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Medicare Health Outcomes Survey Limited Data Sets
File Specifications for *Cohorts 7-8* (Plan Fields Removed)

INTRODUCTION TO MEDICARE HOS

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

Collected since 1998, the Medicare HOS remains a critical part of the assessment of health plan quality. In addition, CMS includes the HOS results as one component of their performance assessment program. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data. These data have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement. Managed care plans with Medicare Advantage (MA) contracts must participate. Several types of Medicare HOS data files are available for research purposes: Public Use Files (PUFs), Limited Data Sets (LDSs), and Research Identifiable Files (RIFs). This document provides an overview of the HOS and details of the *Cohorts 7-8* LDS file specifications.

DEVELOPMENT OF THE MEDICARE HOS

In the mid-1990s, Medicare beneficiaries were joining health maintenance organizations (HMOs) and other types of managed care organizations (MCOs) in increasing numbers. It became apparent to CMS that the Agency needed performance reporting requirements for Medicare managed care. CMS worked with NCQA to incorporate the Medicare population into NCQA's HEDIS performance measurement set. HEDIS was rapidly becoming a standard reporting requirement for purchasers in the commercial insurance market.

The integration of the Medicare population into HEDIS was achieved with the release of HEDIS 3.0. CMS, NCQA, and others felt there was a need to develop additional measures for the Medicare population including an "outcomes" measure for HEDIS. Traditionally, HEDIS contained "process" measures that assessed interventions such as mammograms for older women and retinal eye

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

exams for people with diabetes. While evidence in the scientific literature tied the measured processes or interventions to favorable patient outcomes, there was a desire to develop an outcomes measure that captured performance across multiple aspects of care.

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

PARTICIPATION IN HOS

All managed care plans with Medicare Advantage (MA) contracts must participate in the HOS. Prior to 2007, one thousand Medicare beneficiaries, who were continuously enrolled for a six month period, were randomly sampled from each plan and surveyed every spring (i.e., a survey is administered to a different baseline cohort, or group, each year). Since 2007, the baseline sample size is increased to 1200. Two years later, these same baseline respondents are surveyed again (i.e., follow up measurement). The following cohorts were completed by 2007: *Cohort 1* (1998-2000)*, Cohort 2* (1999-2001)*, Cohort 3* (2000-2002)*, Cohort 4* (2001-2003)*, Cohort 5* (2002-2004), *Cohort 6* (2003-2005), *Cohort 7* (2004-2006), and *Cohort 8* (2005-2007).

MEDICARE HOS LIMITED DATA SETS

HOS Limited Data Sets (LDS) are comprised of the entire national sample for a given cohort (including respondents and non-respondents; and senior and disabled beneficiaries), and contain all of the HOS survey items. The LDS retains some protected beneficiary-level health information from the comprehensive RIF, such as date of birth and date of death; however, specific direct person identifiers (i.e., name, Medicare health insurance claim [HIC] number, the CMS beneficiary link key, social security number [SSN], and street address) are not included in the LDS files. All baseline and follow up survey items are included, as well as calculated fields; however, the reporting unit (contract number) information has been modified. **Plan contract numbers are blinded in the LDS and certain plan level fields are removed (i.e., plan name) or modified (i.e., categorical enrollment) to prevent identification of individual health plans.** Researchers who require these person-level or plan identifiers should request a RIF, as described below. The files are SAS$^{®2}$ data sets and are generated using SAS Version 9.3.

A signed Data Use Agreement with CMS is required to obtain an LDS or RIF data file. Effective September 1, 2016, all research requests for LDS files must be submitted through the CMS LDS File Process, while the requests for RIF files will continue to be processed through the Research Data Assistance Center (ResDAC) at the University of Minnesota. ResDAC is the CMS contractor that provides assistance to academic, government and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of requisition forms for Medicare HOS RIF data files prior to their submission to

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[2] SAS$^{®}$ is a registered trademark of the SAS Institute Inc., Cary, NC.

CMS. For additional information and assistance with obtaining Medicare HOS LDS files, go to the Research Data Files section on the Data page of the HOS website at http://hosonline.org/en/data-dissemination/research-data-files/.

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

LIMITED DATA SET FILE SPECIFICATIONS
The following table describes the file layout by field position for the LDS files. The *2004-2006 Cohort 7* and *2005-2007 Cohort 8* LDS files contain the baseline and follow up survey items, calculated fields, as well as death information and reporting unit (blinded contract number) information. There are a total of 374 fields in the *Cohort 7* LDS and 377 fields in the *Cohort 8* LDS. The *Cohort 7* LDS is represented as **B7F7** and the *Cohort 8* LDS is represented as **B8F8** in the table.

The table provides the field name/description, type, length, and additional information (including valid values); and indication of field inclusion or exclusion for each cohort file. In each cohort field column, the survey question number for that year is indicated. For example, in the *Cohort 7* LDS file the baseline survey field BxEDUC was Q53 in the 2004 HOS questionnaire and the *Cohort 8* field was Q55 in the 2005 HOS questionnaire. The follow up survey field FxEDUC was Q59 in both the 2006 and 2007 HOS questionnaires. The text for questions, valid values, and skip patterns in this document are from the most current HOS questionnaire in which the question appears. The exact text of each question for each cohort survey can be obtained by referring to the HEDIS Manual or online questionnaires.[3] Check marks in the cohort field column are used to indicate non-survey items, such as administrative and analytic fields. **Shaded rows in the table indicate fields which were removed to prevent identification of individual health plans**.

Please note that the 2004 and 2005 baseline surveys used the HOS 1.0 questionnaire, which contained a 36-item health survey to calculate the physical and mental component summary scores. However, the 2006 and 2007 follow up surveys used the HOS 2.0 questionnaire, which contained the Veteran's RAND 12-Item Health Survey for calculation of the scores. Field names and attributes may differ between the baseline and follow up surveys.

There are three categories of fields in the LDS files: baseline, follow up, and performance measurement. All baseline fields are derived from the baseline survey and have a "B" prefix, all follow up fields are derived from the follow up survey and have an "F" prefix, and all performance measurement fields are calculated or retrieved from other data sources and have a "P" prefix. The performance measurement fields provide characteristics of the beneficiary and the beneficiary's health plan at the time of performance measurement

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[3] Copies of the 2004-2007 HEDIS Volume 6 Specifications for the Medicare Health Outcomes Survey Manuals may be purchased by calling the NCQA customer support telephone line at 1-888-275-7585 or from NCQA's Publications Center (http://www.ncqa.org/publications-products). In addition, copies of the 2004-2007 HOS questionnaires are available from http://hosonline.org/en/survey-instrument/.

reporting, which occurs approximately one year after follow up data collection. In the field names, the "X" following the prefix represents the cohort identifier (7 or 8) for the field name. For example, the field BxEDUC represents B7EDUC for the *Cohort 7* baseline data and B8EDUC for the *Cohort 8* baseline data. Please refer to the diagram on the following page for additional information.

Additional information pertaining to the cohorts covered by this document, such as MAO participation and sampling selection, may be found in the Baseline and Performance Measurement Data Users Guides in the Data Users Guides section of the HOS website (www.HOSonline.org). A glossary consisting of definitions relevant to the HOS may be accessed from the "Glossary" links at the bottom of HOS website pages. Questions related to the LDS fields may be directed to the Medicare HOS Information and Technical Support Telephone Line: 1-888-880-0077 or E-mail Address: hos@azqio.sdps.org.

DESCRIPTION OF FILE SPECIFICATIONS TABLE

B = Baseline

F = Follow Up

P = Performance Measurement

✔ = Included Non-Survey Item

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

FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
BxHTHID NCQA Healthcare Organization ID at Baseline	Char	7	Organization ID supplied by NCQA at the time of baseline sampling	✔	✔
FxFTSRS Follow Up Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?* Sores or wounds on your feet that did not heal 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16d	Q16d
FxPNART Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: *During the past 4 weeks, how would you describe any arthritis pain you usually had?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q17	Q17
PxPLDUR Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✔	✔
BxEDUC Baseline Survey: Education Question	Num	3	Beneficiary's response from the baseline survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q53	Q55
FxEDUC Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q59	Q59

* B7F7 = 2004-2006 *Cohort 7* Merged Baseline and Follow Up LDS   † B8F8 = 2005-2007 *Cohort 8* Merged Baseline and Follow Up LDS

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
BxPATID Anonymous Beneficiary ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample	✓	✓
BxPLAN Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling	✓	✓
BxRECID Record Identifier at Baseline	Char	1	Baseline record identifier	✓	✓
BxRPTYR Baseline Reporting Year	Num	8	Reporting year for the baseline survey	✓	✓
BxCNTRNM Plan Contract Number at Baseline	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of baseline sampling	✓	✓
BxCONT_ID **Blinded Plan Contract Number at Baseline**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓
BxPLANNM Plan Name at Baseline	Char	50	Plan name at the time of baseline sampling	✓	✓

BxLNBUSS
Line of Business at Baseline
	Num	3	Line of business at the time of baseline sampling
			  1 = Health Maintenance Organizations (HMO)
			  2 = Point Of Service plans (POS)
			  3 = Preferred Provider Organizations (PPO)
				✓	✓

