survey: <i>Who completed this survey form?</i> 1 = Person to whom survey was addressed (<i>Go to BxHHINC below</i>) 2 = Family member or relative of person to whom the survey was addressed 3 = Friend of person to whom the survey was addressed 4 = Professional caregiver of person to whom the survey was addressed	Q65
<i>BxHHINC</i> Baseline Survey: Household Income Question	Num	3	Beneficiary's response from the baseline survey: <i>Which of the following categories best represents the combined income for all family members in your household for the past 12 months?</i> 1 = Less than \$5,000 2 = \$5,000 - \$9,999 3 = \$10,000 - \$19,999 4 = \$20,000 - \$29,999 5 = \$30,000 - \$39,999 6 = \$40,000 - \$49,999 7 = \$50,000 - \$79,999 8 = \$80,000 - \$99,999 9 = \$100,000 or more 10 = Don't know	Q67
<i>BxSRVDISP</i> Disposition of Baseline Survey	Char	3	Survey disposition at baseline (“M” prefix=Mail, “T” prefix=Telephone) M10/T10 = Complete survey (79.5-100% complete and all 6 ADL items [Q10a-f] answered) M11/T11 = Non-response: partial complete survey (50-79% complete, or 79.5-100% complete and at least one ADL unanswered) M20/T20 = Ineligible: deceased M23/T23 = Ineligible: language barrier M24 = Ineligible: bad address AND mail-only protocol (<i>Chinese and Russian only</i>) T24 = Ineligible: bad address AND non-working/unlisted phone number or member number is unknown at the dialed phone number M25 = Ineligible: respondent removed from sample M31/T31 = Non-response: break-off (0- 49% complete) M32/T32 = Non-response: refusal M33/T33 = Non-response: respondent unavailable M34/T34 = Non-response: respondent physically or mentally incapacitated M35/T35 = Non-response: respondent institutionalized M36/T36 = Non-response: after maximum attempts	√

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<i>BxSRVMODE</i> Round in which Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MT = Partially completed by mail and converted to complete by telephone NC = Not completed TN = Inbound telephone	√
<i>BxSRVLANG</i> Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5 = Russian* * While no surveys were completed in Russian for Cohort 24 Baseline, the survey code reflects the Russian language option addition in 2019.	√
<i>BxSRVDATE</i> Date Baseline Survey Completed	Char	8	Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	√
<i>BxVUCATI</i> Vendor's Baseline Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at baseline	√
<i>BxMCONUM</i> MAO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MAO provide a phone number for the member at baseline? 1 = Yes 2 = No	√
<i>BxEXCLUDE</i> Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>	√
<i>BxDISP</i> Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline	√

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<i>BxINVSrv</i> Ineligible Baseline Survey Indicator	Num	3	Baseline survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, , M23, M24, M25, T20, T21, T23, or T24)	√
<i>BxADLCount</i> Count of ADL Questions Answered (0-6) at Baseline	Num	3	Number of ADL questions answered (range from 0-6) in the baseline survey from Q10a-f	√
<i>BxPCTCMP</i> Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed	√
<i>BxCMPsrV</i> Complete Baseline Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of baseline survey was completed including all 6 ADL items (Q10a-f) 0 = Incomplete 1 = Complete	√
<i>BxCMPFLG</i> Name Provided for Person Completing Baseline Survey	Num	3	Indicator of whether name was provided for person completing baseline survey 0 = Name not provided 1 = Name provided	√
<i>BxTDOB</i> Beneficiary's Baseline Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the baseline member level record. This information is derived from CMS databases. MMDDYY10. Format	√
<i>BxTSRvDAT</i> Date Baseline Survey Completed (SAS Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. Format	√
<i>BxTDOE</i> Beneficiary's Baseline Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's baseline accretion into plan SAS date MMDDYY10. Format	√
<i>BxTSRvDATIM</i> Date Baseline Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Baseline survey SAS date created from the original date (<i>BxTSRvDAT</i>). Records with a missing survey date were imputed by replacing the missing values with the midpoint survey date which occurs in May each year MMDDYY10. format Note: This variable, in combination with date of birth (<i>BxTDOB</i>), was used to calculate age (<i>BxAGE</i>).	√
<i>BxTDOELMT</i> Baseline Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Baseline survey SAS date of accretion limit into plan MMDDYY10. format Note: This variable, in combination with date of accretion into plan (<i>BxTDOE</i>), was used to calculate enrollment duration (<i>BxENRDUR</i>)	√
<i>BxBMI</i> Calculated Body Mass Index at Baseline	Num	8	$BMI = [BxWEIGHTLB / (Height\ in\ inches\ from\ BxHEIGHTFT\ and\ BxHEIGHTIN)^2] \times 703$	√

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<i>BxBMICAT</i> Categories of Body Mass Index at Baseline	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)	√
<i>BxENRDUR</i> Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey	√
<i>BxENRCAT</i> Beneficiary's Enrollment Duration Category at Baseline	Num	8	Beneficiary's enrollment duration category at the time of the baseline survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	√
<i>BxAGE</i> Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. AGE = floor((intck('month', <i>BxTDOB</i> , <i>BxTSRVDATIM</i>) - (day(<i>BxTSRVDATIM</i>) < day(<i>BxTDOB</i>))) / 12)	√
<i>BxAGECAT</i> Beneficiary's Age Group at Baseline	Num	8	Beneficiary's age group at baseline 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older	√
<i>BxRACECAT</i> Beneficiary's Race Category at Baseline	Num	8	Beneficiary's race category at baseline, created by combining values of the <i>BxRACE</i> variable 1 = White 2 = Black 3 = Other	√
<i>BxHISPANA</i> Beneficiary's Hispanic Indicator at Baseline	Num	8	Beneficiary's Hispanic indicator at baseline, derived from the Hispanic ethnicity questions 1 = Yes 2 = No	√
<i>BxMARCAT</i> Marital Status at Baseline Using Combined Groups	Num	3	Beneficiary's marital status category at baseline, created by combining values of the <i>BxMARITAL</i> variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married	√

