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The background of the entire cover is a close-up, slightly blurred image of the American flag, showing the stars and stripes. The top half features the blue field with white stars, while the bottom half shows the red and white stripes.

2011 – 2013 Cohort 14

PERFORMANCE

MEASUREMENT

DATA USER'S

GUIDE

MEDICARE HEALTH

OUTCOMES SURVEY

CENTERS
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SERVICES
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Preface

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs). The Medicare Health Outcomes Survey (HOS) is the first patient-reported health outcomes measure for the Medicare population in managed care settings. The HOS design is based on a randomly selected sample of individuals from each participating MAO, and measures physical and mental health over a two-year period. General information about the Medicare HOS Program may be found on the CMS website at (www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS/index.html) and a full description of the program may be found on the HOS website at www.HOSonline.org.

This HOS *2011-2013 Cohort 14 Performance Measurement Data User's Guide* (DUG) is designed to assist users with the beneficiary level *2011-2013 Cohort 14 Performance Measurement* data file. The DUG includes an overview of the file organization, an explanation of the derived fields, a table defining the attributes of all fields in the file, and copies of the survey instruments annotated with the field names in the data file.

The *2011-2013 Cohort 14 Performance Measurement* Reports on which these data are based were distributed to participating Quality Improvement Organizations (QIOs) via QualityNet in July 2014. The QIO reports summarize the results for all of the MAOs within the state compared with the national HOS total. The MAO reports were made available to participating MAOs via the CMS Health Plan Management System (HPMS) in July 2014. The MAO reports summarize the results for an individual MAO compared with the national HOS total. A sample MAO report is also available on the HOS website (www.HOSonline.org). The sample report displays actual results for the HOS total, but utilizes hypothetical data for the MAO summaries. This report may be consulted for program background, methodology, design, and results.

STATUTORY AUTHORITY

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

TECHNICAL ASSISTANCE

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and HOS e-mail address (hos@hcqis.org) are available for assistance with questions regarding the data file.

Methodology and Design

2011-2013 MEDICARE ADVANTAGE ORGANIZATION PARTICIPATION

All MAOs with Medicare contracts in effect on or before January 1, 2010 and with a minimum enrollment of 500 beneficiaries were required by CMS to administer the *Cohort 14 Baseline* survey in 2011. This included all coordinated care plans, including local and regional preferred provider organizations (PPOs) and continuing §1876 cost contracts. MAOs composed exclusively of Special Needs Plan (SNP) benefit packages, regardless of institutionalized, chronically ill or dual eligible enrollment were also included in the requirement. Private Fee-for-Service (PFFS) plans and Medical Savings Accounts (MSA) were also required by CMS to administer the HOS in 2011. Furthermore, all MAOs which administered the *Cohort 14 Baseline* survey in 2011 were required by CMS to administer the *Cohort 14 Follow Up* survey in 2013.

SAMPLING METHODOLOGY

2011 Cohort 14 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- MAOs with fewer than 500 beneficiaries enrolled were not required to report HOS.
- For MAOs with 500 to 1,200 beneficiaries, all eligible beneficiaries were included in the sample.
- For MAOs with more than 1,200 and less than 3,000 beneficiaries, a simple random sample of 1,200 beneficiaries was selected for the baseline survey.
- For MAOs with 3,000 or more beneficiaries, beneficiaries who responded to the previous year's baseline survey were excluded from the random sample of 1,200 for the current year.
- Beneficiaries were defined as eligible if they were 18 years or older on the date the sample was drawn. The six months enrollment requirement was waived beginning in 2009, and beneficiaries with End Stage Renal Disease (ESRD) were no longer excluded from the sampling beginning in 2010.

2013 Cohort 14 Follow Up Sampling

CMS identified beneficiaries from the *2011 Cohort 14 Baseline* sample who were eligible for remeasurement as follows:

- Beneficiaries were eligible for remeasurement if they had sufficient data to derive physical health or mental health summary scores at baseline and remained in the same MAO at follow up.
- Beneficiaries were excluded if they did not have sufficient data to derive summary scores at baseline, disenrolled from their MAO subsequent to the baseline survey or were deceased subsequent to the baseline survey. Although deceased beneficiaries were

excluded from the follow up sample, CMS includes deceased baseline respondents when calculating the HOS performance measurement results.

The *Cohort 14 Baseline* and *Cohort 14 Follow Up* survey samples were comprised of beneficiaries who completed the HOS in English, Spanish, or Chinese language versions of the mail survey. For the telephone phase, a standardized version of an Electronic Telephone Interviewing System was used to collect interview data in English or Spanish.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2011 and 2013 Volume 6: Specifications for the Medicare Health Outcomes Survey manuals.^{1,2} Additionally, a glossary consisting of definitions relevant to the HOS may be found in both the “Program Overview” and “Publications” sections of the HOS website (www.HOSonline.org).

¹ National Committee for Quality Assurance. *HEDIS® 2011, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2011.

² National Committee for Quality Assurance. *HEDIS® 2013, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2013.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 2.0 for the *2011 Cohort 14 Baseline* and with the HOS 2.5 for the *2013 Cohort 14 Follow Up*. The HOS 2.0 and 2.5 incorporated the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instruments may be found in the HEDIS 2011 and 2013 Volume 6 manuals.^{1,2} The manuals may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 or via NCQA's Secure Online Order Center (www.ncqa.org). The survey forms may be obtained from the "Survey Instrument" section of the HOS website (www.HOSonline.org). Annotated Baseline and Follow Up Survey forms showing the field names for each question may be found in Appendix B and Appendix C.

SUMMARY MEASURES

Veterans RAND 12-Item Health Survey (VR-12)

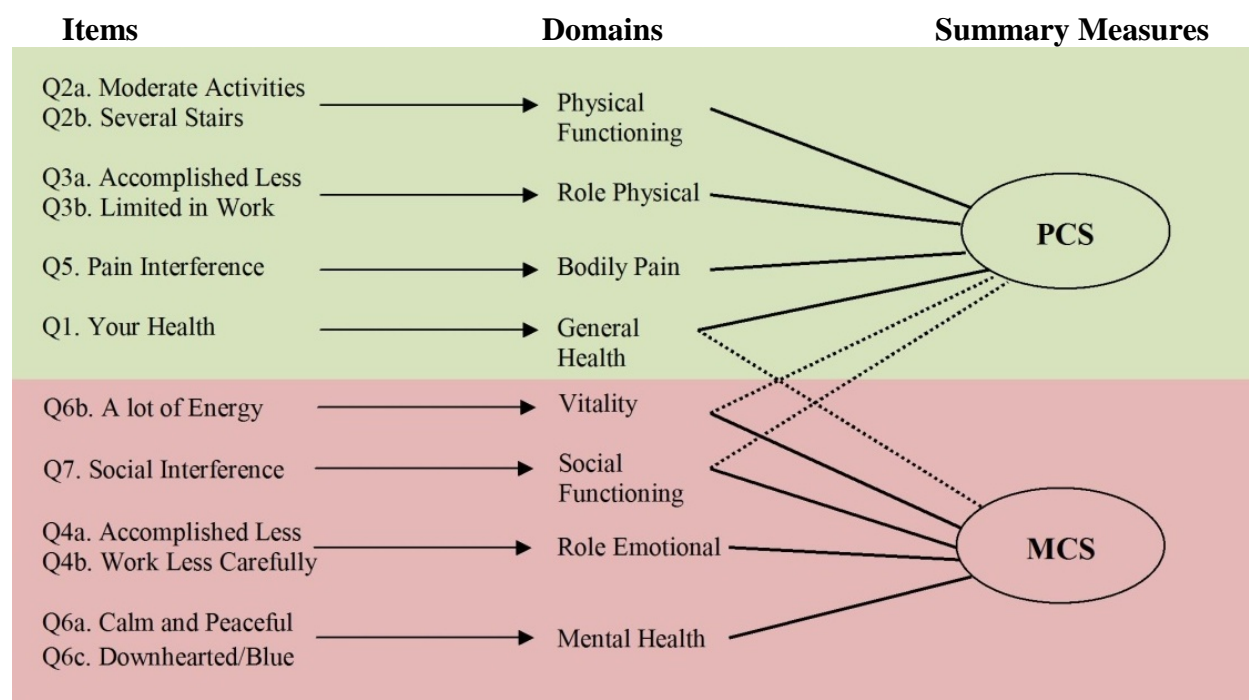
Physical health status and mental health status are measured in the Medicare HOS 2.0 with the VR-12 health survey. The VR-12 consists of 14 items, 12 of which are used in the calculation of the 8 health domains and the two summary measures: the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the 36-item health survey: 1) Physical Functioning, 2) Role-Physical, 3) Role-Emotional, 4) Bodily Pain, 5) Social Functioning, 6) Mental Health, 7) Vitality, and 8) General Health. Each domain aggregates one or two items each and all eight domains are utilized in the calculation of the two summary measures, as illustrated in the VR-12 mapping model on the following page. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix "B14VR" for the baseline fields, and "F14VR" for the follow up fields in the data file.

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and imputation of missing data.³ The MRE is a general method for obtaining scale scores in the context of missing data, where a different set of regression weights is applied depending on the pattern of missing item responses.⁴ With the MRE it is possible to obtain scores for PCS alone, MCS alone, or for both scores. Therefore, a completed survey has been defined as one that could be used to calculate at least one of the scores.

³ Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren XS, Rothendler J, Miller D, Kazis L. The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is used. 2007. Accessed May 15, 2014 at www.hosonline.org/surveys/hos/download/Veterans_RAND_12_Item_Health_Survey_VR-12_2007.pdf

⁴ Spiro A, Rogers WH, Qian S, Kazis LE. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004. Accessed May 15, 2014 at www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf

Mapping of HOS VR-12 to 8 Health Domains and 2 Summary Measures



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

Physical and Mental Component Summary Scores

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

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

- When a beneficiary had missing data across the VR-12 items, PCS and MCS scores were imputed using the MRE. With the use of the MRE algorithm, PCS and MCS scores can be calculated in as many as 90% of the cases in which one or more VR-12 responses are missing.⁵ Depending on the pattern of missing item responses for a beneficiary, a different set of regression weights was required to compute that individual's PCS and/or MCS scores. For each combination of missing data, the beneficiaries' data were merged with the stored regression weights and the PCS or MCS scores were computed and then standardized using the normative values from Step Three.
- Beneficiary PCS and MCS results were mode adjusted for the impact of telephone administration compared to the reference mode of mail administration. Comparisons across the VR-12 of matched HOS and Veterans Administration surveys for the same respondents showed that PCS and MCS scores were, on average, 1.9 and 4.5 points greater respectively for telephone compared to mail administered surveys.⁶ Therefore, for telephone surveys, 1.9 points were subtracted from the PCS score and 4.5 points were subtracted from the MCS score.
- For the physical health summary measure, very high scores indicate no physical limitations, disabilities or decline in well being; high energy level; and a rating of health as "excellent."
- For the mental health summary measure, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

⁵ Selim A, Iqbal SU, Rogers W, Qian SX, Fincke BG, Rothender J, Kazis LE. Medicare Health Outcomes Survey: An Alternative Case-Mix Methodology. Technical Report prepared by: Center for Health Quality, Outcomes, and Economic Research, VA Medical Center, Bedford, Massachusetts. Accessed January 22, 2014 at www.hosonline.org/surveys/hos/download/HOS_Case_Mix_Final_Technical_Report.pdf

⁶ Rogers WH, Gandek B, Sinclair SJ. Calculating Medicare Health Outcomes Survey Performance Measurement Results. Technical Report prepared by: Health Assessment Lab, Waltham, MA, The Health Institute, Department of Clinical Care Research, New England Medical Center, Boston, MA. 2004. Accessed April 14, 2014 at www.hosonline.org/surveys/hos/download/HOS_Calculating_PM_Results.pdf

Data File Characteristics

The file is distributed to QIOs as a SAS^{®7} data set and to MAOs as a Comma Separated Value (CSV) file. The CSV file was generated using PROC EXPORT with the DBMS = CSV option in SAS Version 9.2. The first row of the file contains the SAS variable names. The file can be imported directly into MS Excel or MS Access or converted back to SAS. If converting to SAS with PROC IMPORT, it is recommended to first set the SAS system option GUESSINGROWS to a high number (valid values 1-32767) to insure that character fields will not be truncated.

The baseline data has been merged with the follow up data, so that the file contains one record per beneficiary. There are a total of 273 fields in the *Cohort 14 Performance Measurement* file. Fields from the baseline survey have a **B14** prefix, and fields from the follow up survey have a **F14** prefix. Fields derived at the time of the performance measurement analysis have a **P14** prefix. The Health Insurance Claim (HIC) number, **AHICNUM**, is a unique alphanumeric identifier used to identify each beneficiary in the file and is the only field without a prefix.

The Performance Measurement data file contains only the records for beneficiaries in the *2011-2013 Cohort 14 Performance Measurement* analytic sample. The analytic sample includes all beneficiaries who met the following criteria:

- Completed the baseline survey, where a completed survey is one for which a PCS or a MCS score can be calculated (i.e., B14PCS or B14MCS not equal to missing)
- MAO still existed at the time of the follow up survey (i.e., P14CONTRACT not blank)
- Age 65 or older at baseline (i.e., B14AGE greater than or equal to 65)

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

Beneficiaries in the Performance Measurement analytic sample were classified into a number of categories at the time of performance measurement, as indicated by P14PMRIND. These categories include: respondents; non-respondents; those who died within two years of the baseline survey; those who voluntarily disenrolled from their MAO prior to follow up; and ineligible beneficiaries at follow up. Ineligible beneficiaries at follow up met one of the following criteria:

- Not enrolled in the MAO
- Incorrect address and phone number
- Language barrier

Please note that beneficiaries who disenrolled from their MAO prior to the time of follow up were included in the Cohort 14 Performance Measurement analytic sample and in the calculation of certain MAO level performance measurement results. However, in accordance with CMS policy, data on those beneficiaries are not included in the MAO level performance measurement data files distributed to participating MAOs.

⁷ SAS is a registered trademark of the SAS Institute Inc., Cary, NC.

NEW AND REVISED FIELDS

The following questions are **new** in the 2013 HOS 2.5 for follow up:

- Instrumental activities of daily living (IADLs) (Question 11a-c)
- Questions regarding difficulty concentrating, remembering or making decisions; walking or climbing stairs; dressing or bathing; doing errands; and memory problems that interfered with daily activities (Questions 17-21)
- Depression, in the list of chronic medical conditions (Question 35)
- “Other cancer (other than skin cancer)”, in the cancers currently under treatment (Question 37e)
- Questions regarding pain (Questions 38-40)
- Question to ascertain how well the respondent speaks English (Question 61)
- Questions regarding the respondent’s living arrangements (Questions 64-65)
- Questions regarding whether the respondent provides care for someone else (Questions 67-68)
- Question regarding difficulty getting to places the respondent needs to go (Question 69)

The following questions were **modified** in the 2013 HOS 2.5 for follow up:

- The questions regarding vision and hearing were reworded, and the direction of the responses was reversed (Questions 15-16)
- The four questions used for depression screening in HOS 2.0 were replaced with two new questions (Questions 41a-b)
- The Hispanic ethnicity question was expanded, and multiple categories may be selected (Question 59a-e)
- The race question was expanded to include many more categories (Question 60a-n)

Selected field attributes (i.e., field name, type, length and/or label) may have been modified for some fields included in the *2011-2013 Cohort 14 Performance Measurement* data file, when compared to the same fields included in previous HOS data files. You may refer to Appendix A for detailed information regarding all field attributes contained in the Performance Measurement data file.

EXCLUDED FIELDS

The following field was excluded in the *2011-2013 Cohort 14 Performance Measurement* data file compared with the *2010-2012 Cohort 13 Performance Measurement* file:

- B14RCOTHER – Another race in the 2011 HOS 2.0 at Baseline

The following questions were **excluded** in the 2013 HOS 2.5 at follow up:

- Chest pain questions
- Shortness of breath questions
- Questions regarding problems with legs and feet
- Arthritis pain question
- Back pain question

FIELD OVERVIEW

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

Plan Level Fields (Fields 1 – 9)

Data from this section are taken from the header record of the baseline and follow up data files, as well as information obtained from the August 2013 HPMS Plan Contract List and the December 2013 CMS Monthly Enrollment by Contract Report of Managed Care Health Plans from the CMS website (www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/index.html). These fields include the MAO contract number (P14CONTRACT), which was the **MAO level unit of analysis** for the *2011-2013 Cohort 14 Performance Measurement Report*. Other fields in this section are the plan state field (P14PLANSTN), which is the two letter state abbreviation, and the CMS region code (P14PLREGCODE), which in most cases was assigned to the MAO from the HPMS Plan Contract List. Typically, plan state and CMS region designations are determined at the MAO level and are assigned to the state and region in which an MAO is reported; however, a small number of MAOs were reassigned because a majority of beneficiaries resided in a different state from the one designated in HPMS, or were reassigned for consistency with previous cohorts. The reporting state field (P14RPTST) categorizes the PFFS and Regional PPO (RPPO) contracts into unique states (i.e., PFFS state = FS and RPPO state = RS) to allow exclusion of these contracts from any state level aggregate numbers, while retaining the contracts in the national level analysis for the HOS performance measurement reporting. PFFS and RPPO plans usually include beneficiaries from several states, are not reported in any particular state or region, and are excluded from state totals in the state level data file. For all other MAOs, P14RPTST has the same value as P14PLANSTN. P14RPTST was the **state level unit of analysis** for the *2011-2013 Cohort 14 Performance Measurement Report*.

Survey Level Fields (Fields 10 – 207)

This section contains an anonymous beneficiary identification (ID) number (B14PATID), as well as survey information from the 64 questions comprising the HOS 2.0 instrument at baseline and the 72 questions comprising the HOS 2.5 instrument at follow up. The questions in this section exclude the name of the person responding to the surveys, Q63 at baseline (B14NMCOMP) and Q71 at follow up (F14NMCOMP), which are included in the Beneficiary Level Fields section. Other than the anonymous beneficiary ID, the information presented in this section represents each beneficiary's actual answers to the specific questions. These data include beneficiary responses at both baseline and follow up to questions pertaining to the 12-item health survey; ADLs; health status indicators; chronic medical conditions; depression; Healthy Days Measures; NCQA HEDIS Measures; demographics; and who completed the survey, Q62 at baseline (B14CMPWHO) and Q70 at follow up (F14CMPWHO). The HOS 2.5 used at follow up included new questions about IADLs, memory problems, pain, and living arrangements, and revised questions for depression, race, Hispanic ethnicity, vision and hearing. The 12-item health survey portion (questions one [Q1] through seven [Q7] in the HOS 2.0 and 2.5 instruments) was used to obtain the physical and mental health summary scores at both baseline and follow up.

The beneficiary's weight and height at baseline are obtained from categorical questions (B14WEIGHT, B14HEIGHT). The beneficiary's weight and height at follow up are obtained from open-ended questions (F14WEIGHTLB, F14HEIGHTFT, F14HEIGHTIN).

Survey Administration Fields (Fields 208 – 220)

The fields that are presented in this section include the mode of survey administration, which indicates whether or not the beneficiary completed a baseline or follow up survey by mail or telephone (B14DISP, F14DISP), the dates the surveys were completed (B14TSRVDAT, B14TSRVDATIM, F14TSRVDAT, F14TSRVDATIM), and the language(s) in which the surveys were completed (B14SRVLANG, F14SRVLANG). The original baseline and follow up survey date fields (B14TSRVDAT, F14TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates. The imputed date fields (B14TSRVDATIM and F14TSRVDATIM) are equal to the original survey dates except in those instances where survey dates have been imputed due to missing data. For beneficiaries with missing baseline survey dates, a date of May 25, 2011 was imputed (B14TSRVDATIM); and for beneficiaries with missing follow up survey dates, a date of May 8, 2013 was imputed (F14TSRVDATIM). The imputed dates represent the midpoint dates for each of the sampling time frames. The imputed survey date field (B14TSRVDATIM) in combination with date of birth was utilized to derive the beneficiary's age at baseline. Beginning with the *2010-2011 Cohort 13* merged data, the baseline and follow up assignments for the permanent survey vendor IDs (B14VENDOR, F14VENDOR) included in this section are consistent across the survey years for each survey vendor. The proxy status field (F14PROXST), which was assigned to beneficiaries at follow up, identifies whether a member or a proxy completed the survey at baseline and at follow up. In addition, when a proxy is identified for both surveys, this field provides information about whether the proxy is the same or a different proxy when sufficient information is available. This section also includes the request to be excluded indicators (B14EXCLUDE, F14EXCLUDE).

Physical and Mental Health Summary Measures (Fields 221 – 224)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B14PCS, B14MCS, F14PCS, and F14MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms.

Analytic Fields (Fields 225 – 228)

Data from this section include the beneficiary's Body Mass Index (BMI) at baseline and follow up (B14BMI, F14BMI) and the BMI categories at baseline and follow up (B14BMICAT, F14BMICAT). The weight and height categories in the baseline survey were used to calculate the beneficiary's baseline BMI, while the weight and height fields at follow up were used to calculate the follow up BMI. The BMI categories were then created using the beneficiary's calculated BMI measures.

