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2008 – 2010 Cohort 11
PERFORMANCE
MEASUREMENT
DATA USER'S
GUIDE

MEDICARE HEALTH OUTCOMES SURVEY



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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 HOS Program may be found in the Medicare HOS Overview section on CMS' website (www.cms.gov/hos) and a full description of the program may be found on the HOS website (www.hosonline.org).

This HOS *2008-2010 Cohort 11* Performance Measurement **Data User's Guide** (DUG) is designed to assist users with the beneficiary level *2008-2010 Cohort 11* 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 *2008-2010 Cohort 11* Performance Measurement reports on which these data are based were distributed to participating Quality Improvement Organizations (QIOs) via QualityNet in July 2011. 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 CMS' Health Plan Management System (HPMS) in August 2011. 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 at 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 only 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 Medicare Options Compare, 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@azqio.sdps.org) are available for assistance with questions regarding the data file.

Methodology and Design

2008-2010 MEDICARE ADVANTAGE ORGANIZATION PARTICIPATION

All Medicare Advantage Organizations (MAOs), including local and regional preferred provider organizations (PPOs), and continuing cost contracts that held §1876 risk and cost contracts, with Medicare contracts in effect on or before January 1, 2007, and all Social HMOs (SHMOs), regardless of contract effective date, were required by CMS to administer the *Cohort 11 Baseline* survey in 2008. MAOs composed of one or more Special Needs Plan (SNP) benefit packages, regardless of institutionalized, chronically ill or dual eligible enrollment were also included in the above requirement. Private Fee-for-Service (PFFS) plans could voluntarily report HOS in 2008. Furthermore, all MAOs which administered the *Cohort 11 Baseline* survey in 2008 were required by CMS to administer the *Cohort 11 Follow Up* survey in 2010.

SAMPLING METHODOLOGY

2008 Cohort 11 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- MAOs with fewer than 500 members were not required to report HOS.
- For MAOs with populations of 500 to 1,200 members, all eligible members were included in the sample.
- For MAOs with Medicare populations of more than 1,200 and less than 3,000 members, a simple random sample of 1,200 members was selected for the baseline survey.
- In MAOs with 3,000 or more members, members who responded to the previous year's baseline survey were excluded from the random sample of 1,200 for the current year.
- Members were defined as eligible if they had been continuously enrolled for at least six months in the same MAO and did not have End Stage Renal Disease (ESRD).

2010 Cohort 11 Follow Up Sampling

CMS identified beneficiaries from the *2008 Cohort 11 Baseline* sample who were eligible for remeasurement as follows:

- Members were eligible for remeasurement if they had sufficient data to derive physical health or mental health summary scores at baseline.
- Beneficiaries were excluded if they 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 11 Baseline* and *Cohort 11 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, the computer assisted telephone interviewing protocol (CATI) included interviews in English or Spanish.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2008 and 2010 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 the Program Overview section of the HOS website (www.hosonline.org).

¹ National Committee for Quality Assurance. *HEDIS® 2008, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2008.

² National Committee for Quality Assurance. *HEDIS® 2010, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2010.

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 2.0 for the *2008 Cohort 11 Baseline* and *2010 Cohort 11 Follow Up*. The HOS 2.0 incorporated the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instruments can be found in the HEDIS 2008 and 2010 Volume 6 manuals.^{1,2} The manuals may be purchased by calling the NCQA Customer Support Telephone Line at 1-888-272-7585 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, respectively. Additionally, a glossary of terms related to the survey may be accessed from the Program Overview section of the HOS website.

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. Twelve items are used to aggregate scales from each of the eight concepts of health in the earlier 36-item surveys: physical functioning, role-physical, role-emotional, bodily pain, social functioning, mental health, vitality, and general health. 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 physical component summary (PCS) and mental component summary (MCS) scores. The field names for the 14 items begin with the prefix "B11VR" for the *2008 Cohort 11 Baseline*, and "F11VR" for the *2010 Cohort 11 Follow Up* in the data file.

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for imputation and scoring 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. Accessed August 4, 2011 at <http://www.chqoer.research.va.gov/docs/VR12.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 August 4, 2011 at http://www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf.

PCS and MCS scores were standardized to the U.S. population and were 1990 norm-based so that scores have a direct interpretation in relation to the distribution of scores in the U.S. population, which have a mean of 50 and a standard deviation of 10. On a scale of 0-100, a higher PCS or MCS score reflects better health status. 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.