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<i>BxEDCAT</i> Educational Status at Baseline Using Combined Groups	Num	3	Beneficiary's education level category at baseline, created by combining values of the <i>BxEDUC</i> variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more	√
<i>BxINCCAT</i> Household Income at Baseline Using Combined Groups	Num	3	Beneficiary's household income category at baseline, created by combining values of the <i>BxHHINC</i> variable 1 = Less than \$10,000 2 = \$10,000 - \$19,999 3 = \$20,000 - \$29,999 4 = \$30,000 - \$49,999 5 = \$50,000 or more 6 = Don't know	√
<i>BxDEP2SCRN</i> Positive Depression Indicator at Baseline	Num	3	Beneficiary's depression status at follow up based on two depression questions, <i>BxDEPNOPLS</i> and <i>BxDEPDOWN</i> , with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered. 0 = Negative 1 = Positive	√
<i>BxCOMO</i> Number of Chronic Medical Conditions at Baseline	Num	3	Beneficiary's number of chronic conditions at baseline, obtained by counting the number of "yes" responses to 15 questions <i>BxCCHBP</i> , <i>BxCCCAD</i> , <i>BxCCCHF</i> , <i>BxCCMI</i> , <i>BxCCHRTOTH</i> , <i>BxCCSTROKE</i> , <i>BxCCCOPD</i> , <i>BxCCGI</i> , <i>BxCCARTHIP</i> , <i>BxCCARTHND</i> , <i>BxCCOSTEO</i> , <i>BxCCSCIATI</i> , <i>BxCCDIABET</i> , <i>BxCCDEP</i> , and <i>BxCCANYCA</i>	√
<i>BxCOMOCT</i> Number of Chronic Medical Conditions Category at Baseline	Num	3	Beneficiary's number of chronic conditions category at baseline, created by combining values of the <i>BxCOMO</i> variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	√
<i>BxPCS</i> Baseline Physical Component Summary (PCS) Score	Num	8	Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	√
<i>BxMCS</i> Baseline Mental Component Summary (MCS) Score	Num	8	Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	√
<i>BxPFADL</i> PFADL Scale, 0-16 Higher is Better	Num	8	Beneficiary's baseline Physical Functioning Activities of Daily Living (PFADL) Scale Score (Score Range: 0-16, higher is better)	√

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<i>FxPATID</i> Anonymous Beneficiary ID at Follow up	Num	8	Unique number assigned to each beneficiary in the follow up sample	√
<i>FxPLAN</i> Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling	√
<i>FxRECID</i> Record Identifier at Follow Up	Char	1	Follow up record identifier	√
<i>FxRPTYR</i> Follow Up Reporting Year	Num	3	Reporting year for the follow up survey	√
<i>FxCONTRACT</i> Plan Contract Number at Follow Up	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling.	√
<i>FxCONT_ID</i> Blinded Plan Contract Number at Follow Up	Char	5	Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.	√
<i>FxPLAN_NAME</i> Plan name at Follow Up	Char	70	Plan name at the time of follow up sampling	√
<i>FxVENDOR</i> Survey Vendor at Follow Up	Num	8	Follow up survey vendor: 1413 = CSS 1415 = DataStat, Inc. 1463 = Press Ganey (formerly SPH Analytics)	√
<i>FxNCQAORGID</i> NCQA Healthcare Organization ID at Follow Up	Num	8	Organization ID supplied by NCQA at the time of follow up sampling	√
<i>FxNCQASUBID</i> NCQA Submission ID at Follow Up	Num	8	Submission ID supplied by NCQA at the time of follow up sampling	√
<i>FxPLANID</i> Plan Identification Number at Follow Up	Char	5	Plan identification number at the time of follow up sampling	√
<i>FxPBPID</i> Plan Benefit Package Number at Follow Up	Char	3	Plan Benefit Package (PBP) ID at the time of follow up sampling consisting of a 3-digit number filled with leading zeros and corresponding to Plan ID in the Special Needs Plan (SNP) Comprehensive Report on CMS website	√
<i>FxSNPTYPE</i> Type of Special Needs Plan at Follow Up	Num	3	<i>FxSNPTYPE</i> identifies the type of SNP PBP, within a contract, in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment: 1 = Chronic or Disabling Condition 2 = Dual-Eligible 3 = Institutional	√

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<i>FxFIDEIND</i> Frailty Assessment FIDE Applicant Indicator at Follow Up	Num	8	FIDE Applicant Frailty Assessment Indicator at the time of follow up sampling 0 = Not an applicant 1 = Applicant is not eligible for quality reporting 2 = Applicant is only PBP in contract 3 = Applicant is one of multiple PBPs in contract	√
<i>FxFIDESST</i> Sampling Stage for FIDE Applicant at Follow Up	Num	8	FIDE Applicant Sampling Stage Indicator at the time of follow up sampling 0 = Not an applicant 1 = Stage 1 contract-level random sample 2 = Stage 2 Supplemental Sample; not previously selected 3 = Stage 2 Supplemental Sample; previously selected for Follow Up	√
<i>FxHOSQRS</i> HOS Quality Reporting Sample Flag at Follow Up	Num	8	HOS Quality Reporting Sample Flag at the time of follow up sampling 0 = HOS non-quality reporting sample (Voluntary FIDE SNPs) 1 = HOS quality reporting sample	√
<i>FxCITY</i> Beneficiary's City at Follow Up	Char	22	Beneficiary's city from the follow up member level record	√
<i>FxSTATE</i> Beneficiary's State at Follow Up	Char	22	Beneficiary's state from the follow up member level record	√
<i>FxZIP</i> Beneficiary's Zip Code at Follow Up	Char	22	Beneficiary's zip code from the follow up member level record	√
<i>FxSTATEABV</i> Beneficiary's SSA State Two Letter Abbreviation at Follow Up	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code	√
<i>FxSTNAME</i> Beneficiary's SSA State Name at Follow Up	Char	20	Beneficiary's state name based on the follow up SSA state code	√
<i>FxSTATECDE</i> Beneficiary's SSA State Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record	√
<i>FxCTNAME</i> Beneficiary's SSA County Name at Follow Up	Char	21	Beneficiary's county name based on the follow up SSA county code	√
<i>FxCNTYCDE</i> Beneficiary's SSA County Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record	√