BxMODEL
Model Type at Baseline
	Num	3	Model type at the time of baseline sampling
			  1 = Group Practice Model (Group)
			  2 = Individual Practice Association (IPA)
			  3 = Mixed
			  4 = Network
			  5 = Staff Model (Staff)
			  6 = Other
				✓	✓

BxVENDOR
Baseline Survey:
Survey Vendor
	Num	3	Baseline Survey Vendor:
			  1 = DSS Research
			  2 = GHS
			  3 = Solucient
			  4 = Synovate
			  5 = DataStat
				✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
BxHTHID NCQA Healthcare Organization ID at Baseline	Char	7	Organization ID supplied by NCQA at the time of baseline sampling	✓	✓
BxSUBID NCQA Submission ID at Baseline	Char	6	Submission ID supplied by NCQA at the time of baseline sampling	✓	✓
BxSPECID NCQA Special Area ID at Baseline	Char	10	Special area ID supplied by NCQA at the time of baseline sampling	✓	✓
BxPLANID Plan Identification Number at Baseline	Char	6	Plan identification number at the time of baseline sampling.	✓	✓
BxSTATE Beneficiary's Baseline Social Security Administration (SSA) State Code	Char	2	Beneficiary's SSA state code from the baseline member level record	✓	✓
BxSTABV Beneficiary's Baseline SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code	✓	✓
BxSTNAME Beneficiary's Baseline SSA State Name	Char	20	Beneficiary's state name based on the baseline SSA state code	✓	✓
BxCOUNTY Beneficiary's Baseline SSA County Code	Char	3	Beneficiary's SSA county code from the baseline member level record	✓	✓
BxCTNAME Beneficiary's Baseline SSA County Name	Char	25	Beneficiary's county name based on the baseline SSA county code	✓	✓
BxZIPCOD Beneficiary's Baseline ZIP Code	Char	9	Beneficiary's ZIP code from the baseline member level record	✓	✓
BxRACE Beneficiary's Baseline Race (CMS)	Num	3	Beneficiary's race from the baseline member level record. This information is derived from CMS' Enrollment Database (EDB). 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	✓	✓
BxGENDER Beneficiary's Baseline Gender (CMS)	Num	3	Beneficiary's gender from the baseline member level record. This information is derived from CMS' EDB. 1 = Male 2 = Female	✓	✓

* B7F7 = *2004-2006 Cohort 7* Merged Baseline and Follow Up LDS   [†] B8F8 = *2005-2007 Cohort 8* Merged Baseline and Follow Up LDS

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BxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS' EDB.	✓	✓
BxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS' EDB. The field is blank for all records.	✓	✓
BxACCRDT Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.	✓	✓
BxTERMDT Beneficiary's Baseline Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the baseline member level record.	✓	✓
BxESRDID Beneficiary's Baseline ESRD Status	Num	3	Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS' EDB. 0 = No ESRD 1 = ESRD	✓	✓
BxINSTUT Beneficiary's Baseline Institutional Status	Num	3	Beneficiary's institutional status at baseline. This information is derived from CMS' EDB. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care	✓	✓
BxHOSPIC Beneficiary's Baseline Hospice Status	Num	3	Beneficiary's hospice status at baseline. This information is derived from CMS' EDB. 0 = No hospice start date present 1 = Hospice start date present	✓	✓
BxMEDICD Beneficiary's Baseline Medicaid Status	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS' EDB. 0 = Out of Medicaid 1 = In Medicaid	✓	✓
BxRSENT Beneficiary's Baseline Reason for Entitlement	Num	3	Beneficiary's reason for entitlement at baseline. This information is derived from CMS' EDB. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	✓	✓

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BxPROTIF Protocol Identifier Flag	Num	3	Beneficiary's survey protocol from the baseline member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 6 = Chinese	✓	✓
BxSURIND 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	✓	✓
BxGENHTH Baseline Survey: General Health Question	Num	3	Beneficiary's response from the baseline survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1
BxHTHTRN Baseline Survey: Health Transition Question	Num	3	Beneficiary's response from the baseline survey: **Compared to one year ago,** how would you rate your health in general **now**? 1 = Much better now than one year ago 2 = Somewhat better now than one year ago 3 = About the same as one year ago 4 = Somewhat worse now than one year ago 5 = Much worse now than one year ago	Q2	Q2
BxVIGACT Baseline Survey: Vigorous Activities Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3a	Q3a

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
BxMODACT Baseline Survey: Moderate Activities Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3b	Q3b
BxLIFT Baseline Survey: Lifting Groceries Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* Lifting or carrying groceries 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3c	Q3c
BxCLMBSV Baseline Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3d	Q3d
BxCLMBON Baseline Survey: Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* Climbing **one** flight of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3e	Q3e

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
BxBEND Baseline Survey: Bending, Kneeling, or Stooping Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Bending, kneeling, or stooping</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3f	Q3f
BxWLKMI Baseline Survey: Walking More than a Mile Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **more than a mile**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3g	Q3g
BxWLKBKS Baseline Survey: Walking Several Blocks Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **several blocks**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3h	Q3h
BxWLK1BK Baseline Survey: Walking One Block Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **one block**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3i	Q3i

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]

BxBATHDR
Baseline Survey:
Bathing and Dressing Question
	Num	3	Beneficiary's response from the baseline survey:
			*The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?*
			    <u>Bathing or dressing yourself</u>
			    1 = Yes, limited a lot
			    2 = Yes, limited a little
			    3 = No, not limited at all
				Q3j	Q3j

BxPCUTTM
Baseline Survey:
Physical Health Limiting Time Spent on Activities Question
	Num	3	Beneficiary's response from the baseline survey:
			*During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?*
			    <u>Cut down on the **amount of time** you spent on work or other activities</u>
			    1 = Yes
			    2 = No
				Q4a	Q4a

BxPACMPL
Baseline Survey:
Physical Health Limiting Amount Accomplished Question
	Num	3	Beneficiary's response from the baseline survey:
			*During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?*
			    <u>**Accomplished less** than you would like</u>
			    1 = Yes
			    2 = No
				Q4b	Q4b

BxPLMTKW
Baseline Survey:
Physical Health Limiting the Kind of Activities Question
	Num	3	Beneficiary's response from the baseline survey:
			*During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?*
			    <u>Were limited in the **kind** of work or other activities</u>
			    1 = Yes
			    2 = No
				Q4c	Q4c

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
BxPDIFWK Baseline Survey: Physical Health Causing Difficulty Performing Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?* <u>Had **difficulty** performing the work or other activities (*for example,* it took extra effort)</u> 1 = Yes 2 = No	Q4d	Q4d
BxECUTTM Baseline Survey: Emotional Problems Limiting Time Spent on Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?* <u>Cut down on the **amount of time** you spent on work or other activities</u> 1 = Yes 2 = No	Q5a	Q5a
BxEACMPL Baseline Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?* **Accomplished less** <u>than you would like</u> 1 = Yes 2 = No	Q5b	Q5b
BxENTCRF Baseline Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?* <u>Didn't do work or other activities as **carefully** as usual</u> 1 = Yes 2 = No	Q5c	Q5c

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
BxSOCLMT Baseline Survey: Extent Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?* 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely	Q6	Q6
BxPNMAGT Baseline Survey: Bodily Pain Question	Num	3	Beneficiary's response from the baseline survey: *How much **bodily** pain have you had during the **past 4 weeks**?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very severe	Q7	Q7
BxPNINTF Baseline Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q8	Q8
BxFULPEP Baseline Survey: Full of Pep Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…*** <u>Did you feel full of pep</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	Q9a	Q9a

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BxNERVS
Baseline Survey:
Nervous Question
	Num	3	Beneficiary's response from the baseline survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.*
			*How much of the time during the **past 4 weeks…***
			   Have you been a very nervous person?
			   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
				Q9b	Q9b

BxDNDMPS
Baseline Survey:
Down in the Dumps Question
	Num	3	Beneficiary's response from the baseline survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.*
			*How much of the time during the **past 4 weeks…***
			   Have you felt so down in the dumps that nothing could cheer you up?
			   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
				Q9c	Q9c

BxPCEFUL
Baseline Survey:
Calm and Peaceful Question
	Num	3	Beneficiary's response from the baseline survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.*
			*How much of the time during the **past 4 weeks…***
			   Have you felt calm and peaceful?
			   1 = All of the time
			   2 = Most of the time
			   3 = A good bit of the time
			   4 = Some of the time
			   5 = A little of the time
			   6 = None of the time
				Q9d	Q9d

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BxENERGY Baseline Survey: Lots of Energy Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* Did you have a lot of energy? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9e	Q9e
BxBLSAD Baseline Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* Have you felt downhearted and blue? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9f	Q9f
BxWRNOUT Baseline Survey: Feeling Worn Out Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* Did you feel worn out? 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	Q9g	Q9g

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BxHAPPY Baseline Survey: Happy Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the past 4 weeks…* 　Have you been a happy person? 　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	Q9h	Q9h
BxTIRED Baseline Survey: Feeling Tired Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the past 4 weeks…* 　Did you feel tired? 　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	Q9i	Q9i
BxSCLACT Baseline Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?* 　1 = All of the time 　2 = Most of the time 　3 = Some of the time 　4 = A little of the time 　5 = None of the time	Q10	Q10