Beneficiary Level Fields (Fields 229 – 273)

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

from a combination of CMS databases. The Health Insurance Claim number (AHICNUM), which is a unique identifier used to identify each beneficiary, was the **beneficiary level unit of analysis** for the *Cohort 14 Performance Measurement Report*. The field AHICNUM is usually the HIC number from the member level record at baseline; however, if the beneficiary's HIC number had changed at follow up, then AHICNUM is the HIC number at follow up.

The Plan Benefit Package (PBP) ID at baseline (B14PBPID) and follow up (F14PBPID) identify the plan benefit package(s) within a contract to which the beneficiary belongs. Each contract may contain one or more PBPs, and some PBPs are SNPs. The SNP type field at baseline (B14SNPTYPE) and follow up (F14SNPTYPE) identify the type of SNP PBP in which certain vulnerable beneficiaries are enrolled. Three types of special needs beneficiaries may be targeted for SNP enrollment, such as: 1) beneficiaries with severe or disabling chronic conditions, 2) dual-eligibles, and 3) the institutionalized. Further information about SNPs, such as contract number, contract name, plan ID, enrollment, and type of medical condition(s) served, may be obtained from the SNP Comprehensive Report that is available on the CMS Medicare Advantage/Part D Contract and Enrollment Data page at the following location: www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html.

Beneficiary addresses (mailing address, county, state, and ZIP Code) and phone numbers from both baseline and follow up are included in this section. Beneficiary race, gender, date of birth, and reason for entitlement from baseline and follow up are also included in this section. The beneficiary's baseline date of birth (B14TDOB), in combination with the baseline imputed survey date field, was utilized to derive the beneficiary's age at baseline (B14AGE). This age field was used in the HOS performance measurement analysis. The performance measurement analytic sample distribution indicator (P14PMRIND) identifies respondents, non-respondents, ineligible, and deceased beneficiaries. Note that beneficiaries who disenrolled from the MAO subsequent to completing the baseline survey are not included in the MAO files; however, they are included in the calculation of the performance measurement results that appear in the *2011-2013 Cohort 14 Performance Measurement Reports*, and are included in the QIO data files.

DATA FIELD UTILIZATION NOTES

- ◆ The HOS questionnaire contains multiple skip patterns. Caution should be exercised when examining questions that involve skip pattern responses. The skip patterns are indicated on the survey instruments in Appendix B and Appendix C.
- ◆ Some demographic fields (birth year, race, and gender) were obtained from CMS databases at the baseline sampling, and also from the data provided by the respondent from each survey. Inconsistencies exist between the CMS fields and the corresponding respondent survey data. Caution should be exercised when examining these fields.
- ◆ For the purpose of calculating performance measurement results, beneficiaries were considered dead if they died within two years of completing the baseline survey and did not complete a follow up survey. The performance measurement analytic sample distribution indicator (P14PMRIND) can be used to identify the status of each beneficiary in this file.
- ◆ Some question numbers from the follow up survey may differ from the baseline survey, as well as from previous performance measurement data files. Caution should be exercised when examining the data across multiple cohorts.
- ◆ Permanent HOS survey vendor IDs were assigned in 2010. Beginning with the 2010-2012 merged data, the permanent baseline and follow up assignments for the survey vendor IDs (B14VENDOR, F14VENDOR) are consistent across the survey years for each survey vendor. Consult the fields in Appendix A for the participating vendors.

Appendix A

Performance Measurement Data File Specifications

DATA FILE LAYOUT BY POSITION

The following table describes the field attributes for the *2011-2013 Cohort 14 Performance Measurement* data file. The fields are sorted in the order they appear in the file.

The “Comments” column indicates where the field was obtained, and if applicable, how it was derived. Fields obtained directly from the HOS instrument are so indicated. For the survey level items, the exact text of each question can be obtained from Appendix B and C or by referring to the HEDIS 2011 and 2013, Volume 6 manuals.^{1,2}

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>P14CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 14 Performance Measurement</i> reporting in 2013 This was the MAO level unit of analysis for the Cohort 14 Performance Measurement Report.
2	<i>B14CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 14 Baseline</i> sampling in 2011 This was the MAO level unit of analysis for the Cohort 14 Baseline Report.
3	<i>F14CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 14 Follow Up</i> sampling in 2013
4	<i>P14PLREGCDE</i> Plan CMS Region Code	Num	3	CMS region code created from the region field in the August 2013 HPMS Plan Contract List 1 = Region 1 - Boston (CT, ME, MA, NH, RI, VT) 2 = Region 2 - New York (NY, NJ, PR, VI) 3 = Region 3 - Philadelphia (DE, DC, MD, PA, VA, WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, TX) 7 = Region 7 - Kansas City (IA, KS, MO, NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10 = Region 10 - Seattle (AK, ID, OR, WA)	
5	<i>P14PLORGNM</i> Plan Organization Name - source CMS 12/13	Char	50		Obtained from the December 2013 CMS Monthly Enrollment by Contract Report of Managed Care Health Plans