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<i>FxRACE</i> Beneficiary's Race at Follow Up (CMS)	Num	3	Beneficiary's race from the follow up member level record. This information is derived from CMS databases. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	√
<i>FxGENDER</i> Beneficiary's Gender at Follow Up (CMS)	Num	3	Beneficiary's gender from the follow up member level record. This information is derived from CMS databases. 1 = Male 2 = Female	√
<i>FxDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.	√
<i>FxDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.	√
<i>FxDOE</i> Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record	√
<i>FxDOT</i> Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record. This field is blank for all records.	√
<i>FxESRD</i> Beneficiary's ESRD Status at Follow Up	Num	3	Beneficiary's ESRD status at follow up. This information is derived from CMS databases. 0 = No ESRD 1 = ESRD	√
<i>FxINSTUT</i> Beneficiary's Institutional Status at Follow Up	Num	3	Beneficiary's institutional status at follow up. This information is derived from CMS databases. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care	√
<i>FxHOSPICE</i> Beneficiary's Hospice Status at Follow Up	Num	3	Beneficiary's hospice status at follow up. This information is derived from CMS databases. 0 = No hospice start date present 1 = Hospice start date present	√
<i>FxMEDICAID</i> Beneficiary's Medicaid Status at Follow Up	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid	√

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<i>FxDUAL</i> Dual Status	Num	3	Beneficiary's Dual status at follow up. This information is derived from CMS databases. 0 = Not Dual Status 1 = Dual Status (Full Benefit any time during the year)	√
<i>FxENTITLE</i> Beneficiary's Reason for Entitlement at Follow Up	Num	3	Beneficiary's reason for entitlement at follow up. This information is derived from CMS databases. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	√
<i>FxPROTID</i> Protocol Identifier Flag at Follow Up	Num	8	Beneficiary's survey protocol from the follow up member level record 1 = English Follow up – no proxy at baseline 2 = English Follow up – proxy at baseline 3 = Baseline (all languages) 4 = Spanish Follow up – no proxy at baseline 5 = Spanish Follow up – proxy at baseline 6 = Chinese Follow up – no proxy at baseline 7 = Chinese Follow up – proxy at baseline 10 = Russian Follow up – no proxy at baseline 11 = Russian Follow up – proxy at baseline	√
<i>FxSRVIND</i> Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	√
<i>FxVRGENHTH</i> Follow Up Survey: General Health Question	Num	3	Beneficiary's response from the follow up survey: <i>In general, would you say your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1

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<i>FxVRMACT</i> Follow Up Survey: Moderate Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?</i> <u>Moderate activities</u> , 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	Q2a
<i>FxVRSTAIR</i> Follow Up Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the follow up survey: <i>Does your health now limit you in these activities? If so, how much?</i> <u>Climbing several flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b
<i>FxVRPACCL</i> Follow Up Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Accomplished less than you would like</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3a
<i>FxVRPWORK</i> Follow Up Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</i> <u>Were limited in the kind of work or other activities</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3b

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<i>FxVRMACCL</i> Follow Up Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Accomplished less than you would like</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4a
<i>FxVRMWORK</i> Follow Up Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?</i> <u>Didn't do work or other activities as carefully as usual</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4b
<i>FxVRPAIN</i> Follow Up Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i> 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q5

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<i>FxVRCALM</i> Follow Up Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt calm and peaceful?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6a
<i>FxVRENERGY</i> Follow Up Survey: Lots of Energy Question	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Did you have a lot of energy?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6b
<i>FxVRDOWN</i> Follow Up Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the follow up survey: <i>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</i> <i>How much of the time during the past 4 weeks:</i> <u>Have you felt downhearted and blue?</u> 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6c

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<i>FxVRSACT</i> Follow Up Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?</i> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q7
<i>FxVRPHCMP</i> Follow Up Survey: Physical Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: <i>Now, we'd like to ask you some questions about how your health may have changed. Compared to one year ago, how would you rate your physical health in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8
<i>FxVRMHCMP</i> Follow Up Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: <i>Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) in general now?</i> 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9
<i>FxADLBTH</i> Follow Up Survey: Bathing Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Bathing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10a
<i>FxADLDRS</i> Follow Up Survey: Dressing Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Dressing</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10b

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<i>FxADLEAT</i> Follow Up Survey: Eating Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10c
<i>FxADLCHR</i> Follow Up Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Getting in or out of chairs</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10d
<i>FxADLWLK</i> Follow Up Survey: Walking Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10e
<i>FxADLTLT</i> Follow Up Survey: Using the Toilet Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities without special equipment or help from another person?</i> <u>Using the toilet</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Q10f
<i>FxDIFMEALS</i> Follow Up Survey: Difficulty Preparing Meals Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Preparing meals</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11a

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<i>FxDIFMONEY</i> Follow Up Survey: Difficulty Managing Money Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Managing money</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11b
<i>FxDIFMEDS</i> Follow Up Survey: Difficulty Taking Medication as Prescribed Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a health or physical problem, do you have any difficulty doing the following activities?</i> <u>Taking medication as prescribed</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I don't do this activity	Q11c
<i>FxHDPHY</i> Follow Up Survey: Number of Days Physical Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: These next questions ask about your physical and mental health during the past 30 days. <i>Now, thinking about your physical health, which includes physical illness and injury, for how many days during the <u>past 30 days</u> was your physical health not good?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q12
<i>FxHDMEN</i> Follow Up Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: <i>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the <u>past 30 days</u> was your mental health not good?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q13
<i>FxHDACT</i> Follow Up Survey: Number of Days Poor Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the follow up survey: <i>During the <u>past 30 days</u>, 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?</i> <i>(Please enter a number between "0" and "30" days. If no days, please enter "0" days. Your best estimate would be fine.)</i>	Q14
<i>FxDIFSEE</i> Follow Up Survey: Blind or Serious Difficulty Seeing Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you blind or do you have serious difficulty seeing, even when wearing glasses?</i> 1 = Yes 2 = No	Q15
<i>FxDIFHEAR</i> Follow Up Survey: Deaf or Serious Difficulty Hearing Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you deaf or do you have serious difficulty hearing, even with a hearing aid?</i> 1 = Yes 2 = No	Q16