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BxSCKESY Baseline Survey: Sick Easier Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I seem to get sick a little easier than other people</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11a	Q11a
BxASHLTH Baseline Survey: As Healthy Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I am as healthy as anybody I know</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11b	Q11b
BxHTHWSE Baseline Survey: Future Health Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I expect my health to get worse</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11c	Q11c
BxHTHEXT Baseline Survey: Excellent Health Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>My health is excellent</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11d	Q11d

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BxDIFBTH Baseline Survey: Bathing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Bathing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLBTH.**	Q12a	Q12a
BxDIFDRS Baseline Survey: Dressing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Dressing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLDRS.**	Q12b	Q12b
BxDIFEAT Baseline Survey: Eating Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Eating 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLEAT.**	Q12c	Q12c
BxDIFCHR Baseline Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Getting in or out of chairs 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLCHR.**	Q12d	Q12d

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BxDIFWLK Baseline Survey: Walking Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Walking</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLWLK.**	Q12e	Q12e
BxDIFTOL Baseline Survey: Using the Toilet Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Using the toilet</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty **Note: The codes are reversed compared to the corresponding follow up field FxADLTLT.**	Q12f	Q12f
BxPHYHTH 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. 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? (If no days, please enter "0" days.)*	Q13	Q13
BxMENHTH Baseline Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the baseline survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? (If no days, please enter "0" days.)*	Q14	Q14
BxPORHTH Baseline Survey: Number of Days Health Interfered with Daily Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (If no days, please enter "0" days.)*	Q15	Q15

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BxCPNEXR Baseline Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the baseline survey: *Now we are going to ask some questions about specific medical conditions. During the **past 4 weeks**, how often have you had any of the following problems?* Chest pain or pressure when you exercise 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16a	Q16a
BxCPNRST Baseline Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you had any of the following problems?* Chest pain or pressure when resting 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16b	Q16b
BxSOBFLT Baseline Survey: Shortness of Breath when Lying Flat Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When lying down flat 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	Q17a	Q17a
BxSOBSIT Baseline Survey: Shortness of Breath when Sitting or Resting Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When sitting or resting 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	Q17b	Q17b

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BxSOBWLK Baseline Survey: Shortness of Breath when Walking Less than One Block Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When walking less than one block 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	Q17c	Q17c
BxSOBSTR Baseline Survey: Shortness of Breath when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When climbing one flight of stairs 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	Q17d	Q17d
BxNMBFET Baseline Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Numbness or loss of feeling in your feet 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	Q18a	Q18a
BxTINGFT Baseline Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Tingling or burning sensation in your feet especially at night 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	Q18b	Q18b

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BxDECSNS Baseline Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Decreased ability to feel hot or cold with your feet 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	Q18c	Q18c
BxDECHEL Baseline Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Sores or wounds on your feet that did not heal 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	Q18d	Q18d
BxPARLYS Baseline Survey: Paralysis or Weakness Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** had paralysis or weakness on one side of the body?* 1 = Yes, I have it 2 = Yes, but it went away 3 = No	Q19a	Q19a
BxLSTTLK Baseline Survey: Lost Ability to Talk Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** lost the ability to talk?* 1 = Yes, I have lost it 2 = Yes, but it returned 3 = No	Q19b	Q19b
BxRDNEWP Baseline Survey: Vision Question	Num	3	Beneficiary's response from the baseline survey: *Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?* 1 = Yes 2 = No	Q20	Q20
BxHRMOST Baseline Survey: Hearing Question	Num	3	Beneficiary's response from the baseline survey: *Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?* 1 = Yes 2 = No	Q21	Q21

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BxCTRURN Baseline Survey: Difficulty Controlling Urination Question	Num	3	Beneficiary's response from the baseline survey: *Do you have difficulty controlling urination?* 1 = Yes 2 = No	Q22	Q22
BxHIGHBP Baseline Survey: Hypertension Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No	Q23	Q23
BxANGCAD Baseline Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Angina pectoris or coronary artery disease 1 = Yes 2 = No	Q24	Q24
BxCHF Baseline Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No	Q25	Q25
BxAMI Baseline Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No	Q26	Q26
BxOTHHRT Baseline Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat 1 = Yes 2 = No	Q27	Q27
BxSTROKE Baseline Survey: Stroke Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A stroke 1 = Yes 2 = No	Q28	Q28

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BxCOPD_E Baseline Survey: COPD Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD (Chronic Obstructive PulmonaryDisease) 1 = Yes 2 = No	Q29	Q29
BxGI_ETC Baseline Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No	Q30	Q30
BxATHHIP Baseline Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Arthritis of the hip or knee 1 = Yes 2 = No	Q31	Q31
BxATHHAN Baseline Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Arthritis of the hand or wrist 1 = Yes 2 = No	Q32	Q32
BxSCIATC Baseline Survey: Sciatica Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Sciatica (pain or numbness that travels down your leg to below your knee) 1 = Yes 2 = No	Q33	Q33
BxDIABET Baseline Survey: Diabetes Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No	Q34	Q34
BxANYCAN Baseline Survey: Any Cancer Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No	Q35	Q35

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BxARTHPN
Baseline Survey:
Arthritis Pain Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to questions 31 or 32 above (that you have arthritis),
			*During the **past 4 weeks**, how would you describe the arthritis pain you usually had?*
			    1 = None
			    2 = Very mild
			    3 = Mild
			    4 = Moderate
			    5 = Severe
				Q36	Q36

BxCOLNCA
Baseline Survey:
Colorectal Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 35 above (that you have had cancer),
			Are you currently under treatment for:
			    Colon or rectal cancer
			    1 = Yes
			    2 = No
				Q37a	Q37a

BxLUNGCA
Baseline Survey:
Lung Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 35 above (that you have had cancer),
			Are you currently under treatment for:
			    Lung cancer
			    1 = Yes
			    2 = No
				Q37b	Q37b

BxBRSTCA
Baseline Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 35 above (that you have had cancer),
			Are you currently under treatment for:
			    Breast cancer
			    1 = Yes
			    2 = No
				Q37c	Q37c

BxPROSCA
Baseline Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 35 above (that you have had cancer),
			Are you currently under treatment for:
			    Prostate cancer
			    1 = Yes
			    2 = No
				Q37d	Q37d

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BxBACKPN Baseline Survey: Low Back Pain Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?* 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	Q38	Q38
BxFELTSD Baseline Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the baseline survey: *In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?* 1 = Yes 2 = No	Q39	Q39
BxDEPMCH Baseline Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the baseline survey: *In the past **year**, have you felt depressed or sad much of the time?* 1 = Yes 2 = No	Q40	Q40
BxDEP2YR Baseline Survey: Depression Most of the Time Question	Num	3	Beneficiary's response from the baseline survey: *Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?* 1 = Yes 2 = No	Q41	Q41
BxCMPHTH Baseline Survey: Comparative Health Question	Num	3	Beneficiary's response from the baseline survey: *In general, compared to other people your age, would you say that your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q42	Q42
BxSMKFRQ Baseline Survey: Current Smoker Question	Num	3	Beneficiary's response from the baseline survey: *Do you now smoke every day, some days, or not at all?* 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q43	Q43

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BxURNLKG Baseline Survey: Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: *Many people experience problems with urinary incontinence, the leakage of urine. In the* **last 6 months**, *have you accidentally leaked urine?* 1 = Yes　　　*(Go to Q45)* 2 = No　　　*(Go to Q48)*	Q44	Q44
BxURNMAG Baseline Survey: Magnitude of Urine Leakage Problem Question	Num	3	Beneficiary's response from the baseline survey: *How much of a problem, if any, was the urine leakage for you?* 1 = A big problem　　*(Go to Q46)* 2 = A small problem　*(Go to Q46)* 3 = Not a problem　　*(Go to Q48)*	Q45	Q45
BxURNDOC Baseline Survey: Talked with Doctor About Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: *Have you talked with your current doctor or other health provider about your urine leakage problem?* 1 = Yes　　*(Go to Q47)** 2 = No　　*(Go to Q48)** *** This skip pattern (Go to Question --) applies only to** *Cohort 7*	Q46	Q46
BxURNTRT Baseline Survey: Received Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the baseline survey: *There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?* 1 = Yes 2 = No	Q47	Q47
BxACTDOC Baseline Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the baseline survey: *In the* **last 12 months,** *did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.* 1 = Yes　　*(Go to Q49)* 2 = No　　*(Go to Q49)* 3 = I had no visits in the last 12 months　　*(Go to Q50)*		Q48

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BxACTADV Baseline Survey: Advised to Increase or Maintain Activities Question	Num	3	Beneficiary's response from the baseline survey: *In the* **last 12 months,** *did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.* 1 = Yes 2 = No		Q49
BxBRTHYR Baseline Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the baseline survey: *In what* **year** *were you born? Please provide your* **year of birth** *only. For example, if your date of birth is January 1, 1935, please answer "1935."*	Q48	Q50
BxSV_GND Baseline Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the baseline survey: *Are you male or female?* 1 = Male 2 = Female	Q49	Q51
BxHISPAN Baseline Survey: Hispanic Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic or Spanish family background?* 1 = Yes 2 = No	Q50	Q52
BxSV_RAC Baseline Survey: Survey Reported Race Question	Num	3	Beneficiary's response from the baseline survey: *How would you describe your race?* 1 = American Indian or Alaskan Native 2 = Asian or Pacific Islander 3 = Black or African American 4 = White 5 = Another race or multiracial	Q51	Q53
BxMARITL Baseline Survey: Marital Status Question	Num	3	Beneficiary's response from the baseline survey: *What is your current marital status?* 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q52	Q54