Data File Characteristics

The file is distributed to QIOs as a SAS®⁵ 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 9.1.3. 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 249 fields in the *Cohort 11* Performance Measurement file. Fields from the baseline survey have a **B11** prefix, and fields from the follow up survey have a **F11** prefix. Fields derived at the time of the performance measurement analysis have a **P11** 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 beneficiaries in the *2008-2010 Cohort 11* 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., B11PCS or B11MCS not equal to missing)
- MAO still existed at the time of the follow up survey (i.e., P11CONTRACT not blank)
- Age 65 or older at baseline (i.e., B11AGE 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 P11PMRIND. 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 members at follow up. Ineligible members 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 11 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.

⁵ SAS is a registered trademark of the SAS Institute Inc., Cary, NC.

NEW AND REVISED FIELDS

The following fields are **new** in the *2008 Cohort 11 Baseline* compared with the *2007 Cohort 10 Baseline*.

- B11BLKEY, the Beneficiary Link Key, is for internal CMS use in linking various CMS data. The B11BLKEY is available for all records in the data file. For each beneficiary, the B11BLKEY is equal to the F11BLKEY except where the F11BLKEY is missing for records without follow up information, such as for beneficiaries who died or voluntarily disenrolled subsequent to the baseline survey.
- B11DEPWEK, Question 39, was added to assess depression within the past week: *How much of the time in the past week did you feel depressed?*

The following fields are **new** in the *2010 Cohort 11 Follow Up* compared with the *2009 Cohort 10 Follow Up*.

- F11SNPTYPE identifies the type of Special Needs Plan (SNP) in which certain vulnerable beneficiaries are enrolled at follow up. Three types of special needs beneficiaries may be targeted for SNP enrollment, such as: 1) beneficiaries with severe or disabling chronic conditions, 2) those who are eligible for Medicare and Medicaid (dual-eligibles), and 3) the institutionalized.
- P11PLTAXST is the contract's HPMS tax status, which is obtained from the August 2010 Plan Contract List.

Selected field attributes (i.e., field name, type, length and/or label) may have been modified for some fields included in the *2008-2010 Cohort 11 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 is excluded in the *2008 Cohort 11 Baseline* compared with the *2007 Cohort 10 Baseline*.

- B11CHIN, the baseline Chinese protocol flag, has been removed.

The following field is excluded in the *2010 Cohort 11 Follow Up* compared with the *2009 Cohort 10 Follow Up*.

- F11CHIN, the follow up Chinese protocol flag, has been removed.

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 2010 Plan Contract List from the HPMS and the February 2011 CMS Monthly Report of Managed Care Health Plans from the CMS website (www.cms.gov/MCRAAdvPartDENrolData). These fields include the MAO contract number (P11CONTRACT), which was the **MAO level unit of analysis** for the *2008-2010 Cohort 11* Performance Measurement Report. Other fields in this section are the plan state field (P11PLANSTN), which is the two letter state abbreviation, and the CMS region code (P11PLREGCDE), which in most cases were 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 (P11RPTST) 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 members 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, P11RPTST has the same value as P11PLANSTN. P11RPTST was the **state level unit of analysis** for the *2008-2010 Cohort 11* Performance Measurement Report.

Survey Level Fields (Fields 10 – 186)

This section contains a randomly assigned, anonymous beneficiary identification (ID) number (B11PATID), as well as survey information from the 64 questions comprising the HOS instrument at baseline and the 64 questions comprising the HOS instrument at follow up. The questions in this section exclude the name of the person responding to the surveys, Q63 at baseline (B11NMCOMP) and Q63 at follow up (F11NMCOMP), which are included in the Beneficiary Level Fields section. Other than the anonymous beneficiary ID, the information presented in this section represents each beneficiary's actual answers to the specific questions. These data include beneficiary responses to questions pertaining to the 12-item health survey at both baseline and follow up; ADLs; health status indicators; chronic medical conditions; depression; Healthy Days Measures; NCQA HEDIS Measures; demographics; and who completed the survey, Q62 at baseline (B11CMPWHO) and Q62 at follow up (F11CMPWHO). The 12-item health survey portion (questions one [Q1] through seven [Q7] in the HOS instrument) was used to obtain the physical and mental health summary scores at both baseline and follow up. The question to evaluate depression during the past week (Q39) is now present in the baseline as well as the follow up survey (B11DEPWEEK, F11DEPWEEK).