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<i>FxDIFREMEM</i> Follow Up Survey: Difficulty Concentrating, Remembering, or Making Decisions Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?</i> 1 = Yes 2 = No	Q17
<i>FxDIFERRND</i> Follow Up Survey: Difficulty Doing Errands Question	Num	3	Beneficiary's response from the follow up survey: <i>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?</i> 1 = Yes 2 = No	Q18
<i>FxDIFMPROB</i> Follow Up Survey: Memory Problems Interfered with Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past month, how often did memory problems interfere with your daily activities?</i> 1 = Every day (7 days a week) 2 = Most days (5-6 days a week) 3 = Some days (2-4 days a week) 4 = Rarely (once a week or less) 5 = Never	Q19
<i>FxCCHBP</i> Follow Up Survey: Hypertension Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Hypertension or high blood pressure</u> 1 = Yes 2 = No	Q20
<i>FxCC_CAD</i> Follow Up Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Angina pectoris or coronary artery disease</u> 1 = Yes 2 = No	Q21
<i>FxCC_CHF</i> Follow Up Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Congestive heart failure</u> 1 = Yes 2 = No	Q22
<i>FxCCMI</i> Follow Up Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>A myocardial infarction or heart attack</u> 1 = Yes 2 = No	Q23

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<i>FxCCHRTOTH</i> Follow Up Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No	Q24
<i>FxCCSTROKE</i> Follow Up Survey: Stroke Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>A stroke</u> 1 = Yes 2 = No	Q25
<i>FxCC_COPD</i> Follow Up Survey: COPD Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)</u> 1 = Yes 2 = No	Q26
<i>FxCCGI</i> Follow Up Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u> 1 = Yes 2 = No	Q27
<i>FxCCOSTEO</i> Follow Up Survey: Osteoporosis Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Osteoporosis, sometimes called thin or brittle bones</u> 1 = Yes 2 = No	Q28
<i>FxCCDIABET</i> Follow Up Survey: Diabetes Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Diabetes, high blood sugar, or sugar in the urine</u> 1 = Yes 2 = No	Q29
<i>FxCCDEP</i> Follow Up Survey: Depression Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor <u>ever</u> told you that you had:</i> <u>Depression</u> 1 = Yes 2 = No	Q30

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<i>FxCCANYCA</i> Follow Up Survey: Any Cancer Question	Num	3	Beneficiary's response from the follow up survey: <i>Has a doctor ever told you that you had:</i> <u>Any cancer (other than skin cancer)</u> 1 = Yes 2 = No	Q31
<i>FxCACOLON</i> Follow Up Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Colon or rectal cancer</u> 1 = Yes 2 = No	Q32a
<i>FxCALUNG</i> Follow Up Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Lung cancer</u> 1 = Yes 2 = No	Q32b
<i>FxCABRST</i> Follow Up Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Breast cancer</u> 1 = Yes 2 = No	Q32c
<i>FxCAPROS</i> Follow Up Survey: Prostate Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Prostate cancer</u> 1 = Yes 2 = No	Q32d
<i>FxCAOTHER</i> Follow Up Survey: Treatment for Other Cancer Question	Num	3	Beneficiary's response from the follow up survey: <i>If you answered "yes" to question FxCCANYCA above, Are you <u>currently</u> under treatment for:</i> <u>Other cancer (other than skin cancer)</u> 1 = Yes 2 = No	Q32e

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<i>FxPAINDACT</i> Follow Up Survey: Pain Interfered With Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 7 days, how much did pain interfere with your day to day activities?</i> 1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much	Q33
<i>FxPAINSACT</i> Follow Up Survey: Pain Kept You from Socializing With Others Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 7 days, how often did pain keep you from socializing with others?</i> 1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always	Q34
<i>FxPAINRATE</i> Follow Up Survey: Average Pain Rating Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 7 days, how would you rate your pain on average?</i> 0 = No pain 1 2 3 4 5 6 7 8 9 10 = Worst imaginable pain	Q35
<i>FxDEPNOPLS</i> Follow Up Survey: Little Interest or Pleasure In Doing Things Question	Num	3	Beneficiary's response from the follow up survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Little interest or pleasure in doing things</u> 1 = Not at al 2 = Several days 3 = More than half the days 4 = Nearly every day	Q36a

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<i>FxDEPDOWN</i> Follow Up Survey: Feeling Down, Depressed, or Hopeless Question	Num	3	Beneficiary's response from the follow up survey: <i>Over the past 2 weeks, how often have you been bothered by any of the following problems?</i> <u>Feeling down, depressed or hopeless</u> 1 = Not at all 2 = Several days 3 = More than half the day 4 = Nearly every day	Q36b
<i>FxCMPHTH</i> Follow Up Survey: Comparative Health Question	Num	3	Beneficiary's response from the follow up survey: <i>In general, compared to other people your age, would you say that your health is:</i> 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q37
<i>FxMUILKG</i> Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?</i> 1 = Yes (<i>Go to FxMUIDACT below</i>) 2 = No (<i>Go to FxPAOTLK below</i>)	Q38
<i>FxMUIDACT</i> Follow Up Survey: Urine Leakage Changed Daily Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?</i> 1 = A lot 2 = Somewhat 3 = Not at all	Q39
<i>FxMUITLK</i> Follow Up Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>Have you ever talked with a doctor, nurse, or other health care provider about leaking of urine?</i> 1 = Yes 2 = No	Q40
<i>FxMUITRT</i> Follow Up Survey:Talked About Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: <i>There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches?</i> 1 = Yes 2 = No	Q41

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<i>FxPAOTLK</i> Follow Up Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.</i> 1 = Yes (<i>Go to FxPAOADV below</i>) 2 = No (<i>Go to FxPAOADV below</i>) 3 = I had no visits in the past 12 months (<i>Go to FxFRMTLK below</i>)	Q42
<i>FxPAOADV</i> Follow Up Survey: Advised to Increase or Maintain Activities Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.</i> 1 = Yes 2 = No	Q43
<i>FxFRMTLK</i> Follow Up Survey: Talked with Doctor about Falling or Balance Problem Question	Num	3	Beneficiary's response from the follow up survey: <i>A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?</i> 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q44
<i>FxFRMFALL</i> Follow Up Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: <i>Did you fall in the past 12 months?</i> 1 = Yes 2 = No	Q45
<i>FxFRMBAL</i> Follow Up Survey: Problem with Walking or Balance in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: <i>In the past 12 months, have you had a problem with balance or walking?</i> 1 = Yes 2 = No	Q46
<i>FxFRMPREV</i> Follow Up Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the follow up survey: <i>Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:</i> • Suggest that you use a cane or walker. • Suggest that you do an exercise or physical therapy program. • Suggest a vision or hearing test. 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q47