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BxEDUC Baseline Survey: Education Question	Num	3	Beneficiary's response from the baseline survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q53	Q55
BxHMOWN Baseline Survey: Housing Question	Num	3	Beneficiary's response from the baseline survey: *Is the house or apartment you currently live in:* 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q54	Q56
BxWHOCMP Baseline Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the baseline survey: *Who completed this survey form?* 1 = Person to whom survey was addressed (**Go to Q57 in *Cohort 7* and Q59 in *Cohort 8*))** 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	Q55	Q57
BxHHINC Baseline Survey: Household Income Question	Num	3	Beneficiary's response from the baseline survey: *Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?* 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	Q57	Q59

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BxSRVDSP Disposition of Baseline Survey	Char	3	Survey disposition at baseline ("M" prefix=Mail, "T" prefix=Telephone) M10/T10 = Complete survey (80-100% complete) M11/T11 = Non-response: partial complete survey (50-79% complete) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO M22/T22 = Ineligible: end stage renal disease M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number 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	✓	✓
BxRNDNUM Round Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone* T8 = 8th telephone* T9 = 9th telephone* MT = Partially completed by mail and converted to complete by telephone MM = Partially completed by mail and converted to complete by mail recontact NC = Not completed * Applies to *Cohort 8* only	✓	✓
BxSVLANG Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese	✓	✓

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BxVUCATI Vendor's Baseline Unique Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	8	Vendor's 8-digit unique CATI interview ID at baseline	✓	✓
BxSVDATE 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)	✓	✓
BxMCONUM MCO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MCO provide a phone number for the member at baseline? 1 = Yes 2 = No	✓	✓
BxSPANFL Baseline Spanish Materials Flag	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration? 1 = Yes 2 = No *Note: This flag is **not** an indicator of whether the Spanish survey was completed.*	✓	✓
BxEXCLUD Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested *Take me off your list and never contact me again* 2 = Member did not request *Take me off your list and never contact me again*	✓	✓
BxCHIN Baseline Chinese Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a Chinese language plan 1 = Member of a Chinese language plan	✓	✓
BxDISP Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline	✓	✓
BxINVSRV Invalid Baseline Survey Indicator	Num	3	Baseline survey is: 0 = Valid 1 = Invalid (survey disposition equal to M20, M21, M22, M23, T20, T21, T22, T23, or T24)	✓	✓
BxPCTCMP Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed	✓	✓
BxCMPSRV Complete Baseline Survey Indicator	Num	3	A flag created to indicate that 80% or more of the *Baseline* survey was completed 0 = Incomplete 1 = Complete	✓	✓

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BxCMPFLG
Name Provided in Q56 or Q58 of Baseline Survey Indicator
	Num	3	Indicator variable for name provided in question 56 (*Cohort 7*) or question 58 (*Cohort 8*) of the baseline survey
			  0 = Name not provided
			  1 = Name provided
				✓	✓

BxEDOB Beneficiary's Baseline Date of Birth (SAS® Date Format)	Num	8	Beneficiary's SAS date of birth (DOB) from the baseline member level record. This information is derived from CMS' EDB. MMDDYY10. format	✓	✓
BxEACRDT Beneficiary's Baseline Date of Accretion into Plan (SAS® Date Format)	Num	8	Beneficiary's accretion into plan SAS date from the baseline member level record MMDDYY10. format	✓	✓
BxEACLMT Beneficiary's Baseline Date of Accretion Limit into Plan (SAS® Date Format)	Num	8	Baseline survey SAS date of accretion limit into plan MMDDYY10. format	✓	✓
BxESVDAT Date Baseline Survey Completed (SAS® Date Format)	Num	8	Beneficiary's baseline survey SAS date MMDDYY10. format	✓	✓
BxESVDT2 Date Baseline Survey Completed with Missing Values Imputed (SAS® Date Format)	Num	8	Baseline survey SAS date created from the original survey date (*BxESVDAT*) Records with a missing survey date were imputed by replacing the missing values with the mean survey date by vendor and mode of administration. This variable, in combination with date of birth (*BxEDOB*), was used to calculate age (*BxAGE*). MMDDYY10. format	✓	✓
BxAGE Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. This variable was calculated by subtracting the baseline date of birth (*BxEDOB*) from the date the baseline survey was completed (with missing values imputed, (*BxESVDT2*), and dividing the result by 365.25.	✓	✓

BxAGECAT
Beneficiary's Baseline Age Group
	Num	3	Beneficiary's age group at baseline
			  0 = Under 65
			  1 = 65 to 69
			  2 = 70 to 74
			  3 = 75 to 79
			  4 = 80 or older
				✓	✓

BxENRDUR Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey	✓	✓

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BxENRCAT Beneficiary's Enrollment Duration Category at Baseline	Num	3	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	✓	✓
BxRACEGP Beneficiary's Baseline Race Category	Num	3	Beneficiary's race category at baseline, created by combining values of the *BxRACE* variable 1 = White 2 = Black 3 = Other	✓	✓
BxMARCAT Marital Status Using Combined Groups	Num	3	Beneficiary's marital status category at baseline, created by combining values of the *BxMARITL* variable 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married	✓	✓
BxEDCAT Educational Status Using Combined Groups	Num	3	Beneficiary's education level category at baseline, created by combining values of the *BxEDUC* variable 1 = Did not graduate from high school 2 = High school graduate or GED 3 = Some college or 2 year degree 4 = Four year college degree or more	✓	✓
BxINCCAT Household Income Using Combined Groups	Num	3	Beneficiary's household income category at baseline, created by combining values of the *BxHHINC* 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	✓	✓
BxDEPRSS Positive Depression Screen	Num	3	Beneficiary's depression status at baseline. The result is "1 = Yes" of any of the three depression questions 39 through 41 were answered "yes". The result is "0=No" if all three questions were answered "no". 0 = No 1 = Yes	✓	✓
BxCOMO Number of Chronic Medical Conditions	Num	3	Beneficiary's number of chronic conditions at baseline, obtained by counting the number of "yes" responses to questions 23 through 35.	✓	✓

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BxCOMOCT Number of Chronic Medical Conditions Category	Num	3	Beneficiary's number of chronic conditions category at baseline, created by combining values of the *BxCOMO* variable 0 = No conditions 1 = 1 condition 2 = 2 conditions 3 = 3 conditions 4 = 4 or more conditions	✓	✓
BxRAWPF Baseline Raw Physical Functioning (PF) Scale Score	Num	8	Beneficiary's baseline raw Physical Functioning (PF) Scale Score	✓	✓
BxRAWRP Baseline Raw Role-Physical (RP) Scale Score	Num	8	Beneficiary's baseline raw Role-Physical (RP) Scale Score	✓	✓
BxRAWBP Baseline Raw Bodily Pain (BP) Scale Score	Num	8	Beneficiary's baseline raw Bodily Pain (BP) Scale Score	✓	✓
BxRAWGH Baseline Raw General Health (GH) Scale Score	Num	8	Beneficiary's baseline raw General Health (GH) Scale Score	✓	✓
BxRAWVT Baseline Raw Vitality (VT) Scale Score	Num	8	Beneficiary's baseline raw Vitality (VT) Scale Score	✓	✓
BxRAWSF Baseline Raw Social Functioning (SF) Scale Score	Num	8	Beneficiary's baseline raw Social Functioning (SF) Scale Score	✓	✓
BxRAWRE Baseline Raw Role-Emotional (RE) Scale Score	Num	8	Beneficiary's baseline raw Role-Emotional (RE) Scale Score	✓	✓
BxRAWMH Baseline Raw Mental Health (MH) Scale Score	Num	8	Beneficiary's baseline raw Mental Health (MH) Scale Score	✓	✓
BxPF Baseline Transformed Physical Functioning (PF) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Physical Functioning (PF) Scale Score	✓	✓
BxRP Baseline Transformed Role-Physical (RP) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Role-Physical (RP) Scale Score	✓	✓

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BxBP Baseline Transformed Bodily Pain (BP) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Bodily Pain (BP) Scale Score	✓	✓
BxGH Baseline Transformed General Health (GH) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 General Health (GH) Scale Score	✓	✓
BxVT Baseline Transformed Vitality (VT) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Vitality (VT) Scale Score	✓	✓
BxSF Baseline Transformed Social Functioning (SF) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Social Functioning (SF) Scale Score	✓	✓
BxRE Baseline Transformed Role-Emotional (RE) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Role-Emotional (RE) Scale Score	✓	✓
BxMH Baseline Transformed Mental Health (MH) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Mental Health (MH) Scale Score	✓	✓
BxPF_Z98 Baseline Physical Functioning (PF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxRP_Z98 Baseline Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxBP_Z98 Baseline Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxGH_Z98 Baseline General Health (GH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓

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BxVT_Z98 Baseline Vitality (VT) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxSF_Z98 Baseline Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxRE_Z98 Baseline Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxMH_Z98 Baseline Mental Health (MH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓
BxPRAW98 Baseline Raw PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline raw PCS Score (1998), computed by multiplying each scale z-score by its respective physical factor score coefficient and summing the eight products	✓	✓
BxMRAW98 Baseline Raw MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline raw MCS Score (1998), computed by multiplying each scale z-score by its respective mental factor score coefficient and summing the eight products	✓	✓
BxPCS98 Baseline PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline PCS Score. This is the norm-based transformation of the 1998 raw PCS Score (*BxPRAW98*).	✓	✓
BxMCS98 Baseline MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline MCS Score. This is the norm-based transformation of the 1998 raw MCS Score (*BxMRAW98*).	✓	✓
BxPFS98 Baseline Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) Scale Score. This is the norm-based transformation of the 1998 PF z-score.	✓	✓