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
6	P14PLANSTN Plan State - source HPMS 08/13	Char	2		Obtained from the state field in the August 2013 HPMS Plan Contract List
7	P14RPTST Reporting Plan State	Char	2	FS = Private Fee-for-Service RS = Regional PPO All other values are identical to state codes in the P14PLANSTN field	Derived field This was the state level unit of analysis for the Cohort 14 Performance Measurement Report.
8	P14PLTYPE Plan Type - source CMS 12/13	Char	39		Obtained from the December 2013 CMS Monthly Enrollment by Contract Report of Managed Care Health Plans
9	P14PLTAXST Plan Tax Status - source HPMS 08/13	Char	25		Obtained from the tax status field in the August 2013 HPMS Plan Contract List
10	B14PATID Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the Cohort 14 Baseline sample
11	B14VRGENHTH Q1 General Health Question	Num	3	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor	Entered from the survey (See Appendix B)
12	B14VRMACT Q2a Health Limitation-In moderate activities	Num	3	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all	Entered from the survey (See Appendix B)
13	B14VRSTAIR Q2b Health Limitation-Climbing several flights	Num	3	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all	Entered from the survey (See Appendix B)
14	B14VRPACCL Q3a Physical-Accomplished less than you would like	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
15	B14VRPWORK Q3b Physical-Limited in work or activities	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)
16	B14VRMACCL Q4a Emotional-Accomplished less than you would like	Num	3	1=No, none of the time 2=Yes, a little of the time 3=Yes, some of the time 4=Yes, most of the time 5=Yes, all of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
17	<i>B14VRMWORK</i> Q4b Emotional- Did not do work or activities as carefully	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix B)
18	<i>B14VRPAIN</i> Q5 Pain- Interfered with normal work	Num	3	1 =Not at all 2 =A little bit 3 =Moderately 4 =Quite a bit 5 =Extremely	Entered from the survey (See Appendix B)
19	<i>B14VRCALM</i> Q6a Felt calm and peaceful	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
20	<i>B14VREENERGY</i> Q6b Have a lot of energy	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
21	<i>B14VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix B)
22	<i>B14VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
23	<i>B14VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix B)
24	<i>B14VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix B)
25	<i>B14ADLBTH</i> Q10a Difficulty Bathing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
26	<i>B14ADLDRS</i> Q10b Difficulty Dressing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
27	<i>B14ADLEAT</i> Q10c Difficulty Eating	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
28	<i>B14ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
29	<i>B14ADLWLK</i> Q10e Difficulty Walking	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
30	<i>B14ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix B)
31	<i>B14HDPHY</i> Q11 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
32	<i>B14HDMEN</i> Q12 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
33	<i>B14HDACT</i> Q13 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
34	<i>B14CHSTEX</i> Q14a Chest Pain-Exercise	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
35	<i>B14CHSTRST</i> Q14b Chest Pain-Resting	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
36	<i>B14SOBFLT</i> Q15a Short of Breath lying flat	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
37	<i>B14SOBSIT</i> Q15b Short of Breath sitting or resting	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
38	<i>B14SOBWLK</i> Q15c Short of Breath walking less than 1 block	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
39	<i>B14SOBSTR</i> Q15d Short of Breath climbing 1 flight stairs	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
40	<i>B14FTNUMB</i> Q16a Numbness or Loss of feeling in feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
41	<i>B14FTSENS</i> Q16b Tingling burning in feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
42	<i>B14FTHC</i> Q16c Decreased feeling of hot or cold in feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
43	<i>B14FTSRS</i> Q16d Sores that do not heal on feet	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
44	<i>B14PNART</i> Q17 Arthritis pain	Num	3	1 =None 2 =Very Mild 3 =Mild 4 =Moderate 5 =Severe	Entered from the survey (See Appendix B)
45	<i>B14READ</i> Q18 See to read newspaper	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
46	<i>B14HEAR</i> Q19 Hear most things	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
47	<i>B14CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
48	<i>B14CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
49	<i>B14CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
50	<i>B14CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
51	<i>B14CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
52	<i>B14CCSTROKE</i> Q25 Stroke	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
53	<i>B14CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
54	<i>B14CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
55	<i>B14CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
56	<i>B14CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
57	<i>B14CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
58	<i>B14CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
59	<i>B14CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
60	<i>B14CCANYCA</i> Q33 Any Cancer (other than skin cancer)	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
61	<i>B14CACOLON</i> Q34a Under Treatment for Colon Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
62	<i>B14CALUNG</i> Q34b Under Treatment for Lung Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
63	<i>B14CABRST</i> Q34c Under Treatment for Breast Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
64	<i>B14CAPROS</i> Q34d Under Treatment for Prostate Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
65	<i>B14PNBACK</i> Q35 Back Pain Interfered with Activities in Past 4 Weeks	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
66	<i>B14DEP2WK</i> Q36 Sad/Blue or Depressed for Two or more Weeks in Past Year	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
67	<i>B14DEPYR</i> Q37 Depressed or Sad for Much of Past Year	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
68	<i>B14DEP2YR</i> Q38 Depressed or Sad for Two or more Years in Your Life	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
69	<i>B14DEPWEK</i> Q39 Depressed for How Much of the Time in Past Week	Num	3	1 =Rarely or none of the time 2 =Some or little of the time 3 =Occasionally or a moderate amount of the time 4 =Most or all of the time	Entered from the survey (See Appendix B)
70	<i>B14CMPHTH</i> Q40 General Health compared to peers	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix B)
71	<i>B14SMOKE</i> Q41 Smoke every day, some days, or not at all	Num	3	1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know	Entered from the survey (See Appendix B)
72	<i>B14MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
73	<i>B14MUIMAG</i> Q43 Magnitude of Urine Leakage Problem	Num	3	1 =A big problem 2 =A small problem 3 =Not a problem	Entered from the survey (See Appendix B)
74	<i>B14MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
75	<i>B14MUITRT</i> Q45 Received Treatment for Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
76	<i>B14PAOTLK</i> Q46 Talked with Doctor About Physical Activities	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
77	<i>B14PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
78	<i>B14FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)
79	<i>B14FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
80	<i>B14FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
81	<i>B14FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)
82	<i>B14OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
83	<i>B14WEIGHT</i> Q53 Categorical Weight in pounds (lbs)	Num	8	1 = 90 lbs. or less 2 = 91-100 lbs. 3 = 101-110 lbs. 4 = 111-120 lbs. 5 = 121-130 lbs. 6 = 131-140 lbs. 7 = 141-150 lbs. 8 = 151-160 lbs. 9 = 161-170 lbs. 10 = 171-180 lbs. 11 = 181-190 lbs. 12 = 191-200 lbs. 13 = 201-210 lbs. 14 = 211-220 lbs. 15 = 221-230 lbs. 16 = 231-240 lbs. 17 = 241-250 lbs. 18 = 251-260 lbs. 19 = 261-270 lbs. 20 = 271-280 lbs. 21 = 281-290 lbs. 22 = 291-300 lbs. 23 = 301-310 lbs. 24 = 311-320 lbs. 25 = 321 lbs. or more	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
84	<i>B14HEIGHT</i> Q54 Categorical Height in feet and inches(ft./in.)	Num	8	1 = 5ft. 00 in. or less 2 = 5ft. 01 in. 3 = 5ft. 02 in. 4 = 5ft. 03 in. 5 = 5ft. 04 in. 6 = 5ft. 05 in. 7 = 5ft. 06 in. 8 = 5ft. 07 in. 9 = 5ft. 08 in. 10 = 5ft. 09 in. 11 = 5ft. 10 in. 12 = 5ft. 11 in. 13 = 6ft. 00 in. 14 = 6ft. 01 in. 15 = 6ft. 02 in. 16 = 6ft. 03 in. or more	Entered from the survey (See Appendix B)
85	<i>B14SRVBRYR</i> Q55 Survey-Birth Year	Char	4		Entered from the survey (See Appendix B)
86	<i>B14SRVGEND</i> Q56 Survey-Gender	Num	3	1 =Male 2 =Female	Entered from the survey (See Appendix B)
87	<i>B14HISPAN</i> Q57 Hispanic (Yes/No)	Num	3	1 =Yes, Hispanic or Latino 2 =No, not Hispanic or Latino	Entered from the survey (See Appendix B)
88	<i>B14RCNATAM</i> Q58a American Indian or Alaskan Native	Num	3	0 =Respondent did not check American Indian or Alaskan Native 1 =Respondent checked American Indian or Alaskan Native	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
89	<i>B14RCASIAN</i> Q58b Asian	Num	3	0 =Respondent did not check Asian 1 = Respondent checked Asian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
90	<i>B14RCAFRAM</i> Q58c Black or African American	Num	3	0 =Respondent did not check Black or African American 1 =Respondent checked Black or African American	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
91	<i>B14RCNHPI</i> Q58d Native Hawaiian or other Pacific Islander	Num	3	0 =Respondent did not check Native Hawaiian or other Pacific Islander 1 =Respondent checked Native Hawaiian or other Pacific Islander	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
92	<i>B14RCWHITE</i> Q58e White	Num	3	0 =Respondent did not check White 1 =Respondent checked White	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
93	<i>B14MARITAL</i> Q59 Marital Status	Num	3	1 =Married 2 =Divorced 3 =Separated 4 =Widowed 5 =Never Married	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
94	<i>B14EDUC</i> Q60 Education Level	Num	3	1 =8th Grade or less 2 =Some high school, but did not graduate 3 =High school graduate or GED 4 =Some college or 2 year degree 5 =4 year college graduate 6 =More than a 4 year college degree	Entered from the survey (See Appendix B)
95	<i>B14HMOWN</i> Q61 Homeowner Status	Num	3	1 =Owned or being bought by you 2 =Owned or being bought by someone in your family other than you 3 =Rented for money 4 =Not owned and you live in without payment of rent 5 =None of the above	Entered from the survey (See Appendix B)
96	<i>B14CMPWHO</i> Q62 Who completed Survey	Num	3	1 =Person to whom survey was addressed 2 =Family member or relative of person to whom survey was addressed 3 =Friend of person to whom survey was addressed 4 =Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix B)
97	<i>B14HHINC</i> Q64 Household Income	Num	3	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	Entered from the survey (See Appendix B)
98	<i>F14VRGENHTH</i> Q1 General Health Question	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix C)
99	<i>F14VRMACT</i> Q2a Health Limitation-In moderate activities	Num	3	1 =Yes, limited a lot 2 =Yes, limited a little 3 =No, not limited at all	Entered from the survey (See Appendix C)
100	<i>F14VRSTAIR</i> Q2b Health Limitation-Climbing several flights	Num	3	1 =Yes, limited a lot 2 =Yes, limited a little 3 =No, not limited at all	Entered from the survey (See Appendix C)
101	<i>F14VRPACCL</i> Q3a Physical-Accomplished less than you would like	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
102	<i>F14VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix C)
103	<i>F14VRMACCL</i> Q4a Emotional-Accomplished less than you would like	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix C)
104	<i>F14VRMWORK</i> Q4b Emotional-Did not do work or activities as carefully	Num	3	1 =No, none of the time 2 =Yes, a little of the time 3 =Yes, some of the time 4 =Yes, most of the time 5 =Yes, all of the time	Entered from the survey (See Appendix C)
105	<i>F14VRPAIN</i> Q5 Pain-Interfered with normal work	Num	3	1 =Not at all 2 =A little bit 3 =Moderately 4 =Quite a bit 5 =Extremely	Entered from the survey (See Appendix C)
106	<i>F14VRCALM</i> Q6a Felt calm and peaceful	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix C)
107	<i>F14VREENERGY</i> Q6b Have a lot of energy	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix C)
108	<i>F14VRDOWN</i> Q6c Felt downhearted and blue	Num	3	1 =All of the time 2 =Most of the time 3 =A good bit of the time 4 =Some of the time 5 =A little of the time 6 =None of the time	Entered from the survey (See Appendix C)
109	<i>F14VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix C)
110	<i>F14VRPHCMP</i> Q8 Physical Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix C)
111	<i>F14VRMHCMP</i> Q9 Emotional Health compared to 1 Year Ago	Num	3	1 =Much better 2 =Slightly better 3 =About the same 4 =Slightly worse 5 =Much worse	Entered from the survey (See Appendix C)
112	<i>F14ADLBTH</i> Q10a Difficulty Bathing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
113	F14ADLDRS Q10b Difficulty Dressing	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)
114	F14ADLEAT Q10c Difficulty Eating	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)
115	F14ADLCHR Q10d Difficulty Getting in or out of Chairs	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)
116	F14ADLWLK Q10e Difficulty Walking	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)
117	F14ADLTLT Q10f Difficulty Using Toilet	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I am unable to do this activity	Entered from the survey (See Appendix C)
118	F14DIFMEALS Q11a Difficulty Preparing Meals	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix C)
119	F14DIFMONEY Q11b Difficulty Managing Money	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix C)
120	F14DIFMEDS Q11c Difficulty Taking Medication as Prescribed	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix C)
121	F14HDPHY Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
122	F14HDMEN Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
123	F14HDACT Q14 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
124	F14DIFSEE Q15 Blind or Serious Difficulty Seeing	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
125	F14DIFHEAR Q16 Deaf or Serious Difficulty Hearing	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
126	F14DIFMEM Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
127	<i>F14DIFWKSTR</i> Q18 Difficulty walking or climbing stairs	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
128	<i>F14DIFDRBTH</i> Q19 Difficulty dressing or bathing	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
129	<i>F14DIFERRND</i> Q20 Difficulty doing errands	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
130	<i>F14DIFMPROB</i> Q21 Memory problems interfered with activities in past month	Num	3	1 =Every day (7 days a week) 2 =Most days (5-6 days a week) 3 =Some days (2-4 days a week) 4 =Rarely (once a week or less) 5 =Never	Entered from the survey (See Appendix C)
131	<i>F14CCHBP</i> Q22 Hypertension or High Blood Pressure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
132	<i>F14CC_CAD</i> Q23 Angina Pectoris or Coronary Artery Disease	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
133	<i>F14CC_CHF</i> Q24 Congestive Heart Failure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
134	<i>F14CCMI</i> Q25 Myocardial Infarction or Heart Attack	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
135	<i>F14CCHRTOTH</i> Q26 Other Heart Conditions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
136	<i>F14CCSTROKE</i> Q27 Stroke	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
137	<i>F14CC_COPD</i> Q28 Emphysema, or Asthma, or COPD	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
138	<i>F14CCGI</i> Q29 Inflammatory Bowel Diseases	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
139	<i>F14CCARTHIP</i> Q30 Arthritis of hip or knee	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
140	<i>F14CCARTHND</i> Q31 Arthritis of hand or wrist	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
141	<i>F14CCOSTEO</i> Q32 Osteoporosis, or thin/brittle bones	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
142	<i>F14CCSCIATI</i> Q33 Sciatica, or pain/numbness traveling down leg	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
143	<i>F14CCDIABET</i> Q34 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
144	<i>F14CCDEP</i> Q35 Depression	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
145	<i>F14CCANYCA</i> Q36 Any Cancer (other than skin cancer)	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
146	<i>F14CACOLON</i> Q37a Under Treatment for Colon Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
147	<i>F14CALUNG</i> Q37b Under Treatment for Lung Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
148	<i>F14CABRST</i> Q37c Under Treatment for Breast Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
149	<i>F14CAPROS</i> Q37d Under Treatment for Prostate Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
150	<i>F14CAOTHER</i> Q37e Under Treatment for Other Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
151	<i>F14PAINDACT</i> Q38 Pain interfered with activities in past 7 days	Num	3	1 =Not at all 2 =A little bit 3 =Somewhat 4 =Quite a bit 5 =Very much	Entered from the survey (See Appendix C)
152	<i>F14PAINSACT</i> Q39 Pain kept you from socializing in past 7 days	Num	3	1 =Never 2 =Rarely 3 =Sometimes 4 =Often 5 =Always	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
153	<i>F14PAINRATE</i> Q40 Average pain rating in past 7 days (1=No pain, 10=Worst pain)	Num	3	1=1 No pain 2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9 10=10 Worst imaginable pain	Entered from the survey (See Appendix C)
154	<i>F14DEPNOPLS</i> Q41a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix C)
155	<i>F14DEPDOWN</i> Q41b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix C)
156	<i>F14CMPHTH</i> Q42 General Health compared to peers	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix C)
157	<i>F14SMOKE</i> Q43 Smoke every day, some days, or not at all	Num	3	1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know	Entered from the survey (See Appendix C)
158	<i>F14MUILKG</i> Q44 Urine Leakage in Past 6 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
159	<i>F14MUIMAG</i> Q45 Magnitude of Urine Leakage Problem	Num	3	1 =A big problem 2 =A small problem 3 =Not a problem	Entered from the survey (See Appendix C)
160	<i>F14MUITLK</i> Q46 Talked with Doctor About Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
161	<i>F14MUITRT</i> Q47 Received Treatment for Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
162	<i>F14PAOTLK</i> Q48 Talked with Doctor About Physical Activities	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
163	F14PAOADV Q49 Advised to Increase or Maintain Activities	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
164	F14FRMTLK Q50 Talked with Doctor about Falling or Balance Problem	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix C)
165	F14FRMFALL Q51 Fell in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
166	F14FRMBAL Q52 Problem with Walking or Balance in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
167	F14FRMPREV Q53 Talked with Doctor about How to Prevent Falls	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix C)
168	F14OTOTEST Q54 Bone Density Test for Osteoporosis	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)
169	F14WEIGHTLB Q55 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix C)
170	F14HEIGHTFT Q56a Height in feet(ft.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
171	F14HEIGHTIN Q56b Height in inches(in.) Portion of Height Question	Num	8		Entered from the survey (See Appendix C)
172	F14SRVBRYR Q57 Survey-Birth Year	Char	4		Entered from the survey (See Appendix C)
173	F14SRVGEND Q58 Survey-Gender	Num	3	1 =Male 2 =Female	Entered from the survey (See Appendix C)
174	F14HPNOHISP Q59a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 =No, not Hispanic not checked 1 =No, not Hispanic checked	Entered from the survey (See Appendix C)
175	F14HPMEX Q59b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 =Respondent did not check Mexican 1 =Respondent checked Mexican	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
176	F14HPPR Q59c Yes, Puerto Rican	Num	3	0=Respondent did not check Puerto Rican 1=Respondent checked Puerto Rican	Entered from the survey (See Appendix C)
177	F14HPCUBA Q59d Yes, Cuban	Num	3	0=Respondent did not check Cuban 1=Respondent checked Cuban	Entered from the survey (See Appendix C)
178	F14HPOTHER Q59e Yes, Another Hispanic, Latino/a or Spanish origin	Num	3	0=Respondent did not check Other Hispanic 1=Respondent checked Other Hispanic	Entered from the survey (See Appendix C)
179	F14RCWHITE Q60a White	Num	3	0=Respondent did not check White 1=Respondent checked White	Entered from the survey (See Appendix C)
180	F14RCAFRAM Q60b Black or African American	Num	3	0=Respondent did not check Black or African American 1=Respondent checked Black or African American	Entered from the survey (See Appendix C)
181	F14RCNATAM Q60c American Indian or Alaskan Native	Num	3	0=Respondent did not check American Indian or Alaska Native 1=Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix C)
182	F14RCINDIA Q60d Asian Indian	Num	3	0=Respondent did not check Asian Indian 1=Respondent checked Asian Indian	Entered from the survey (See Appendix C)
183	F14RCCHINA Q60e Chinese	Num	3	0=Respondent did not check Chinese 1=Respondent checked Chinese	Entered from the survey (See Appendix C)
184	F14RCFILIP Q60f Filipino	Num	3	0=Respondent did not check Filipino 1=Respondent checked Filipino	Entered from the survey (See Appendix C)
185	F14RCJAPAN Q60g Japanese	Num	3	0=Respondent did not check Japanese 1=Respondent checked Japanese	Entered from the survey (See Appendix C)
186	F14RCKOREA Q60h Korean	Num	3	0=Respondent did not check Korean 1=Respondent checked Korean	Entered from the survey (See Appendix C)
187	F14RCVIET Q60i Vietnamese	Num	3	0=Respondent did not check Vietnamese 1=Respondent checked Vietnamese	Entered from the survey (See Appendix C)
188	F14RCOTHASN Q60j Other Asian	Num	3	0=Respondent did not check Other Asian 1=Respondent checked Other Asian	Entered from the survey (See Appendix C)
189	F14RCHAWAII Q60k Native Hawaiian	Num	3	0=Respondent did not check Native Hawaiian 1=Respondent checked Native Hawaiian	Entered from the survey (See Appendix C)
190	F14RCGUAM Q60l Guamanian or Chamorro	Num	3	0=Respondent did not check Guamanian or Chamorro 1=Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix C)
191	F14RCSAMOA Q60m Samoan	Num	3	0=Respondent did not check Samoan 1=Respondent checked Samoan	Entered from the survey (See Appendix C)
192	F14RCOTHPAC Q60n Other Pacific Islander	Num	3	0=Respondent did not check Other Pacific Islander 1=Respondent checked Other Pacific Islander	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
193	<i>F14SPEAKENG</i> Q61 How well do you speak English	Num	3	1 =Very well 2 =Well 3 =Not well 4 =Not at all	Entered from the survey (See Appendix C)
194	<i>F14MARITAL</i> Q62 Marital Status	Num	3	1 = Married 2 =Divorced 3 =Separated 4 =Widowed 5 =Never Married	Entered from the survey (See Appendix C)
195	<i>F14EDUC</i> Q63 Education Level	Num	3	1 =8th Grade or less 2 =Some high school, but did not graduate 3 =High school graduate or GED 4 =Some college or 2 year degree 5 =4 year college graduate 6 =More than a 4 year college degree	Entered from the survey (See Appendix C)
196	<i>F14LVALONE</i> Q64a Live alone	Num	3	0 =Respondent did not check live alone 1 =Respondent checked live alone	Entered from the survey (See Appendix C)
197	<i>F14LVSPOUSE</i> Q64b Live with spouse/significant other	Num	3	0 =Respondent did not check live with spouse 1 =Respondent checked live with spouse	Entered from the survey (See Appendix C)
198	<i>F14LVCHILD</i> Q64c Live with children/other relatives	Num	3	0 =Respondent did not check live with child/relative 1 =Respondent checked live with child/relative	Entered from the survey (See Appendix C)
199	<i>F14LVNONREL</i> Q64d Live with non-relatives	Num	3	0 =Respondent did not check live with non-relatives 1 =Respondent checked live with non-relatives	Entered from the survey (See Appendix C)
200	<i>F14LVCAREGV</i> Q64e Live with paid caregiver	Num	3	0 =Respondent did not check live with paid caregiver 1 =Respondent checked live with paid caregiver	Entered from the survey (See Appendix C)
201	<i>F14WHERELV</i> Q65 Where do you live	Num	3	1 =Independent house, apartment, condominium, or mobile home 2 =Assisted living apartment or board and care home 3 =Nursing home 4 =Other	Entered from the survey (See Appendix C)
202	<i>F14HMOWN</i> Q66 Homeowner Status	Num	3	1 =Owned or being bought by you 2 =Owned or being bought by someone in your family other than you 3 =Rented for money 4 = Not owned and one in which you live without payment of rent 5 =None of the above	Entered from the survey (See Appendix C)
203	<i>F14CAREOTHR</i> Q67 Provide care for someone else	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
204	<i>F14CARE</i> DAYS Q68 Days provided care during past week	Num	3	1 =No care provided in the last week 2 =1 or 2 days 3 =3 or 4 days 4 =5 or 6 days 5 =7 days (every day)	Entered from the survey (See Appendix C)
205	<i>F14DIF</i> TRANS Q69 Difficulty getting to places need to go	Num	3	1 =Always or almost always 2 =Sometimes 3 =Almost never or never	Entered from the survey (See Appendix C)
206	<i>F14CMP</i> WHO Q70 Who completed Survey	Num	3	1 =Person to whom survey was addressed 2 =Family member or relative of person to whom survey was addressed 3 =Friend of person to whom survey was addressed 4 =Professional caregiver of person to whom survey was addressed	Entered from the survey (See Appendix C)
207	<i>F14HH</i> INC Q72 Household Income	Num	3	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	Entered from the survey (See Appendix C)
208	<i>B14DISP</i> Survey Disposition Indicator	Num	3	1 =Mail Survey Completed 2 =Telephone Survey Completed	<i>Cohort 14 Baseline</i> respondent's survey disposition indicator
209	<i>F14DISP</i> Survey Disposition Indicator	Num	3	1 =Mail Survey Completed 2 =Telephone Survey Completed	<i>Cohort 14 Follow Up</i> respondent's survey disposition indicator
210	<i>B14TSR</i> V DAT SAS Date of Survey	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's <i>Cohort 14 Baseline</i> survey date
211	<i>B14TSR</i> V DATIM SAS Date of Survey (Missing Imputed)	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Baseline survey date created from the original survey date field (B14TSRVDAT). For records with a missing survey date, a date of May 25, 2011 was imputed to represent the midpoint date for the data collection.
212	<i>F14TSR</i> V DAT SAS Date of Survey	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's <i>Cohort 14 Follow Up</i> survey date