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<i>FxSLEEPHRS</i> Follow Up Survey: Average Hours of Sleep per Night in Past Month Question	Num	3	During the past month , on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.) 1 = Less than 5 hours 2 = 5–6 hours 3 = 7–8 hours 4 = 9 or more hours	Q48
<i>Fx SLEEPQUA</i> Follow Up Survey: Overall Sleep Quality Rating in Past Month Question	Num	3	During the past month , how would you rate your overall sleep quality? 1 = Very Good 2 = Fairly Good 3 = Fairly Bad 4 = Very Bad	Q49
<i>FxWEIGHTLB</i> Follow Up Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary’s response from the follow up survey: <i>How much do you weigh in pounds (lbs.)?</i>	Q50
<i>FxHEIGHTFT</i> Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary’s response from the follow up survey: <i>How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).</i> Note: This field contains only the feet (ft.) portion of the response.	Q51a
<i>FxHEIGHTIN</i> Follow Up Survey: How Tall are You Without Shoes on in Feet and Inches Question	Num	8	Beneficiary’s response from the follow up survey: <i>How tall are you without shoes on, in feet and inches? Please fill in both feet and inches, for example: 5 feet 00 inches, or 5 feet 04 inches (if 1/2 inch, please round up).</i> Note: This field contains only the inches (in.) portion of the response.	Q51b
<i>FxSRVGEND</i> Follow Up Survey: Survey Reported Gender Question	Num	3	Beneficiary’s response from the follow up survey: <i>Are you male or female?</i> 1 = Male 2 = Female 3 = Other (Telephone surveys only)	Q52a
<i>FxHPNOHISP</i> Follow Up Survey: No, not Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary’s response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish origin? (One or more categories may be selected)</i> <u>a. No, not of Hispanic, Latino/a or Spanish origin</u> 0 = No, not Hispanic not checked 1 = No, not Hispanic checked	Q53a

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FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B24F24[§] FIELDS
<i>FxHPMEX</i> Follow Up Survey: Yes, Mexican, Mexican American, Chicano/a Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>b. Yes, Mexican, Mexican American, Chicano/a</i></u> 0 = Respondent did not check Mexican 1 = Respondent checked Mexican	Q53b
<i>FxHPPR</i> Follow Up Survey: Yes, Puerto Rican Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>c. Yes, Puerto Rican</i></u> 0 = Respondent did not check Puerto Rican 1 = Respondent checked Puerto Rican	Q53c
<i>FxHPCUBA</i> Follow Up Survey: Yes, Cuban Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>d. Yes, Cuban</i></u> 0 = Respondent did not check Cuban 1 = Respondent checked Cuban	Q53d
<i>FxHPOTHER</i> Follow Up Survey: Yes, Another Hispanic, Latino/a or Spanish Origin Question	Num	3	Beneficiary's response from the follow up survey: <i>Are you of Hispanic, Latino/a or Spanish Origin? (One or more categories may be selected)</i> <u><i>e. Yes, another Hispanic, Latino/a or Spanish origin</i></u> 0 = Respondent did not check Other Hispanic 1 = Respondent checked Other Hispanic	Q53e
<i>FxRCWHITE</i> Follow Up Survey: White Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>a. White</i></u> 0 = Respondent did not check White 1 = Respondent checked White	Q54a
<i>FxRCAFRAM</i> Follow Up Survey: Black or African American Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>b. Black or African American</i></u> 0 = Respondent did not check Black or African American 1 = Respondent checked Black or African American	Q54b
<i>FxRCNATAM</i> Follow Up Survey: American Indian or Alaska Native Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>c. American Indian or Alaska Native</i></u> 0 = Respondent did not check American Indian or Alaska Native 1 = Respondent checked American Indian or Alaska Native	Q54c

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<i>FxRCINDIA</i> Follow Up Survey: Asian Indian Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>d. Asian Indian</i></u> 0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Q54d
<i>FxRCCHINA</i> Follow Up Survey: Chinese Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>e. Chinese</i></u> 0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Q54e
<i>FxRCFILIP</i> Follow Up Survey: Filipino Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>f. Filipino</i></u> 0 = Respondent did not check Filipino 1 = Respondent checked Filipino	Q54f
<i>FxRCJAPAN</i> Follow Up Survey: Japanese Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>g. Japanese</i></u> 0 = Respondent did not check Japanese 1 = Respondent checked Japanese	Q54g
<i>FxRCKOREA</i> Follow Up Survey: Korean Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>h. Korean</i></u> 0 = Respondent did not check Korean 1 = Respondent checked Korean	Q54h
<i>FxRCVIET</i> Follow Up Survey: Vietnamese Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>i. Vietnamese</i></u> 0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese	Q54i
<i>FxRCOTHASN</i> Follow Up Survey: Other Asian Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u><i>j. Other Asian</i></u> 0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian	Q54j

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<i>FxRCHAWAII</i> Follow Up Survey: Native Hawaiian Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>k. Native Hawaiian</u> 0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian	Q54k
<i>FxRCGUAM</i> Follow Up Survey: Guamanian or Chamorro Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>l. Guamanian or Chamorro</u> 0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro	Q54l
<i>FxRCSAMOA</i> Follow Up Survey: Samoan Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>m. Samoan</u> 0 = Respondent did not check Samoan 1 = Respondent checked Samoan	Q54m
<i>FxRCOTHPAC</i> Follow Up Survey: Other Pacific Islander Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your race? (One or more categories may be selected)</i> <u>n. Other Pacific Islander</u> 0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander	Q54n
<i>FxSPEAKLNG</i> Language Mainly Spoken at Home Question	Num	3	Beneficiary's response from the follow up survey: <i>What language do you <u>mainly</u> speak at home?</i> 1 = English 2 = Spanish 3 = Chinese 4 = Russian 7 = Some other language (please specify)	Q55a
<i>FxSPEAKOTH</i> Specify Other Language Spoken at Home Question	Char	20	Beneficiary's response from the follow up survey: <i>What language do you <u>mainly</u> speak at home?</i> Some other language (please specify) _____	Q55b
<i>FxMARITAL</i> Follow Up Survey: Marital Status Question	Num	3	Beneficiary's response from the follow up survey: <i>What is your current marital status?</i> 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q56