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BxRPS98 Baseline Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) Scale Score. This is the norm-based transformation of the 1998 RP z-score.	✔	✔
BxBPS98 Baseline Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) Scale Score. This is the norm-based transformation of the 1998 BP z-score.	✔	✔
BxGHS98 Baseline General Health (GH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) Scale Score. This is the norm-based transformation of the 1998 GH z-score.	✔	✔
BxVTS98 Baseline Vitality (VT) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) Scale Score. This is the norm-based transformation of the 1998 VT z-score.	✔	✔
BxSFS98 Baseline Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) Scale Score. This is the norm-based transformation of the 1998 SF z-score.	✔	✔
BxRES98 Baseline Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) Scale Score. This is the norm-based transformation of the 1998 RE z-score.	✔	✔
BxMHS98 Baseline Mental Health (MH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) Scale Score. This is the norm-based transformation of the 1998 MH z-score.	✔	✔
BxPCS Baseline Physical Component Summary (PCS) Score	Num	8	Beneficiary's baseline Physical Component Summary (PCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✔	✔
BxMCS Baseline Mental Component Summary (MCS) Score	Num	8	Beneficiary's baseline Mental Component Summary (MCS) Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✔	✔
FxPATID Anonymous Beneficiary ID at Follow Up	Num	8	Unique number assigned to each beneficiary in the follow up sample	✔	✔

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FxPLAN Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling	✓	✓
FxRECID Record Identifier at Follow Up	Char	1	Follow up record identifier	✓	✓
FxRPTYR Follow Up Reporting Year	Num	3	Reporting year for the follow up survey	✓	✓
FxCONTRACT Plan Contract Number at Follow Up	Char	5	Plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling	✓	✓
FxCONT_ID **Blinded Plan Contract Number at Follow Up**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓
FxPLAN_NAME Plan name at Follow Up	Char	50	Plan name at the time of follow up sampling	✓	✓
FxPLAN_REG NCQA Administrative Field	Char	1	NCQA administrative field at the time of follow up sampling		✓
FxPRODUCT Reporting Product at Follow Up	Num	3	Reporting product at the time of follow up sampling 1 = Health Maintenance Organizations (HMO) 2 = Point Of Service plans (POS) 3 = Preferred Provider Organizations (PPO) 4 = HMO/POS Combined 5 = Fee For Service (FFS)/Indemnity 6 = Other	✓	✓
FxMODEL Model Type at Follow Up	Num	3	Model type at the time of follow up sampling 1 = Group Practice Model (Group) 2 = Individual Practice Association (IPA) 3 = Mixed 4 = Network 5 = Staff Model (Staff) 6 = Other	✓	✓
FxVENDOR Follow Up Survey: Survey Vendor	Num	3	Follow up survey vendor : *Cohort 7* *Cohort 8* 1 = DSS Research 1 = DataStat 2 = NRC 2 = DSS Research 4 = Synovate 3 = MOREPACE International 5 = DataStat 4 = Synovate 5= The Myers Group	✓	✓

[*] B7F7 = *2004-2006 Cohort 7* Merged Baseline and Follow Up LDS [†] B8F8 = *2005-2007 Cohort 8* Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxNCQAORGID NCQA Healthcare Organization ID at Follow Up	Num	3	Organization ID supplied by NCQA at the time of follow up sampling	✓	✓
FxNCQASUBID NCQA Submission ID at Follow Up	Num	3	Submission ID supplied by NCQA at the time of follow up sampling	✓	✓
FxNCQASPCID NCQA Special Area ID at Follow Up	Num	3	Special area ID supplied by NCQA at the time of follow up sampling	✓	✓
FxPLANID Plan Identification Number at Follow Up	Char	6	Plan identification number at the time of follow up sampling	✓	✓
FxCITY Member City at Follow Up	Char	22	Beneficiary's city from the follow up member level record	✓	✓
FxSTATE Beneficiary's Follow Up State	Char	22	Beneficiary's state from the follow up member level record	✓	✓
FxZIP Beneficiary's Zip Code at Follow Up	Char	22	Beneficiary's ZIP code from the follow up member level record	✓	✓
FxSTATEABV Beneficiary's Follow Up SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code	✓	✓
FxSTNAME Beneficiary's Follow Up SSA State Name	Char	20	Beneficiary's state name based on the follow up SSA state code	✓	✓
FxSTATECDE Beneficiary's State SSA Code at Follow Up	Char	2	Beneficiary's SSA state code from the follow up member level record	✓	✓
FxCTNAME Beneficiary's Follow Up SSA County Name	Char	21	Beneficiary's county name based on the follow up SSA county code	✓	✓
FxCNTYCDE Beneficiary's County SSA Code at Follow Up	Char	3	Beneficiary's SSA county code from the follow up member level record	✓	✓
FxZIPCDE Beneficiary's Follow Up ZIP Code	Char	9	Beneficiary's ZIP code from the follow up member level record	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]

FxRACE
Beneficiary's Follow Up Race (CMS)
	Num	3	Beneficiary's race from the follow up member level record. This information is derived from CMS databases.
			    0 = Unknown
			    1 = White
			    2 = Black
			    3 = Other
			    4 = Asian
			    5 = Hispanic
			    6 = North American Native
				✓	✓

FxGENDER
Beneficiary's Follow Up Gender (CMS)
	Num	3	Beneficiary's gender from the follow up member level record. This information is derived from CMS databases.
			    1 = Male
			    2 = Female
				✓	✓

FxDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS databases.	✓	✓
FxDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS databases. This field is blank for all records.	✓	✓
FxDOE Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record	✓	✓
FxDOT Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record	✓	✓

FxESRD
Beneficiary's Follow Up ESRD Status
	Num	3	Beneficiary's ESRD status at follow up. This information is derived from CMS databases.
			    0 = No ESRD
			    1 = ESRD
				✓	✓

FxINSTUT
Beneficiary's Follow Up Institutional Status
	Num	3	Beneficiary's institutional status at follow up. This information is derived from CMS databases.
			    0 = Out of institution
			    1 = Institutionalized
			    2 = Eligible for nursing home care
				✓	✓

FxHOSPICE
Beneficiary's Follow Up Hospice Status
	Num	3	Beneficiary's hospice status at follow up. This information is derived from CMS databases.
			    0 = No hospice start date present
			    1 = Hospice start date present
				✓	✓

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Field Name / Description B = Baseline F = Follow Up P = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	Fields in B7F7[*]	Fields in B8F8[†]
FxMEDICAID Beneficiary's Follow Up Medicaid Status	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS databases. 0 = Out of Medicaid 1 = In Medicaid	✓	✓
FxENTITLE Beneficiary's Follow Up Reason for Entitlement	Num	3	Beneficiary's reason for entitlement at follow up. This information is derived from CMS databases. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	✓	✓
FxPROTID Protocol Identifier Flag	Num	3	Beneficiary's survey protocol from the follow up member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 6 = Chinese	✓	✓
FxSRVIND Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	✓	✓
FxVRGENHTH Follow Up Survey: General Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1
FxVRMACT Follow Up Survey: Moderate Activities Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2a	Q2a

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxVRSTAIR Follow Up Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q2b	Q2b
FxVRPACCL Follow Up Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* **Accomplished less** than you would like 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3a	Q3a
FxVRPWORK Follow Up Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* Were limited in the **kind** of work or other activities 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q3b	Q3b
FxVRMACCL Follow Up Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* **Accomplished less** than you would like 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4a	Q4a

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxVRMWORK Follow Up Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* <u>Didn't do work or other activities as **carefully** as usual</u> 1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Q4b	Q4b
FxVRPAIN Follow Up Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q5	Q5
FxVRCALM Follow Up Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**…* <u>Have you felt calm and peaceful</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6a	Q6a

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxVRENERGY Follow Up Survey: Lots of Energy Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* <u>Did you have a lot of energy</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6b	Q6b
FxVRDOWN Follow Up Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* <u>Have you felt downhearted and blue</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q6c	Q6c
FxVRSACT Follow Up Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?* 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q7	Q7

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FxVRPHCMP Follow Up Survey: Physical Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: *Now, we'd like to ask you some questions about how your health may have changed.* **Compared to one year ago**, *how would you rate your* **physical health** *in general* **now**? 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q8	Q8
FxVRMHCMP Follow Up Survey: Emotional Health Compared to One Year Ago Question	Num	3	Beneficiary's response from the follow up survey: **Compared to one year ago**, *how would you rate your* **emotional problems** *(such as feeling anxious, depressed or irritable) in general* **now**? 1 = Much better 2 = Slightly better 3 = About the same 4 = Slightly worse 5 = Much worse	Q9	Q9
FxADLBTH Follow Up Survey: Bathing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** Bathing 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity **Note: The codes are reversed compared to the corresponding baseline field BxDIFBTH.**	Q10a	Q10a
FxADLDRS Follow Up Survey: Dressing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities* **without special equipment or help from another person?** Dressing 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity **Note: The codes are reversed compared to the corresponding baseline field BxDIFDRS.**	Q10b	Q10b