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
213	<i>F14TSRVDATIM</i> SAS Date of Survey (Missing Imputed)	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Follow Up survey date created from the original survey date field (F14TSRVDAT). For records with a missing survey date, a date of May 8, 2013 was imputed to represent the midpoint date for the data collection.
214	<i>B14SRVLANG</i> Survey Language	Num	3	1 =English 2 =Spanish 3 =Not applicable 4 =Chinese	<i>Cohort 14 Baseline</i> survey language
215	<i>F14SRVLANG</i> Survey Language	Num	3	1 =English 2 =Spanish 3 =Not applicable 4 =Chinese	<i>Cohort 14 Follow Up</i> survey language
216	<i>B14VENDOR</i> Vendor	Num	3	1415 = DataStat, Inc. 1417 = DSS Research 1437 = Synovate 1440 = Morpace, Inc. 1463 = The Myers Group 1471 = WB&A Market Research	<i>Cohort 14 Baseline</i> survey vendor
217	<i>F14VENDOR</i> Vendor	Num	8	1413 = CSS 1415 = DataStat, Inc. 1417 = DSS Research 1437 = IPSOS (Synovate) 1440 = Morpace, Inc. 1463 = The Myers Group 1471 = WB&A Market Research	<i>Cohort 14 Follow Up</i> survey vendor
218	<i>F14PROXST</i> Proxy Status	Num	8	1 =Member (Baseline)/ Member (Follow Up) 2 =Member (Baseline)/ Proxy (Follow Up) 3 =Proxy (Baseline)/ Member (Follow Up) 4 =Proxy (Baseline)/ Same Proxy (Follow Up) 5 =Proxy (Baseline)/ Different Proxy (Follow Up) 6 =Not Enough Information (Baseline) 7 =Not Enough Information (Follow Up)	<i>Cohort 14 Follow Up</i> proxy status
219	<i>B14EXCLUDE</i> Request to be Excluded	Num	3	1 =Requested 'Take me off your list and/or never contact me again' 2 =Did not request 'Take me off your list and/or never contact me again'	Generated by survey vendor
220	<i>F14EXCLUDE</i> Request to be Excluded	Num	3	1 =Requested 'Take me off your list and/or never contact me again' 2 =Did not request 'Take me off your list and/or never contact me again'	Generated by survey vendor