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<i>FxEDUC</i> Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: <i>What is the highest grade or level of school that you have completed?</i> 1 = 8 th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q57
<i>FxLVALONE</i> Follow Up Survey: Living Alone Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>a. Alone</i></u> 0 = Respondent did not check live alone 1 = Respondent checked live alone	Q58a
<i>FxLVSPOUSE</i> Follow Up Survey: Living With Spouse/Significant Other Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>b. With spouse/significant other</i></u> 0 = Respondent did not check live with spouse/significant other 1 = Respondent checked live with spouse/significant other	Q58b
<i>FxLVCHILD</i> Follow Up Survey: Living With Children/Other Relatives Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>c. With children/other relatives</i></u> 0 = Respondent did not check live with children/other relatives 1 = Respondent checked live with children/other relatives	Q58c
<i>FxLVNONREL</i> Follow Up Survey: Living With Non-Relatives Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>d. With non-relatives</i></u> 0 = Respondent did not check live with non-relatives 1 = Respondent checked live with non-relatives	Q58d
<i>FxLVCAREGV</i> Follow Up Survey: Living With Paid Caregiver Question	Num	3	Beneficiary's response from the follow up survey: <i>Do you live alone or with others? (One or more categories may be selected)</i> <u><i>e. With paid caregiver</i></u> 0 = Respondent did not check live with paid caregiver 1 = Respondent checked live with paid caregiver	Q58e

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<i>FxWHERELV</i> Follow Up Survey: Where Do You Live Question	Num	3	Beneficiary's response from the follow up survey: <i>Where do you live?</i> 1 = House, apartment, condominium, or mobile home 2 = Assisted living or board and care home 3 = Nursing home 4 = Other (If answered 1 or 2, <i>Go to FxHMOWN below</i> ; If answered 3 or 4, <i>Go to FxCMPWHO below</i>)	Q59
<i>FxHMOWN</i> Follow Up Survey: Housing Question	Num	3	Beneficiary's response from the follow up survey: <i>Is the house or apartment you currently live in:</i> 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q60
<i>FxCMPWHO</i> Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: <i>Who completed this survey form?</i> 1 = Person to whom survey was addressed (STOP HERE) 2 = Family member or relative of person to whom the survey was addressed 3 = Friend of person to whom the survey was addressed 4 = Professional caregiver of person to whom the survey was addressed	Q61

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

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<i>FxSRVLANG</i> Survey Language at Follow Up	Num	3	Follow up Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese 5* = Russian * While no surveys were completed in Russian for Cohort 24 Follow Up, the survey code reflects the Russian language option addition.	√
<i>FxSRVDATE</i> Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	√
<i>FxVUCATI</i> Vendor's Follow Up Unique Telephone Interviewer ID	Char	11	Vendor's 11-digit unique telephone interviewer ID at follow up	√
<i>FxMCONUM</i> MAO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MAO provide a phone number for the member at follow up? 1 = Yes 2 = No	√
<i>FxEXCLUDE</i> Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested <i>Take me off your list and/or never contact me again</i> 2 = Member did not request <i>Take me off your list and/or never contact me again</i>	√
<i>FxPROXST</i> Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and same Proxy at follow up 5 = Proxy at baseline and different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up	√
<i>FxDISP</i> Survey Response Indicator for Mail/Telephone Responses at Follow Up	Num	3	Beneficiary completed a: 1 = Mail survey at follow up 2 = Telephone survey at follow up	√
<i>FxINVSrv</i> Ineligible Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Eligible 1 = Ineligible (survey disposition codes equal to M20, M23, M24, M25, T20, , T23, or T24)	√

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<i>FxADLCOUNT</i> Count of ADL Questions Answered at Follow Up	Num	3	Number of ADL questions answered (range from 0-6) is derived from the 6 ADL questions (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) in the Follow Up Survey.	√
<i>FxPCTCMP</i> Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	√
<i>FxCMPSRV</i> Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 79.5-100% of follow up survey was completed including all 6 ADL items (<i>FxADLBTH</i> , <i>FxADLDRS</i> , <i>FxADLEAT</i> , <i>FxADLCHR</i> , <i>FxADLWLK</i> , and <i>FxADLTLT</i>) 0 = Incomplete 1 = Complete	√
<i>FxCMPFLG</i> Name Provided for Person Completing Follow Up Survey	Num	3	Indicator of whether name was provided for person completing follow up survey 0 = Name not provided 1 = Name provided	√
<i>FxTDOB</i> Beneficiary's Follow Up Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases. MMDDYY10. Format	√
<i>FxTSRV DAT</i> Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. Format	√
<i>FxTDOE</i> Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's follow up accretion into plan SAS date MMDDYY10. Format	√
<i>FxTSRV DATIM</i> Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from original date (<i>FxSRVDATE</i>). Records with a missing survey date were imputed by replacing missing values with the midpoint survey date, which occurs in May each year. MMDDYY10. Format	√
<i>FxTDOELMT</i> Follow Up Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Follow Up survey SAS date of accretion limit into plan MMDDYY10. format Note: This variable, in combination with date of accretion into plan (<i>FxTDOE</i>), was used to calculate enrollment duration (<i>FxENRDUR</i>)	√
<i>FxBMI</i> Calculated Body Mass Index at Follow Up	Num	8	BMI = [<i>FxWEIGHTLB</i> / (Height in inches from <i>FxHEIGHTFT</i> and <i>FxHEIGHTIN</i>) ²] x 703	√
<i>FxBMICAT</i> Categories of Body Mass Index at Follow Up	Num	8	1 = Underweight (BMI < 18.5) 2 = Normal (BMI 18.5 -< 25) 3 = Overweight (BMI 25 -< 30) 4 = Obese (BMI ≥ 30)	√