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxADLEAT Follow Up Survey: Eating Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** <u>Eating</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity **Note: The codes are reversed compared to the corresponding baseline field BxDIFEAT.**	Q10c	Q10c
FxADLCHR Follow Up Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** <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 **Note: The codes are reversed compared to the corresponding baseline field BxDIFCHR.**	Q10d	Q10d
FxADLWLK Follow Up Survey: Walking Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** <u>Walking</u> 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity **Note: The codes are reversed compared to the corresponding baseline field BxDIFWLK.**	Q10e	Q10e

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxADLTLT Follow Up Survey: Using the Toilet Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities **without special equipment or help from another person?*** Using the toilet 1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity **Note: The codes are reversed compared to the corresponding baseline field BxDIFTOL.**	Q10f	Q10f
FxHDPHY 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. Now, thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health **not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)*	Q11	Q11
FxHDMEN Follow Up Survey: Number of Days Mental Health Not Good Question	Num	3	Beneficiary's response from the follow up survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health **not** good? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)*	Q12	Q12
FxHDACT Follow Up Survey: Number of Days Health Interfered with Daily Activity Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 30 days**, for about how many days did **poor** physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Please enter a number between "0" and "30" days. If no days, please enter "0" days.)*	Q13	Q13

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxCHSTEX Follow Up Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the follow up survey: *Now we are going to ask some questions about specific medical conditions. During the **past 4 weeks**, how often have you had any of the following problems?* <u>Chest pain or pressure when you exercise</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14a	Q14a
FxCHSTRST Follow Up Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you had any of the following problems?* <u>Chest pain or pressure when resting</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14b	Q14b
FxSOBFLT Follow Up Survey: Shortness of Breath when Lying Flat Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When lying down flat</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15a	Q15a
FxSOBSIT Follow Up Survey: Shortness of Breath when Sitting or Resting Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When sitting or resting</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15b	Q15b

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxSOBWLK Follow Up Survey: Shortness of Breath when Walking Less than One Block Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When walking less than one block</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15c	Q15c
FxSOBSTR Follow Up Survey: Shortness of Breath when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When climbing one flight of stairs</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15d	Q15d
FxFTNUMB Follow Up Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Numbness or loss of feeling in your feet</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16a	Q16a
FxFTSENS Follow Up Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Tingling or burning sensation in your feet especially at night</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16b	Q16b

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FxFTHC Follow Up Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Decreased ability to feel hot or cold with your feet</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16c	Q16c
FxFTSRS Follow Up Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Sores or wounds on your feet that did not heal</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q16d	Q16d
FxPNART Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how would you describe any arthritis pain you usually had?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q17	Q17
FxREAD Follow Up Survey: Vision Question	Num	3	Beneficiary's response from the follow up survey: *Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?* 1 = Yes 2 = No	Q18	Q18
FxHEAR Follow Up Survey: Hearing Question	Num	3	Beneficiary's response from the follow up survey: *Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?* 1 = Yes 2 = No	Q19	Q19

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FxCCHBP
Follow Up Survey:
Hypertension Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Hypertension or high blood pressure
			    1 = Yes
			    2 = No
				Q20	Q20

FxCC_CAD
Follow Up Survey:
Angina/Coronary Artery Disease Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Angina pectoris or coronary artery disease
			    1 = Yes
			    2 = No
				Q21	Q21

FxCC_CHF
Follow Up Survey:
Congestive Heart Failure Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Congestive heart failure
			    1 = Yes
			    2 = No
				Q22	Q22

FxCCMI
Follow Up Survey:
Myocardial Infarction Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    A myocardial infarction or heart attack
			    1 = Yes
			    2 = No
				Q23	Q23

FxCCHRTOTH
Follow Up Survey:
Other Heart Conditions Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat
			    1 = Yes
			    2 = No
				Q24	Q24

FxCCSTROKE
Follow Up Survey:
Stroke Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    A stroke
			    1 = Yes
			    2 = No
				Q25	Q25

FxCC_COPD
Follow Up Survey:
COPD Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Emphysema, or asthma, or COPD (chronic obstructive pulmonarydisease)
			    1 = Yes
			    2 = No
				Q26	Q26

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxCCGI Follow Up Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No	Q27	Q27
FxCCARTHIP Follow Up Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Arthritis of the hip or knee 1 = Yes 2 = No	Q28	Q28
FxCCARTHND Follow Up Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Arthritis of the hand or wrist 1 = Yes 2 = No	Q29	Q29
FxCCOSTEO Follow Up Survey: Osteoporosis Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Osteoporosis, sometimes called thin or brittle bones 1 = Yes 2 = No	Q30	Q30
FxCCSCIATI Follow Up Survey: Sciatica Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Sciatica (pain or numbness that travels down your leg to below your knee) 1 = Yes 2 = No	Q31	Q31
FxCCDIABET Follow Up Survey: Diabetes Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No	Q32	Q32
FxCCANYCA Follow Up Survey: Any Cancer Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No	Q33	Q33

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]

FxCACOLON
Follow Up Survey:
Colorectal Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 33 above (that you have had cancer)
			Are you currently under treatment for:
			    Colon or rectal cancer
			    1 = Yes
			    2 = No
				Q34a	Q34a

FxCALUNG
Follow Up Survey:
Lung Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 33 above (that you have had cancer)
			Are you currently under treatment for:
			    Lung cancer
			    1 = Yes
			    2 = No
				Q34b	Q34b

FxCABRST
Follow Up Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 33 above (that you have had cancer)
			Are you currently under treatment for:
			    Breast cancer
			    1 = Yes
			    2 = No
				Q34c	Q34c

FxCAPROS
Follow Up Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question or 33 above (that you have had cancer)
			Are you currently under treatment for:
			    Prostate cancer
			    1 = Yes
			    2 = No
				Q34d	Q34d

FxPNBACK
Follow Up Survey:
Low Back Pain Question
	Num	3	Beneficiary's response from the follow up survey:
			*In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?*
			    1 = All of the time
			    2 = Most of the time
			    3 = Some of the time
			    4 = A little of the time
			    5 = None of the time
				Q35	Q35

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxDEP2WK Follow Up Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the follow up survey: *In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?* 1 = Yes 2 = No	Q36	Q36
FxDEPYR Follow Up Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the follow up survey: *In the past **year**, have you felt depressed or sad much of the time?* 1 = Yes 2 = No	Q37	Q37
FxDEP2YR Follow Up Survey: Depression Most of the Time Question	Num	3	Beneficiary's response from the follow up survey: *Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?* 1 = Yes 2 = No	Q38	Q38
FxCMPHTH Follow Up Survey: Comparative Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, compared to other people your age, would you say that your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q39	Q39
FxSMOKE Follow Up Survey: Current Smoker Question	Num	3	Beneficiary's response from the follow up survey: *Do you now smoke every day, some days, or not at all?* 1 = Every day 2 = Some days 3 = Not at all 4 = Don't know	Q40	Q40
FxMUILKG Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Many people experience problems with urinary incontinence, the leakage of urine. In the **past 6 months**, have you accidentally leaked urine?* 1 = Yes **(Go to Q42)** 2 = No **(Go to Q45)**	Q41	Q41

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxMUIMAG Follow Up Survey: Magnitude of Urine Leakage Problem Question	Num	3	Beneficiary's response from the follow up survey: *How much of a problem, if any, was the urine leakage for you?* 1 = A big problem **(Go to Q43)** 2 = A small problem **(Go to Q43)** 3 = Not a problem **(Go to Q45)**	Q42	Q42
FxMUITLK Follow Up Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Have you talked with your current doctor or other health provider about your urine leakage problem?* 1 = Yes 2 = No	Q43	Q43
FxMUITRT Follow Up Survey: Received Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?* 1 = Yes 2 = No	Q44	Q44
FxPAOTLK Follow Up Survey: Talked with Doctor About Physical Activities Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 12 months,** did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.* 1 = Yes **(Go to Q46)** 2 = No **(Go to Q46)** 3 = I had no visits in the past 12 months **(Go to Q47)**	Q45	Q45
FxPAOADV Follow Up Survey: Advised to Increase or Maintain Activities Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 12 months,** did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.* 1 = Yes 2 = No	Q46	Q46

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxFRMTLK Follow Up Survey: Talked with Doctor about Falling or Balance Problem Question	Num	3	Beneficiary's response from the follow up survey: *A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?* 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q47	Q47
FxFRMFALL Follow Up Survey: Fell in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: *Did you fall in the past 12 months?* 1 = Yes 2 = No	Q48	Q48
FxFRMBAL Follow Up Survey: Problem with Walking or Balance in Past 12 Months Question	Num	3	Beneficiary's response from the follow up survey: *In the past 12 months, have you had a problem with balance or walking?* 1 = Yes 2 = No	Q49	Q49
FxFRMPREV Follow Up Survey: Talked with Doctor about How to Prevent Falls Question	Num	3	Beneficiary's response from the follow up survey: *Has your doctor or other health provider done these or anything else to help prevent falls or treat problems with balance or walking? Some things they might do include:* • *Suggest that you use a cane or walker* • *Check your blood pressure lying or standing* • *Suggest that you do an exercise or physical therapy program* • *Suggest a vision or hearing testing* 1 = Yes 2 = No 3 = I had no visits in the past 12 months	Q50	Q50
FxOTOTEST Follow Up Survey: Bone Density Test for Osteoporosis Question	Num	3	Beneficiary's response from the follow up survey: *Have you ever had a bone density test to check for osteoporosis, sometimes thought of as "brittle bones"? This test may have been done to your back, hip, wrist, heel or finger.* 1 = Yes 2 = No	Q51	Q51