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
221	<i>B14PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 14 Baseline</i> unadjusted PCS Score
222	<i>B14MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 14 Baseline</i> unadjusted MCS Score
223	<i>F14PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 14 Follow Up</i> unadjusted PCS Score
224	<i>F14MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 14 Follow Up</i> unadjusted MCS Score
225	<i>B14BMI</i> Calculated Body Mass Index	Num	8		Derived field $BMI = (\text{weight} / \text{height}^2) * 703$ Units: midpoint of weight category in pounds; height in inches
226	<i>B14BMICAT</i> Categories of Body Mass Index	Num	3	1= Underweight (BMI <20) 2=Normal (BMI 20 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI 30 - <35) 5 = Morbid Obesity (BMI ≥ 35)	Derived from B14BMI
227	<i>F14BMI</i> Calculated Body Mass Index	Num	8		Derived field $BMI = (\text{weight} / \text{height}^2) * 703$ Units: weight in pounds; height in inches
228	<i>F14BMICAT</i> Categories of Body Mass Index	Num	3	1 =Underweight (BMI <20) 2=Normal (BMI 20 - <25) 3=Overweight (BMI 25 - <30) 4=Obese (BMI 30 - <35) 5=Morbid Obesity (BMI ≥ 35)	Derived from F14BMI
229	<i>AHICNUM</i> HIC Number for <i>Cohort 14</i> Analytic Members	Char	12		Unique beneficiary identifier derived from CMS databases This was the beneficiary level unit of analysis for the <i>Cohort 14 Performance Measurement Report</i>.
230	<i>B14LNAME</i> Last Name	Char	24		Beneficiary's last name from the <i>Cohort 14 Baseline</i> member level record
231	<i>B14MIDINIT</i> Middle Initial	Char	1		Beneficiary's middle initial from the <i>Cohort 14 Baseline</i> member level record
232	<i>B14FNAME</i> First Name	Char	15		Beneficiary's first name from the <i>Cohort 14 Baseline</i> member level record

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
233	<i>B14PBPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the SNP Comprehensive Report on the CMS website
234	<i>B14SNPTYPE</i> Type of Special Needs Plan	Num	3	1=Chronic or Disabling Condition 2=Dual-Eligible 3=Institutional	Obtained from the Sample File
235	<i>B14BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
236	<i>B14PHONE</i> Member Telephone with Successful Contact	Char	10	10 digit numeric	Beneficiary's telephone number from a successful vendor contact for the <i>Cohort 14 Baseline</i> survey
237	<i>B14ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 14 Baseline</i> member level record
238	<i>B14STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 14 Baseline</i> member level record
239	<i>B14CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 14 Baseline</i> member level record
240	<i>B14STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 14 Baseline</i> state SSA code (B14STATECDE)
241	<i>B14CTNAME</i> County Name from County SSA code	Char	21		Beneficiary's county name based on the <i>Cohort 14 Baseline</i> county SSA code (B14CNTYCDE)
242	<i>B14ZIP</i> Member Zipcode	Char	22	ZIP + 4 with hyphen	Beneficiary's ZIP Code from the <i>Cohort 14 Baseline</i> member level record
243	<i>F14PBPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to the Plan ID in the SNP Comprehensive Report on the CMS website
244	<i>F14SNPTYPE</i> Type of Special Needs Plan	Num	3	1=Chronic or Disabling Condition 2=Dual-Eligible 3=Institutional	Obtained from the Sample File
245	<i>F14BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
246	<i>F14PHONE</i> Member Telephone with Successful Contact	Char	10	10 digit numeric	Beneficiary's telephone number from a successful vendor contact for the <i>Cohort 14 Follow Up</i> survey
247	<i>F14ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 14 Follow Up</i> member level record
248	<i>F14STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 14 Follow Up</i> member level record
249	<i>F14CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 14 Follow Up</i> member level record
250	<i>F14STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 14 Follow Up</i> state SSA code (F14STATECDE)
251	<i>F14CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the <i>Cohort 14 Follow Up</i> county SSA code (F14CNTYCDE)
252	<i>F14ZIP</i> Member Zipcode	Char	22	ZIP + 4 with hyphen	Beneficiary's ZIP Code from the <i>Cohort 14 Follow Up</i> member level record
253	<i>B14RACE</i> Race (CMS)	Num	3	0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native	Beneficiary's race from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
254	<i>B14GENDER</i> Gender (CMS)	Num	3	1=Male 2=Female	Beneficiary's gender from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
255	<i>B14TDOB</i> SAS Date of Birth	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's date of birth, which in combination with the survey date with missing values imputed (B14TSRVDATIM), was used to calculate baseline age (B14AGE) for all beneficiaries
256	<i>B14ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Beneficiary's ESRD status from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
257	<i>B14INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Beneficiary's institutional status from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
258	<i>B14HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Beneficiary's hospice status from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
259	<i>B14MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
260	<i>B14ENTITLE</i> Reason for Entitlement	Num	3	10= Aged without ESRD 11= Aged with ESRD 20= Disabled without ESRD 21= Disabled with ESRD 31= ESRD only	Beneficiary's reason for entitlement from the <i>Cohort 14 Baseline</i> member level record, obtained from CMS databases
261	<i>B14NMCOMP</i> Q63 Combined Name Person Completing Survey	Char	31		Beneficiary's response to Q63 from the <i>Cohort 14 Baseline</i> survey: <i>What is the name of the person who completed this survey form?</i>
262	<i>F14RACE</i> Race (CMS)	Num	3	0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native	Beneficiary's race from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
263	<i>F14GENDER</i> Gender (CMS)	Num	3	1=Male 2=Female	Beneficiary's gender from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
264	<i>F14TDOB</i> SAS Date of Birth	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's date of birth from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
265	<i>F14ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Beneficiary's ESRD status from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
266	<i>F14INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Beneficiary's institutional status from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
267	<i>F14HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Beneficiary's hospice status from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
268	<i>F14MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases
269	<i>F14ENTITLE</i> Reason for Entitlement	Num	3	10= Aged without ESRD 11= Aged with ESRD 20= Disabled without ESRD 21= Disabled with ESRD 31= ESRD only	Beneficiary's reason for entitlement from the <i>Cohort 14 Follow Up</i> member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
270	<i>F14NMCOMP</i> Q71 Combined Name Person Completing Survey	Char	51		Beneficiary's response to Q71 from the <i>Cohort 14 Follow Up</i> survey: <i>What is the name of the person who completed this survey form?</i>
271	<i>P14THDOD</i> SAS Date of Death - source CMS 01/14	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's date of death obtained from CMS databases in January 2014
272	<i>B14AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the baseline date of birth (B14TDOB) and survey date with missing values imputed (B14TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age
273	<i>P14PMRIND</i> Performance Measurement Report (PMR) Sample Distribution Indicator	Num	3	1=Respondent 2=Non-respondent 3=Ineligible 4=Dead 5=Voluntarily Disenrolled	Status indicator of the record in this analytic file <i>Note that beneficiaries who disenrolled from the MAO subsequent to completing the baseline survey are not included in the MAO files; however, they are used in the calculation of the performance measurement results and are included in the QIO files.</i>

Appendix B (Annotated Baseline Survey Form)

2011 MEDICARE HEALTH OUTCOMES SURVEY

1. In general, would you say your health is: B14VRGENHTH

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B14VRMACT
B14VRSTAIR

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B14VRPACCL
B14VRPWORK

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

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
a. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Didn't do work or other activities as carefully as usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B14VRMACCL
B14VRMWORK

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

Not at all

A little bit

Moderately

Quite a bit

B14VRPAIN

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

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

All
of the
time

Most
of the
time

A good
bit of
the time

Some
of the
time

A little
of the
time

None
of the
time

- a. Have you felt calm and peaceful?

B14VRCALM

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

- b. Did you have a lot of energy?

B14VRENERGY

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

- c. Have you felt downhearted and blue?

B14VRDOWN

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

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

B14VRSACT

All of
the time

Most of
the time

Some of
the time

A little of
the time

None of
the time

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

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

B14VRPHCMP

Much better

Slightly better

About the
same

Slightly worse

Much worse

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

B14VRMHCMP

Much better

Slightly better

About the
same

Slightly worse

Much worse

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

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

		No, I do not have difficulty	Yes, I have difficulty	I am unable to do this activity
a. Bathing	B14ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing	B14ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating	B14ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.	B14ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking.....	B14ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	B14ADLTLT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

11. 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.)

days

B14HDPHY

12. 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.)

days

B14HDMEN

13. 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.)

days

B14HDACT

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

14. During the **past 4 weeks**, how often have you had any of the following problems?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Chest pain or pressure when you exercise.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14CHSTEX				
b. Chest pain or pressure when resting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14CHSTRST				

15. During the **past 4 weeks**, how often have you felt short of breath under the following conditions?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. When lying down flat.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14SOBFLT				
b. When sitting or resting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14SOBSIT				
c. When walking less than one block.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14SOBWLK				
d. When climbing one flight of stairs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14SOBSTR				

16. During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Numbness or loss of feeling in your feet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14FTNUMB				
b. Tingling or burning sensation in your feet especially at night.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14FTSENS				
c. Decreased ability to feel hot or cold with your feet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14FTHC				
d. Sores or wounds on your feet that did not heal.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	B14FTSRS				

17. During the **past 4 weeks**, how would you describe any arthritis pain you usually had?

B14PNART				
None	Very Mild	Mild	Moderate	Severe
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	Yes	No
18. Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B14READ

19. Can you hear most of the things people say (with a hearing aid if that's how you hear best)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
---	----------------------------	----------------------------