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<i>FxENRDUR</i> Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	√
<i>FxENRCAT</i> Beneficiary's Enrollment Duration Category at Follow Up	Num	8	Beneficiary's enrollment duration category at the time of the follow up survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	√
<i>FxAGE</i> Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. AGE = floor((intck('month', <i>FxTDOB</i> , <i>FxTSRVDATIM</i>) - (day(<i>FxTSRVDATIM</i>) < day(<i>FxTDOB</i>))))/12)	√
<i>FxAGECAT</i> Beneficiary's Age Group at Follow Up	Num	8	Beneficiary's age group at follow up 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 to 84 5 = 85 or older	√
<i>FxRACECAT</i> Beneficiary's Race Category at Follow Up	Num	8	Beneficiary's race category at follow up, created by combining values of the <i>FxRACE</i> variable 1 = White 2 = Black 3 = Other	√
<i>FxHISPANA</i> Beneficiary's Hispanic Indicator at Follow Up	Num	8	Beneficiary's Hispanic indicator at follow up, derived from the Hispanic ethnicity questions. 1 = Yes 2 = No	√
<i>FxMARCAT</i> Marital Status at Follow Up Using Combined Groups	Num	3	Beneficiary's marital status category at follow up, created by combining values of the <i>FxMARITAL</i> variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married	√
<i>FxEDCAT</i> Educational Status at Follow Up Using Combined Groups	Num	3	Beneficiary's education level category at follow up, created by combining values of the <i>FxEDUC</i> variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more	√

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<i>FxDEP2SCRN</i> Positive Depression Indicator at Follow Up	Num	3	Beneficiary's depression status at follow up based on two depression questions, <i>FxDEPNOPLS</i> and <i>FxDEPDOWN</i> , with each assigned scores from 0-3. The result is "1 = Positive" when a beneficiary scores 3 points or greater on the combined total points of the two depression questions when both are answered. 0 = Negative 1 = Positive	√
<i>FxCOMO</i> Number of Chronic Medical Conditions at Follow Up	Num	3	Beneficiary's number of chronic conditions at followup, obtained by counting the number of "yes" responses to 12* questions: <i>FxCCHBP</i> , <i>FxCCCAD</i> , <i>FxCCCHF</i> , <i>FxCCMI</i> , <i>FxCCHRTOTH</i> , <i>FxCCSTROKE</i> , <i>FxCCCOPD</i> , <i>FxCCGI</i> , , <i>FxCCOSTEO</i> , , <i>FxCCDIABET</i> , <i>FxCCDEP</i> , and <i>FxCCANYCA</i> .	√
<i>FxCOMOCT</i> Number of Chronic Medical Conditions Category at Follow Up	Num	3	Beneficiary's number of chronic conditions category at follow up, created by combining values of the <i>FxCOMO</i> variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	√
<i>FxPCS</i> Follow Up PCS Score	Num	8	Beneficiary's follow up PCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	√
<i>FxMCS</i> Follow Up MCS Score	Num	8	Beneficiary's follow up MCS Score calculated using the Modified Regression Estimation (MRE) scoring algorithm	√
<i>FxPFADL</i> PFADL Scale, 0-16 Higher is Better	Num	8	Beneficiary's follow up Physical Functioning Activities of Daily Living (PFADL) Scale Score (Score Range: 0-16, higher is better)	√
<i>PxCONTRACT</i> Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report.	√
<i>PxCONT_ID</i> Blinded Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.	√
<i>PxHDOB</i> Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.	√
<i>PxTHDOB</i> Beneficiary's SAS Date of Birth	Num	8	Beneficiary's SAS date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format	√
<i>PxHDOD</i> Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting.	√

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<i>PxTHDOD</i> Beneficiary's SAS Date of Death	Num	8	Beneficiary's SAS date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. Format	√
<i>PxACTDTH</i> Beneficiary's Death Within 2 Year Window Indicator	Num	3	Beneficiary's death within 2 year window indicator 0 = No 1 = Yes	√
<i>PxGROUP</i> Three-Level Baseline Status Indicator	Char	6	Three-level status indicator for all members of the baseline sample Group1 = baseline members in MAOs not existing at follow up and who were excluded from the follow up sampling Group2 = baseline members in MAOs still existing at follow up, but who were excluded from follow up sampling because they met one or more of the following criteria: they were non-responders to the baseline survey, , or they were deceased subsequent to the baseline survey Group3 = baseline members in MAOs still existing at follow up, who were enrolled in their original MAO when the follow up sample was drawn, and who were part of the follow up sample	√

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<i>PxSTATUS</i> Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample 1 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 2 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 3 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 4 = Beneficiary's plan was no longer participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 5 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 6 = Beneficiary's plan was participating in HOS at follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 7 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan was participating in HOS at follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 9 = Beneficiary had ineligible baseline survey disposition	√
<i>PxANALYT</i> Performance Measurement Analytic Sample Indicator	Num	3	Indicator for performance measurement analytic sample 0 = Not included in performance measurement analytic sample 1 = Included in performance measurement analytic sample	√
<i>PxPMRIND</i> Performance Measurement Sample Distribution Indicator	Num	3	Indicates status of the record in the performance measurement analytic sample 1 = Respondent 2 = Non-Respondent 3 = Ineligible 4 = Dead 5 = Disenrolled	√
<i>PxPHOUT</i> Plan Level Physical Health Performance Measurement Results Indicator	Num	3	Plan level physical health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"	√

√ = Included Non-Survey Item

§ B24F24= 2021-2023 Cohort 24 Merged Baseline and Follow Up LDS

Medicare HOS LDS Data Users Guide (Plan Fields Removed)

Prepared by Health Services Advisory Group

October 2024

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FIELD NAME / DESCRIPTION <i>Bx</i> = BASELINE <i>Fx</i> = FOLLOW UP <i>Px</i> = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	B24F24^S FIELDS
<i>PxMHOUT</i> Plan Level Mental Health Performance Measurement Results Indicator	Num	3	Plan level mental health performance measurement results 1 = Plan performed “worse than expected” 2 = Plan performed the “same as expected” 3 = Plan performed “better than expected”	√
<i>BxMONRPT</i> SAS Date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized at Baseline	Num	8	SAS date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format	√
<i>BxPLTYPE</i> Plan Type at Baseline	Char	39	Plan type as listed in the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPLORGNM</i> Plan Organization Name at Baseline - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPLPTORG</i> Plan Parent Organization at Baseline - source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPLMEDP</i> Plan Medicare Product Name at Baseline - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPLPOP</i> Number Enrolled in Plan at Baseline	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPOPCAT</i> Number Enrolled in Plan Category at Baseline	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report at the time of the baseline survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	√
<i>BxPLANSTN</i> Plan State at Baseline	Char	2	Two letter state abbreviation for the plan as listed in the Health Plan Management System (HPMS) Plan Contract List at the time of the baseline survey administration	√
<i>BxPLREGN</i> Plan’s CMS Regional Office at Baseline	Char	13	Plan’s CMS regional office as listed in the HPMS Plan Contract List at the time of the baseline survey administration	√