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxWEIGHT Follow Up Survey: How Much Do You Weigh in Pounds Question	Num	8	Beneficiary's response from the follow up survey: *How much do you weigh in pounds (lbs.)?* 01 = 90 lbs. or less 14 = 211–220 lbs. 02 = 91–100 lbs. 15 = 221–230 lbs. 03 = 101–110 lbs. 16 = 231–240 lbs. 04 = 111–120 lbs. 17 = 241–250 lbs. 05 = 121–130 lbs. 18 = 251–260 lbs. 06 = 131–140 lbs. 19 = 261–270 lbs. 07 = 141–150 lbs. 20 = 271–280 lbs. 08 = 151–160 lbs. 21 = 281–290 lbs. 09 = 161–170 lbs. 22 = 291–300 lbs. 10 = 171–180 lbs. 23 = 301–310 lbs. 11 = 181–190 lbs. 24 = 311–320 lbs. 12 = 191–200 lbs. 25 = 321 lbs. or more 13 = 201–210 lbs.	Q52	Q52
FxHEIGHT Follow Up Survey: How Tall Are You Without Shoes (ft. in.) Question	Num	8	Beneficiary's response from the follow up survey: *How tall are you without shoes on in feet (ft.) and inches (in.)? (If ½ in., please round up.)* 01 = 5 ft. 00 in. or less 09 = 5 ft. 08 in. 02 = 5 ft. 01 in. 10 = 5 ft. 09 in. 03 = 5 ft. 02 in. 11 = 5 ft. 10 in. 04 = 5 ft. 03 in. 12 = 5 ft. 11 in. 05 = 5 ft. 04 in. 13 = 6 ft. 00 in. 06 = 5 ft. 05 in. 14 = 6 ft. 01 in. 07 = 5 ft. 06 in. 15 = 6 ft. 02 in. 08 = 5 ft. 07 in. 16 = 6 ft. 03 in. or more	Q53	Q53
FxSRVBRYR Follow Up Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the follow up survey: *In what **year** were you born? Please provide your **year of birth** only. For example, if your date of birth is January 1, 1935, please answer "1935."*	Q54	Q54
FxSRVGEND Follow Up Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the follow up survey: *Are you male or female?* 1 = Male 2 = Female	Q55	Q55
FxHISPAN Follow Up Survey: Hispanic Question	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic or Latino origin or descent?* 1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Q56	Q56

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]

FxRCNATAM
Follow Up Survey:
American Indian or Alaskan Native Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   a. American Indian or Alaskan Native
			   0 = No
			   1 = Yes
				Q57a	Q57a

FxRCASIAN
Follow Up Survey:
Asian Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   b. Asian
			   0 = No
			   1 = Yes
				Q57b	Q57b

FxRCAFRAM
Follow Up Survey:
Black or African American Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   c. Black or African American
			   0 = No
			   1 = Yes
				Q57c	Q57c

FxRCNHPI
Follow Up Survey:
Native Hawaiian or other Pacific Islander Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   d. Native Hawaiian or Other Pacific Islander
			   0 = No
			   1 = Yes
				Q57d	Q57d

FxRCWHITE
Follow Up Survey:
White Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   e. White
			   0 = No
			   1 = Yes
				Q57e	Q57e

FxRCOTHER
Follow Up Survey:
Another Race Question
	Num	3	Beneficiary's response from the follow up survey:
			How would you describe your race? Please mark one or more.
			   f. Another race
			   0 = No
			   1 = Yes
				Q57f	Q57f

FxMARITAL
Follow Up Survey:
Marital Status Question
	Num	3	Beneficiary's response from the follow up survey:
			What is your current marital status?
			   1 = Married
			   2 = Divorced
			   3 = Separated
			   4 = Widowed
			   5 = Never married
				Q58	Q58

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxEDUC Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q59	Q59
FxHMOWN Follow Up Survey: Housing Question	Num	3	Beneficiary's response from the follow up survey: *Is the house or apartment you currently live in:* 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q60	Q60
FxCMPWHO Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: *Who completed this survey form?* 1 = Person to whom survey was addressed **(Go to Q63)** 2 = Family member or relative of person to whom the survey was addressed 3 = Friend of person to whom the survey was addressed 4 = Professional caregiver of person to whom the survey was addressed	Q61	Q61
FxHHINC Follow Up Survey: Household Income Question	Num	3	Beneficiary's response from the follow up survey: *Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?* 1 = Less than $5,000 2 = $5,000 - $9,999 3 = $10,000 - $19,999 4 = $20,000 - $29,999 5 = $30,000 - $39,999 6 = $40,000 - $49,999 7 = $50,000 - $79,999 8 = $80,000 - $99,999 9 = $100,000 or more 10 = Don't know	Q63	Q63

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FxSRVDISP
Disposition of Follow Up Survey
	Char	3	Survey disposition at follow up
			("M" prefix=Mail, "T" prefix=Telephone)
			    M10/T10 = Complete survey (80-100% complete)
			    M11/T11 = Nonresponse: partial complete survey (50-79% complete)
			    M20/T20 = Ineligible: deceased
			    M21/T21 = Ineligible: not enrolled in MCO
			    M22/T22 = Ineligible: end stage renal disease
			    M23/T23 = Ineligible: language barrier
			         T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number
			    M31/T31 = Nonresponse: break-off (0- 49% complete)
			    M32/T32 = Nonresponse: refusal
			    M33/T33 = Nonresponse: respondent unavailable
			    M34/T34 = Nonresponse: respondent physically or mentally incapacitated
			    M35/T35 = Nonresponse: respondent institutionalized
			    M36/T36 = Nonresponse: after maximum attempts
				✔	✔

FxSRVMODE
Round Completed Follow Up Survey Obtained
	Char	2	Round in which the completed survey was obtained:
			    M1 = 1st mailing
			    M2 = 2nd mailing
			    T1 = 1st telephone
			    T2 = 2nd telephone
			    T3 = 3rd telephone
			    T4 = 4th telephone
			    T5 = 5th telephone
			    T6 = 6th telephone
			    T7 = 7th telephone
			    T8 = 8th telephone
			    T9 = 9th telephone
			    MT = Partially completed by mail and converted to complete by telephone
			    MM = Partially completed by mail and converted to complete by mail recontact
			    NC = Not completed
				✔	✔

FxSRVLANG
Survey Language at Follow Up
	Num	3	Follow up Survey Language
			    1 = English
			    2 = Spanish
			    3 = Not Applicable
			    4 = Chinese
				✔	✔

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
FxSRVDATE Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	✔	✔
FxVUCATI Vendor's Follow Up Unique Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	8	Vendor's 8-digit unique CATI interview ID at follow up	✔	✔
FxMCONUM MCO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MCO provide a phone number for the member at follow up? 1 = Yes 2 = No	✔	✔
FxSPANFL Follow Up Spanish Materials Flag	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration? 1 = Yes 2 = No *Note: This flag is **not** an indicator of whether the Spanish survey was completed.*	✔	✔
FxEXCLUDE Follow Up Survey: Request to Be Excluded from Future Survey Samples Flag	Num	3	Beneficiary's request to be excluded from future survey samples: 1 = Member specifically requested *Take me off your list and never contact me again* 2 = Member did **not** request *Take me off your list and never contact me again*	✔	✔
FxPROXST Follow Up Survey: Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and same Proxy at follow up 5 = Proxy at baseline and different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up	✔	✔
FxCHIN Follow Up Chinese Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a Chinese plan at follow up 1 = Member of a Chinese plan at follow up	✔	✔
FxDISP Survey Response Indicator for Mail/Telephone Responses at Follow Up	Num	3	Beneficiary completed a: 1 = Mail survey at follow up 2 = Telephone survey at follow up	✔	✔