B14HEAR

Has a doctor ever told you that you had:

	Yes	No
20. Hypertension or high blood pressure.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B14CCHBP

21. Angina pectoris or coronary artery disease	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CC_CAD

22. Congestive heart failure	1 <input type="checkbox"/>	2 <input type="checkbox"/>
------------------------------------	----------------------------	----------------------------

B14CC_CHF

23. A myocardial infarction or heart attack	1 <input type="checkbox"/>	2 <input type="checkbox"/>
---	----------------------------	----------------------------

B14CCMI

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
---	----------------------------	----------------------------

B14CCHRTOTH

25. A stroke	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--------------------	----------------------------	----------------------------

B14CCSTROKE

26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CC_COPD

27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CCGI

28. Arthritis of the hip or knee	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CCARTHIP

29. Arthritis of the hand or wrist	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CCARTHND

30. Osteoporosis, sometimes called thin or brittle bones	1 <input type="checkbox"/>	2 <input type="checkbox"/>
--	----------------------------	----------------------------

B14CCOSTEO

31. Sciatica (pain or numbness that travels down your leg to below your knee)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
---	----------------------------	----------------------------

B14CCSCIATI

32. Diabetes, high blood sugar, or sugar in the urine	1 <input type="checkbox"/>	2 <input type="checkbox"/>
---	----------------------------	----------------------------

B14CCDIABET

Has a doctor ever told you that you had:

Yes

No

33. Any cancer (other than skin cancer).....

B14CCANYCA

1 ☐

2 ☐

If you answered "yes" to question 33 above (that you have had cancer),

34. Are you currently under treatment for:

Yes

No

a. Colon or rectal cancer

B14CACOLON

1 ☐

2 ☐

b. Lung cancer

B14CALUNG

1 ☐

2 ☐

c. Breast cancer.....

B14CABRST

1 ☐

2 ☐

d. Prostate cancer.....

B14CAPROS

1 ☐

2 ☐

35. In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?

B14PNBACK

**All of
the time**

1 ☐

**Most of
the time**

2 ☐

**Some of
the time**

3 ☐

**A little of
the time**

4 ☐

**None of
the time**

5 ☐

Yes

No

36. 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?

B14DEP2WK

1 ☐

2 ☐

37. In the past **year**, have you felt depressed or sad much of the time?

B14DEPYR

1 ☐

2 ☐

38. 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?

B14DEP2YR

1 ☐

2 ☐

39. How much of the time in the past **week** did you feel depressed?

B14DEPWEEK

**Rarely or none of the
time**

1 ☐

**Some or a
little of the
time**

2 ☐

**Occasionally or a
moderate amount
of the time**

3 ☐

**Most or all of the
time**

4 ☐

40. 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

B14CMPHTH

41. 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

B14SMOKE

42. 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 Question 43**
2 ☐ No → **Go to Question 46**

B14MUILKG

43. How much of a problem, if any, was the urine leakage for you?

- 1 ☐ A big problem → **Go to Question 44**
2 ☐ A small problem → **Go to Question 44**
3 ☐ Not a problem → **Go to Question 46**

B14MUI MAG

44. Have you talked with your current doctor or other health provider about your urine leakage problem?

- 1 ☐ Yes
2 ☐ No

B14MUITLK

45. 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

B14MUITRT

46. 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.

B14PAOTLK

☐ Yes

→ Go to Question 47

☐ No

→ Go to Question 47

☐ I had no visits in the past 12 months

→ Go to Question 48

47. 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.

B14PAOADV

☐ Yes

☐ No

48. 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?

B14FRMTLK

☐ Yes

☐ No

☐ I had no visits in the past 12 months

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

B14FRMFALL

☐ Yes

☐ No

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

B14FRMBAL

☐ Yes

☐ No

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

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

B14FRMPREV

☐ Yes

☐ No

☐ I had no visits in the past 12 months

52. 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

B14TOTEST

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

B14WEIGHT

01 <input type="checkbox"/> 90 lbs. or less	08 <input type="checkbox"/> 151–160 lbs.	15 <input type="checkbox"/> 221–230 lbs.	22 <input type="checkbox"/> 291–300 lbs.
02 <input type="checkbox"/> 91–100 lbs.	09 <input type="checkbox"/> 161–170 lbs.	16 <input type="checkbox"/> 231–240 lbs.	23 <input type="checkbox"/> 301–310 lbs.
03 <input type="checkbox"/> 101–110 lbs.	10 <input type="checkbox"/> 171–180 lbs.	17 <input type="checkbox"/> 241–250 lbs.	24 <input type="checkbox"/> 311–320 lbs.
04 <input type="checkbox"/> 111–120 lbs.	11 <input type="checkbox"/> 181–190 lbs.	18 <input type="checkbox"/> 251–260 lbs.	25 <input type="checkbox"/> 321 lbs. or more
05 <input type="checkbox"/> 121–130 lbs.	12 <input type="checkbox"/> 191–200 lbs.	19 <input type="checkbox"/> 261–270 lbs.	
06 <input type="checkbox"/> 131–140 lbs.	13 <input type="checkbox"/> 201–210 lbs.	20 <input type="checkbox"/> 271–280 lbs.	
07 <input type="checkbox"/> 141–150 lbs.	14 <input type="checkbox"/> 211–220 lbs.	21 <input type="checkbox"/> 281–290 lbs.	

54. How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)

B14HEIGHT

01 <input type="checkbox"/> 5 ft. 00 in. or less	05 <input type="checkbox"/> 5 ft. 04 in.	09 <input type="checkbox"/> 5 ft. 08 in.	13 <input type="checkbox"/> 6 ft. 00 in.
02 <input type="checkbox"/> 5 ft. 01 in.	06 <input type="checkbox"/> 5 ft. 05 in.	10 <input type="checkbox"/> 5 ft. 09 in.	14 <input type="checkbox"/> 6 ft. 01 in.
03 <input type="checkbox"/> 5 ft. 02 in.	07 <input type="checkbox"/> 5 ft. 06 in.	11 <input type="checkbox"/> 5 ft. 10 in.	15 <input type="checkbox"/> 6 ft. 02 in.
04 <input type="checkbox"/> 5 ft. 03 in.	08 <input type="checkbox"/> 5 ft. 07 in.	12 <input type="checkbox"/> 5 ft. 11 in.	16 <input type="checkbox"/> 6 ft. 03 in. or more

55. In what **year** were you born? Please provide your **year of birth** only.

B14SRVBRYR

1 9

56. Are you male or female?

1 ☐ Male
2 ☐ Female

B14SRVGEND

57. Are you of Hispanic or Latino origin or descent?

1 ☐ Yes, Hispanic or Latino
2 ☐ No, not Hispanic or Latino

B14HISPAN

58. How would you describe your race? Please mark one or more.

- a ☐ American Indian or Alaskan Native
b ☐ Asian
c ☐ Black or African American
d ☐ Native Hawaiian or Other Pacific Islander
e ☐ White

B14RCNATAM

B14RCASIAN

B14RCAFRAM

B14RCNHPI

B14RCWHITE

59. What is your current marital status?

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

B14MARITAL

60. 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

B14EDUC

61. 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

B14HMOWN

62. Who completed this survey form?

B14CMPWHO

- 1 ☐ Person to whom survey was addressed → **Go to Question 64**
- 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

63. What is the name of the person who completed this survey form? Please **print** clearly.

First Name

B14NMCOMP

Last Name

64. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?

B14HHINC

- 01 ☐ Less than \$5,000
- 02 ☐ \$5,000–\$9,999
- 03 ☐ \$10,000–\$19,999
- 04 ☐ \$20,000–\$29,999
- 05 ☐ \$30,000–\$39,999
- 06 ☐ \$40,000–\$49,999
- 07 ☐ \$50,000–\$79,999
- 08 ☐ \$80,000–\$99,999
- 09 ☐ \$100,000 or more
- 10 ☐ Don't know

YOU HAVE COMPLETED THE SURVEY. THANK YOU

Appendix C (Annotated Follow Up Survey Form)

2013 MEDICARE HEALTH OUTCOMES SURVEY

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

F14VRGENHTH

Excellent

Very good

Good

Fair

Poor

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

ACTIVITIES

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

F14VRMACT

**Yes,
limited
a lot**

**Yes,
limited
a little**

**No, not
limited
at all**

1 ☐

2 ☐

3 ☐

b. Climbing **several** flights of stairs

F14VRSTAIR

1 ☐

2 ☐

3 ☐

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

**No,
none
of the
time**

**Yes,
a little
of the
time**

**Yes,
some
of the
time**

**Yes,
most
of the
time**

**Yes,
all of
the
time**

a. **Accomplished less** than you would like

F14VRPACCL

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

b. Were limited in the **kind** of work or other activities

F14VRPWORK

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

**No,
none
of the
time**

**Yes,
a little
of the
time**

**Yes,
some
of the
time**

**Yes,
most
of the
time**

**Yes,
all of
the
time**

a. **Accomplished less** than you would like

F14VRMACCL

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

b. Didn't do work or other activities as **carefully** as usual

F14VRMWORK

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

F14VRPAIN

Not at all

A little bit

Moderately

Quite a bit

Extremely

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

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

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<div style="border: 1px solid blue; padding: 2px; display: inline-block;">F14VRCALM</div>						
b. Did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<div style="border: 1px solid blue; padding: 2px; display: inline-block;">F14VRENERGY</div>						
c. Have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
<div style="border: 1px solid blue; padding: 2px; display: inline-block;">F14VRDOWN</div>						

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

F14VRSACT

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

F14VRPHCMP

Much better	Slightly better	About the same	Slightly worse	Much worse
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

F14VRMHCMP

Much better	Slightly better	About the same	Slightly worse	Much worse
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

		No, I do not have difficulty	Yes, I have difficulty	I am unable to do this activity
a. Bathing.....	F14ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing.....	F14ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	F14ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs	F14ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking	F14ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet	F14ADLTLT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

		No, I do not have difficulty	Yes, I have difficulty	I don't do this activity
a. Preparing meals	F14DIFMEALS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Managing money.....	F14DIFMONEY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Taking medication as prescribed.....	F14DIFMEDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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

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

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

--	--

days

F14HDPHY

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

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

--	--

days

F14HDMEN

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

Please enter a number between "0" and "30" days. If no days, please enter "0" days.