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<i>BxPLREGCDE</i> Plan's CMS Regional Office Code at Baseline	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of the baseline survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	√
<i>BxPLTAXST</i> Plan's tax status at Baseline	Char	25	Plan's tax status as listed in the HPMS Plan Contract List at the time of the baseline survey administration For Profit Not-for-Profit/Non-Profit Not Applicable	√
<i>BxPLDUR</i> Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, calculated from the contract start SAS date (<i>BxPLSTDT</i>) from the CMS Monthly Report at the time of the baseline survey administration	√
<i>BxPLNDCT</i> Duration of Plan Contract Categories at Baseline	Num	8	Duration of plan contract categories at the time of the baseline survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	√
<i>BxRPTST</i> Reporting Plan State	Char	2	This field was the State level unit of analysis for the Baseline Reports. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>BxPLANSTN</i> field: FS = PFFS RS = RPPO	√
<i>FxMONRPT</i> SAS Date of CMS Enrollment by Contract Report of MA/Part D Health Plans (CMS Monthly Report) Utilized at Follow Up	Num	8	SAS Date of CMS Monthly Enrollment by Contract Report of MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of the follow up survey administration MMDDYY10. format	√
<i>FxPLTYPE</i> Plan Type at Follow Up	Char	39	Plan type as listed in the CMS Monthly Report at the time of the follow up survey administration	√

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<i>FxPLORGNM</i> Plan Organization Name at Follow Up - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of the follow up survey administration	√
<i>FxPLPTORG</i> Plan Parent Organization at Follow Up – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of the follow up survey administration	√
<i>FxPLMEDP</i> Plan Medicare Product Name at Follow Up - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of the follow up survey administration	√
<i>FxPLPOP</i> Number Enrolled in Plan at Follow Up	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration	√
<i>FxPOPCAT</i> Number Enrolled in Plan Category at Follow Up	Num	8	Plan’s total enrollment as listed in the CMS Monthly Report at the time of the follow up survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	√
<i>FxPLSTDT</i> Plan Contract Start SAS Date at Follow Up	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of the follow up survey administration MMDDYY10. format	√
<i>FxPLANSTN</i> Plan State at Follow Up	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of the follow up survey administration	√
<i>FxPLREGN</i> Plan’s CMS Regional Office at Follow Up	Char	13	Plan’s CMS regional office as listed in the HPMS Plan Contract List at the time of the follow up survey administration	√
<i>FxPLTAXST</i> Plan Tax Status at Follow Up	Char	25	Plan’s Tax Status at the time of follow up survey administration For Profit Not-for-Profit/Non-Profit Not Applicable	√

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<i>FxPLREGCDE</i> Plan's CMS Regional Office Code at Follow Up	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of the follow up survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	√
<i>FxPLDUR</i> Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>FxPLSTDT</i>) from the CMS Monthly Report at the time of the follow up survey administration	√
<i>FxPLNDCT</i> Duration of Plan Contract Categories at Follow Up	Num	8	Duration of plan contract categories at the time of the follow up survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	√
<i>PxMONRPT</i> SAS Date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) Utilized for Performance Measurement	Num	8	SAS date of CMS Monthly Enrollment by Contract Report for MA/Part D Health Plans (CMS Monthly Report) used to obtain plan characteristics at the time of performance measurement reporting MMDDYY10. format	√
<i>PxPLTYPE</i> Plan Type at the Time of Performance Measurement Reporting	Char	39	Plan type as listed in the CMS Monthly Report at the time of performance measurement reporting	√
<i>PxPLORGNM</i> Plan Organization Name - source CMS	Char	50	Plan organization name from the CMS Monthly Report at the time of performance measurement reporting	√
<i>PxPLPTORG</i> Plan Parent Organization – source CMS	Char	50	Plan Parent Organization name from the CMS Monthly Report at the time of performance measurement reporting	√
<i>PxPLMEDP</i> Plan Medicare Product Name - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report at the time of performance measurement reporting	√
<i>PxPLPOP</i> Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting	√

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<i>PxPOPCAT</i> Number Enrolled in Plan Category at Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report at the time of performance measurement reporting 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	√
<i>PxPLSTDT</i> Plan Contract Start SAS Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report at the time of performance measurement reporting MMDDYY10. format	√
<i>PxPLANSTN</i> Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation for the plan as listed in the HPMS Plan Contract List at the time of performance measurement reporting.	√
<i>PxPLREGN</i> Plan's CMS Regional Office at the Time of Performance Measurement Reporting	Char	13	Plan's CMS regional office as listed in the HPMS Plan Contract List at the time of performance measurement reporting	√
<i>PxPLTAXST</i> Plan Tax Status at the Time of Performance Measurement Reporting	Char	25	Plan's Tax Status at the time of performance measurement reporting For Profit Not-for-Profit/Non-Profit Not Applicable	√
<i>PxPLREGCDE</i> Plan's CMS Regional Office Code at the Time of Performance Measurement Reporting	Num	3	Plan's regional office code as derived from the CMS regional office listed in the HPMS Plan Contract List at the time of performance measurement reporting 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	√
<i>PxPLDUR</i> Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, calculated from the plan start date (<i>PxPLSTDT</i>) from the CMS Monthly Report at the time of performance measurement reporting	√

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<i>PxPLNDCT</i> Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	√
<i>PxRPTST</i> Reporting Plan State at the Time of Performance Measurement Reporting	Char	2	This field was the state level unit of analysis for the Performance Measurement Reports. All values, except the following recoded values for Private FFS and Regional PPO contracts, are identical to state codes from the <i>PxPLANSTN</i> field. FS = PFFS RS = RPPO	√
<i>FxGEOCAT</i>	Num	8	HOS Geographic County Designation 1= Metropolitan 2= Micropolitan 3=Rural	√

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