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxINVSRV Invalid Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Valid 1 = Invalid (survey disposition equal to M20, M21, M22, M23, T20, T21, T22, T23, or T24)	✓	✓
FxPCTCMP Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	✓	✓
FxCMPSRV Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 80% of the *Follow up* survey was completed 0 = Incomplete 1 = Complete	✓	✓
FxCMPFLG Name Provided in Q62 of Follow Up Survey Indicator	Num	3	Indicator variable for name provided in Question 62 of the follow up survey 0 = Name not provided 1 = Name provided	✓	✓
FxTDOB Beneficiary's Follow Up Date of Birth (SAS Date Format)	Num	8	Beneficiary's SAS date of birth from the follow up member level record. This information is derived from CMS databases. MMDDYY10. format	✓	✓
FxTSRVDAT Date Follow Up Survey Completed (SAS Date Format)	Num	8	Beneficiary's follow up survey SAS date MMDDYY10. format	✓	✓
FxTDOE Beneficiary's Follow Up Date of Accretion into Plan (SAS Date Format)	Num	8	Beneficiary's follow up accretion into plan SAS date MMDDYY10. format	✓	✓
FxTSRVDATIM Date Follow Up Survey Completed with Missing Values Imputed (SAS Date Format)	Num	8	Follow Up survey SAS date created from the original survey date (*FxSRVDATE*). Records with a missing survey date were imputed as follows: B7F7: Mean survey date by vendor and mode of administration B8F8: May 16, 2007 was imputed to represent the mean survey date MMDDYY10. format	✓	✓
FxTDOELMT Beneficiary's Follow Up Date of Accretion Limit into Plan (SAS Date Format)	Num	8	Follow Up survey SAS date of accretion limit into plan MMDDYY10. format	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxBMI Calculated Body Mass Index	Num	8	Beneficiary's *Cohort 7 Follow Up* body mass index calculated from weight (*FxWEIGHT*) in pounds and height (*FxHEIGHT*) in inches categories: BMI =(*FxWEIGHT* / *FxHEIGHT*^{2}) x 703	✔	✔
FxBMICAT Categories of Body Mass Index	Num	3	Beneficiary's *Cohort 7 Follow Up* category of body mass index calculated from FxBMI 1 = BMI 20 or less (Underweight) 2 = BMI >20 – <25 (Normal) 3 = BMI 25 – <30 (Overweight) 4 = BMI 30 – <35 (Obese) 5 = BMI 35 or more (Morbid Obesity)	✔	✔
FxAGE Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. This variable was calculated as: AGE = floor((intck('month',*FxTDOB*,*FxTSRVDATIM*)- (day(*FxTSRVDATIM*)< day(*FxTDOB*)))/12)	✔	✔
FxAGECAT Beneficiary's Follow Up Age Group	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 or older	✔	✔
FxRACECAT Beneficiary's Follow Up Race Category	Num	8	Beneficiary's race category at follow up, created by combining values of the *FxRACE* variable 1 = White 2 = Black 3 = Other	✔	✔
FxENRDUR Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	✔	✔
FxENRCAT Beneficiary's Enrollment Duration Category at Follow Up	Num	8	Beneficiary's enrollment duration category at the time of the follow up survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	✔	✔
FxPCS Follow Up PCS Score Calculated Utilizing the Modified Regression Estimate (MRE) Scoring Algorithm	Num	8	Beneficiary's follow up PCS Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✔	✔

[*] B7F7 = *2004-2006 Cohort 7* Merged Baseline and Follow Up LDS   [†] B8F8 = *2005-2007 Cohort 8* Merged Baseline and Follow Up LDS

FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxMCS Follow Up MCS Score Calculated Utilizing the Modified Regression Estimate (MRE) Scoring Algorithm	Num	8	Beneficiary's follow up MCS Score calculated utilizing the Modified Regression Estimation (MRE) scoring algorithm	✓	✓
PxCONTRACT Plan Contract Number at the Time of Performance Measurement Reporting	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report.	✓	✓
PxCONT_ID **Blinded Plan Contract Number at the Time of Performance Measurement Reporting**	Char	5	**Blinded unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the Performance Measurement report. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓
PxHDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting.	✓	✓
PxTHDOB Beneficiary's SAS Date of Birth	Num	8	Beneficiary's SAS date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format	✓	✓
PxHDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting	✓	✓
PxTHDOD Beneficiary's SAS Date of Death	Num	8	Beneficiary's SAS date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting. MMDDYY10. format	✓	✓
PxACTDTH Beneficiary's death within 2 year window indicator	Num	3	Beneficiary's death within 2 year window indicator	✓	✓
PxGROUP Three-Level Baseline Status Indicator	Char	6	Three-level status indicator for all members of the baseline sample Group1 = baseline members that were in plans not existing at the time of follow up Group2 = baseline members in plans still existing at follow up, but who were excluded from follow up sampling because they met one or more of the following criteria: they were non-responders to the baseline survey, they disenrolled from their plan, or they were deceased subsequent to the baseline survey Group3 = baseline members in plans still existing at follow up and who were part of follow up sample	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
PxSTATUS Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample 1 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 2 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 3 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 4 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 5 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 6 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 7 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 9 = Beneficiary had ineligible baseline survey disposition	✔	✔
PxANALYT Performance Measurement Analytic Sample Indicator	Num	3	Indicator for performance measurement analytic sample 0 = Not included in performance measurement analytic sample 1 = Included in performance measurement analytic sample	✔	✔
PxPMRIND Performance Measurement Sample Distribution Indicator	Num	3	Indicates status of the record in the performance measurement analytic sample 1 = Respondent 2 = Non-Respondent 3 = Invalid 4 = Dead 5 = Disenrolled	✔	✔

FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
PxPHOUT Plan Level Physical Health Performance Measurement Results Indicator	Num	3	Plan level physical health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"	✓	✓
PxMHOUT Plan Level Mental Health Performance Measurement Results Indicator	Num	3	Plan level mental health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"	✓	✓
BxMONRPT SAS Date of CMS Monthly Report of Managed Care Health Plans Utilized at Baseline	Num	8	SAS date of CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format	✓	✓
BxPLTYPE Plan Type at Baseline	Char	3	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration CMP = Competitive Medical Plan HMO = Health Maintenance Organization OTH = Other N/A = Not Available	✓	✓
BxPLMODL Plan Model Type at Baseline	Char	5	Plan model type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration GROUP = Group Practice Model IPA = Individual Practice Association Model STAFF = Staff Model OTHER = Other /Mixed Type Model N/A = Not Available	✓	✓
BxPLPOP Number Enrolled in Plan at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7*	FIELDS IN B8F8†
BxPOPCAT Number Enrolled in Plan Category at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓
BxPLDESC Plan Description at Baseline	Char	10	Plan description as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓
BxPLANST Plan State at Baseline	Char	2	Two letter state abbreviation for the plan as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓
BxPLTXST Plan Tax Status at Baseline	Char	3	Plan tax status as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration PRO = For profit NON = Not for profit N/A = Not Available	✓	✓
BxPLREG Plan's CMS Regional Office at Baseline	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans 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	✓	✓

* B7F7 = *2004-2006 Cohort 7* Merged Baseline and Follow Up LDS   † B8F8 = *2005-2007 Cohort 8* Merged Baseline and Follow Up LDS

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
BxPLSTDT Plan Contract Start SAS Date at Baseline	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration MMDDYY10. format	✓	✓
BxPLDUR Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓

BxPLNDCT
Duration of Plan Contract Categories at Baseline
	Num	8	Duration of plan contract categories at the time of the baseline survey administration
			    1 = Less than 1 year
			    2 = 1.0 to 4.9 years
			    3 = 5.0 to 9.9 years
			    4 = 10 or more years
				✓	✓

BxRPTST Reporting Plan State at Baseline	Char	2	Reporting plan state at baseline	✓	✓
FxMONRPT SAS Date of CMS Monthly Report of Managed Care Health Plans Utilized at Follow Up	Num	8	SAS Date of CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the follow up survey administration MMDDYY10. format	✓	✓

FxPLTYPE
Plan Type at Follow Up
	Char	39 or 40	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration
			    CMP = Competitive Medical Plan
			    HMO = Health Maintenance Organization
			    OTH = Other
			    N/A = Not Available
				✓	✓

FxPLORGNM Plan Organization Name at Follow Up - source CMS	Char	50	Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓
FxPLMEDP Plan Medicare Product Name at Follow Up - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓
FxPLPOP Number Enrolled in Plan at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxPOPCAT Number Enrolled in Plan Category at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓
FxPLSTDT Plan Contract Start SAS Date at Follow Up	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration MMDDYY10. format		✓
FxPLANSTN Plan State at Follow Up	Char	2	Two letter state abbreviation for the plan as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓
FxPLREGN Plan's CMS Regional Office at Follow Up	Char	13	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓
FxPLSTDTN Plan Contract Start SAS Date at Follow Up	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration MMDDYY10. format	✓	
FxPLDUR Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓
FxPLNDCT Duration of Plan Contract Categories at Follow Up	Num	8	Duration of plan contract categories at the time of the follow up survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✓	✓

FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
FxPLREGCDE Plan's CMS Regional Office Code at Follow Up	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans 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	✓	✓
PxMONRPT SAS Date of the CMS Monthly Report of Managed Care Health Plans Utilized for Performance Measurement	Num	8	SAS Date of the CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of performance measurement reporting MMDDYY10. format	✓	✓
PxPLTYPE Plan Type at the Time of Performance Measurement Reporting	Char	39 or 40	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓
PxPLORGNM Plan Organization Name - source CMS	Char	50	Plan organization name from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓
PxPLMEDP Plan Medicare Product Name - source CMS	Char	50	Plan Medicare product name from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓
PxPLPOP Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan population as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓

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PxPOPCAT Number Enrolled in Plan Category at Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓
PxPLSTDT Plan Contract Start SAS Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start SAS date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting MMDDYY10. format		✓
PxPLANSTN Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting. This was the state level unit of analysis for the performance measurement report.	✓	✓
PxPLREGN Plan's CMS Regional Office at the Time of Performance Measurement Reporting	Char	13	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓
PxPLSTDTN Plan Contract Start Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting MMDDYY10. format	✓	
PxPLDUR Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓
PxPLNDCT Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✓	✓

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FIELD NAME / DESCRIPTION B = BASELINE F = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN B7F7[*]	FIELDS IN B8F8[†]
PxPLREGCDE Plan's CMS Regional Office Code	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans 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	✓	✓

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