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days

F14HDACT

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

		Yes	No
15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	F14DIFSEE	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Are you deaf or do you have serious difficulty hearing? ...	F14DIFHEAR	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Because of a physical, mental, or emotional condition , do you have serious difficulty concentrating, remembering or making decisions?	F14DIFREMEM	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. Do you have serious difficulty walking or climbing stairs?	F14DIFWKSTR	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. Do you have difficulty dressing or bathing?	F14DIFDRBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20. Because of a physical, mental, or emotional condition , do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	F14DIFERRND	1 <input type="checkbox"/>	2 <input type="checkbox"/>
21. In the past month, how often did memory problems interfere with your daily activities?			
	F14DIFMPROB		
Every day (7 days a week)	Most days (5-6 days a week)	Some days (2-4 days a week)	Rarely (once a week or less)
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
			5 <input type="checkbox"/>

Has a doctor ever told you that you had:

		Yes	No
22. Hypertension or high blood pressure	F14CCHBP	1 <input type="checkbox"/>	2 <input type="checkbox"/>
23. Angina pectoris or coronary artery disease	F14CC_CAD	1 <input type="checkbox"/>	2 <input type="checkbox"/>
24. Congestive heart failure	F14CC_CHF	1 <input type="checkbox"/>	2 <input type="checkbox"/>
25. A myocardial infarction or heart attack	F14CCMI	1 <input type="checkbox"/>	2 <input type="checkbox"/>
26. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat	F14CCHRTOTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>
27. A stroke	F14CCSTROKE	1 <input type="checkbox"/>	2 <input type="checkbox"/>
28. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)	F14CC_COPD	1 <input type="checkbox"/>	2 <input type="checkbox"/>
29. Crohn's disease, ulcerative colitis, or inflammatory bowel disease	F14CCGI	1 <input type="checkbox"/>	2 <input type="checkbox"/>
30. Arthritis of the hip or knee	F14CCARTHIP	1 <input type="checkbox"/>	2 <input type="checkbox"/>
31. Arthritis of the hand or wrist	F14CCARTHND	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Has a doctor ever told you that you had:

Yes

No

- | | | | |
|---|--------------------|----------------------------|----------------------------|
| 32. Osteoporosis, sometimes called thin or brittle bones | F14CCOSTEO | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 33. Sciatica (pain or numbness that travels down your leg to below your knee) | F14CCSCIATI | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 34. Diabetes, high blood sugar, or sugar in the urine | F14CCDIABET | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 35. Depression | F14CCDEP | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 36. Any cancer (other than skin cancer) | F14CCANYCA | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

If you answered "yes" to question 36 above (that you have had cancer),

- | | | | |
|--|-------------------|----------------------------|----------------------------|
| 37. Are you currently under treatment for: | | Yes | No |
| a. Colon or rectal cancer | F14CACOLON | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Lung cancer | F14CALUNG | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Breast cancer | F14CABRST | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Prostate cancer | F14CAPROS | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Other cancer (other than skin cancer) | F14CAOTHER | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

38. In the past 7 days, how much did pain interfere with your day to day activities? **F14PAINDACT**

Not at all

A little bit

Somewhat

Quite a bit

Very much

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

39. In the past 7 days, how often did pain keep you from socializing with others? **F14PAINSACT**

Never

Rarely

Sometimes

Often

Always

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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

F14PAINRATE

**No
pain**

1

2

3

4

5

6

7

8

9

**Worst
Imaginable
pain**

10

01 ☐

02 ☐

03 ☐

04 ☐

05 ☐

06 ☐

07 ☐

08 ☐

09 ☐

10 ☐

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

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things F14DEPNOPLS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Feeling down, depressed or hopeless F14DEPDOWN	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

1 <input type="checkbox"/> Excellent	F14CMPHTH
2 <input type="checkbox"/> Very good	
3 <input type="checkbox"/> Good	
4 <input type="checkbox"/> Fair	
5 <input type="checkbox"/> Poor	

43. Do you now smoke every day, some days, or not at all?

1 <input type="checkbox"/> Every day	F14SMOKE
2 <input type="checkbox"/> Some days	
3 <input type="checkbox"/> Not at all	
4 <input type="checkbox"/> Don't know	

44. Many people experience problems with urinary incontinence, the leakage of urine. In the **past 6 months**, have you accidentally leaked urine?

1 <input type="checkbox"/> Yes	→ Go to Question 45	F14MUILKG
2 <input type="checkbox"/> No	→ Go to Question 48	

45. How much of a problem, if any, was the urine leakage for you?

1 <input type="checkbox"/> A big problem	→ Go to Question 46	F14MUIMAG
2 <input type="checkbox"/> A small problem	→ Go to Question 46	
3 <input type="checkbox"/> Not a problem	→ Go to Question 48	

46. Have you talked with your current doctor or other health provider about your urine leakage problem?

1 <input type="checkbox"/> Yes	F14MUITLK
2 <input type="checkbox"/> No	

47. 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

F14MUITRT

48. 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
2 ☐ No
3 ☐ I had no visits in the past 12 months

→ Go to Question 49

F14PAOTLK

→ Go to Question 49

→ Go to Question 50

49. 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

F14PAOADV

50. 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

F14FRMTLK

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

1 ☐ Yes
2 ☐ No

F14FRMFALL

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

1 ☐ Yes
2 ☐ No

F14FRMBAL

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

- Suggest that you use a cane or walker.
- Check your blood pressure lying or standing.
- Suggest that you do an exercise or physical therapy program.
- Suggest a vision or hearing testing.

F14FRMPREV

☐ Yes

☐ No

☐ I had no visits in the past 12 months

54. 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.

☐ Yes

☐ No

F14OTOTEST

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

			lbs.
--	--	--	------

F14WEIGHTLB

56. How tall are you without shoes on in feet (ft.) and inches (in.)? Please remember to fill in both feet and inches (for example, 5 ft. 00 in.) If 1/2 in., please round up.

	ft.			in.
--	-----	--	--	-----

F14HEIGHTFT

F14HEIGHTIN

57. In what **year** were you born? Please provide your **year of birth** only.

1	9		
---	---	--	--

F14SRVBRYR

58. What is your sex?

☐ Male

☐ Female

F14SRVGEND

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

☐ No, not of Hispanic, Latino/a or Spanish origin

☐ Yes, Mexican, Mexican American, Chicano/a

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, Another Hispanic, Latino/a or Spanish origin

F14HPNOHISP

F14HPMEX

F14HPPR

F14HPCUBA

F14HPOTHER

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

01 <input type="checkbox"/> White	F14RCWHITE	08 <input type="checkbox"/> Korean	F14RCKOREA
02 <input type="checkbox"/> Black or African American	F14RCAFRAM	09 <input type="checkbox"/> Vietnamese	F14RCVIET
03 <input type="checkbox"/> American Indian or Alaska Native	F14RCNATAM	10 <input type="checkbox"/> Other Asian	F14RCOTHASN
04 <input type="checkbox"/> Asian Indian	F14RCINDIA	11 <input type="checkbox"/> Native Hawaiian	F14RCHAWAII
05 <input type="checkbox"/> Chinese	F14RCCHINA	12 <input type="checkbox"/> Guamanian or Chamorro	F14RCGUAM
06 <input type="checkbox"/> Filipino	F14RCFILIP	13 <input type="checkbox"/> Samoan	F14RCSAMOA
07 <input type="checkbox"/> Japanese	F14RCJAPAN	14 <input type="checkbox"/> Other Pacific Islander	F14RCOTHPAC

61. How well do you speak English?

1 <input type="checkbox"/> Very well	F14SPEAKENG
2 <input type="checkbox"/> Well	
3 <input type="checkbox"/> Not well	
4 <input type="checkbox"/> Not at all	

62. What is your current marital status?

1 <input type="checkbox"/> Married	F14MARITAL
2 <input type="checkbox"/> Divorced	
3 <input type="checkbox"/> Separated	
4 <input type="checkbox"/> Widowed	
5 <input type="checkbox"/> Never married	

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

1 <input type="checkbox"/> 8th grade or less	F14EDUC
2 <input type="checkbox"/> Some high school, but did not graduate	
3 <input type="checkbox"/> High school graduate or GED	
4 <input type="checkbox"/> Some college or 2 year degree	
5 <input type="checkbox"/> 4 year college graduate	
6 <input type="checkbox"/> More than a 4 year college degree	

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

1 <input type="checkbox"/> Alone	F14LVALONE
2 <input type="checkbox"/> With spouse/significant other	F14LVSPOUSE
3 <input type="checkbox"/> With children/other relatives	F14LVCHILD
4 <input type="checkbox"/> With non-relatives	F14LVNONREL
5 <input type="checkbox"/> With paid caregiver	F14LVCAREGV

65. Where do you live? F14WHERELV
- 1 ☐ Independent house, apartment, condominium or mobile home → **Go to Question 66**
- 2 ☐ Assisted living apartment or board and care home → **Go to Question 66**
- 3 ☐ Nursing home → **Go to Question 69**
- 4 ☐ Other → **Go to Question 69**
66. Is the house or apartment you currently live in: F14HMOWN
- 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
67. Do you currently provide care for someone else in your home? F14CAREOTHR
- 1 ☐ Yes → **Go to Question 68**
- 2 ☐ No → **Go to Question 69**
68. During the past week, how many days did you provide at least some care? F14CARE DAYS
- 1 ☐ No care provided in the last week
- 2 ☐ 1 or 2 days
- 3 ☐ 3 or 4 days
- 4 ☐ 5 or 6 days
- 5 ☐ 7 days (every day)
69. Do you have difficulty getting to places you need to go (either by driving or by getting a ride)? F14DIFTRANS
- 1 ☐ Always or almost always
- 2 ☐ Sometimes
- 3 ☐ Almost never or never
70. Who completed this survey form? F14CMPWHO
- 1 ☐ Person to whom survey was addressed → **Go to Question 72**
- 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

71. What is the name of the person who completed this survey form? Please **print** clearly.

First Name

[illegible]

F14NMCOMP

Last Name

[illegible]

72. Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?

- | | | |
|----|--------------------------|-------------------|
| 01 | <input type="checkbox"/> | Less than \$5,000 |
| 02 | <input type="checkbox"/> | \$5,000–\$9,999 |
| 03 | <input type="checkbox"/> | \$10,000–\$19,999 |
| 04 | <input type="checkbox"/> | \$20,000–\$29,999 |
| 05 | <input type="checkbox"/> | \$30,000–\$39,999 |
| 06 | <input type="checkbox"/> | \$40,000–\$49,999 |
| 07 | <input type="checkbox"/> | \$50,000–\$79,999 |
| 08 | <input type="checkbox"/> | \$80,000–\$99,999 |
| 09 | <input type="checkbox"/> | \$100,000 or more |
| 10 | <input type="checkbox"/> | Don't know |

F14HHINC

YOU HAVE COMPLETED THE SURVEY. THANK YOU