Survey Administration Fields (Fields 187 – 199)

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 (B11DISP, F11DISP), the dates the surveys were completed (B11TSRVDAT, B11TSRVDATIM, F11TSRVDAT, F11TSRVDATIM), and the language(s) in which the surveys were completed (B11SRVLANG, F11SRVLANG). The original baseline and follow up survey date fields (B11TSRVDAT, F11TSRVDAT) include the original survey dates for all beneficiaries with reported survey dates. The imputed date fields (B11TSRVDATIM and F11TSRVDATIM) 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 14, 2008 was imputed (B11TSRVDATIM); and for beneficiaries with missing follow up survey dates, a date of May 12, 2010 was imputed (F11TSRVDATIM). The imputed dates represent the midpoint dates for each of the sampling time frames. The imputed survey date field B11TSRVDATIM, in combination with date of birth was utilized to derive the beneficiary's age at baseline. The survey vendor IDs at baseline and follow up (B11VENDOR, F11VENDOR) were included in this section. Note that new survey vendor IDs have been assigned in the follow up field and differ from the baseline assignments for the individual vendors. The proxy status field (F11PROXST), which was assigned to members 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 (B11EXCLUDE, F11EXCLUDE).

Physical and Mental Health Summary Measures (Fields 200 – 203)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B11PCS, B11MCS, F11PCS, and F11MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms.

Analytic Fields (Fields 204 – 207)

Data from this section include the beneficiary's BMI at baseline (B11BMI) and follow up (F11BMI), and BMI categories at baseline (B11BMICAT) and follow up (F11BMICAT). The weight and height categories were used to calculate BMI. The BMI categories were then created using the beneficiary's calculated BMI.

Beneficiary Level Fields (Fields 208 – 249)

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 11* 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, F11PBPID, identifies the plan benefit package within a contract to which the beneficiary belongs at follow up. Each contract may contain one or more PBPs, and some PBPs are SNPs. F11SNPTYPE identifies the type of SNP PBP in which certain vulnerable beneficiaries are enrolled at follow up. 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 CMS' Medicare Advantage/Part D Contract and Enrollment page at <http://www.cms.gov/MCRAdvPartDEnrolData/SNP/list.asp>. Beneficiary addresses (mailing address, county, state, and ZIP code) 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 (B11TDOB) was utilized to derive the beneficiary's age at baseline (B11AGE). This age field was used in the HOS performance measurement analysis. The performance measurement analytic sample distribution indicator (P11PMRIND) 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 *2008-2010 Cohort 11* 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 (P11PMRIND) can be used to identify the status of each beneficiary in this file.
- ◆ Some question numbers from the follow up survey 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.
- ◆ The following question is now available from the *2008 Cohort 11 Baseline* survey as well as the *2010 Cohort 11 Follow Up* survey: Question 39, “How much of the time in the **past** week did you feel depressed?” (B11DEPWEEK, F11DEPWEEK).
- ◆ New survey vendor IDs have been assigned to the individual vendors in the follow up field (F11VENDOR) and differ from the baseline assignments (B11VENDOR).

Appendix A

Performance Measurement Data File Specifications

DATA FILE LAYOUT BY POSITION

The following table describes the field attributes for the *2008-2010 Cohort 11* 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 2008 and 2010, Volume 6 manuals.^{1,2}

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>P11CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 11</i> Performance Measurement reporting in 2010 This was the MAO level unit of analysis for the <i>Cohort 11</i> Performance Measurement Report.
2	<i>B11CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 11 Baseline</i> sampling in 2008 This was the MAO level unit of analysis for the <i>Cohort 11 Baseline</i> Report.
3	<i>F11CONTRACT</i> Contract Number	Char	5		Contract number that represents the beneficiary’s MAO assignment at the time of the <i>Cohort 11 Follow Up</i> sampling in 2010

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
4	<i>P11PLREGCDE</i> Plan CMS Region Code	Num	3	1 = Region 1 - Boston (CT, ME, MA, NH, RI, and VT) 2 = Region 2 - New York (NY, NJ, PR, and VI) 3 = Region 3 - Philadelphia (DE, DC, MD, PA, VA, and WV) 4 = Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, and TN) 5 = Region 5 - Chicago (IL, IN, MI, MN, OH, and WI) 6 = Region 6 - Dallas (AR, LA, NM, OK, and TX) 7 = Region 7 - Kansas City (IA, KS, MO, and NE) 8 = Region 8 - Denver (CO, MT, ND, SD, UT, and WY) 9 = Region 9 - San Francisco (AZ, CA, Guam, HI, and NV) 10 = Region 10 - Seattle (AK, ID, OR, and WA)	CMS region code created from the HPMS region field in the August 2010 Plan Contract List
5	<i>P11PLORGNM</i> Plan Organization Name - source CMS 02/11	Char	50		Obtained from the February 2011 CMS Monthly Report of Managed Care Health Plans
6	<i>P11PLANSTN</i> Plan State - source HPMS 08/10	Char	2		Obtained from the HPMS state field in the August 2010 Plan Contract List
7	<i>P11RPTST</i> Reporting Plan State	Char	2	FS = Private Fee-for-Service RS = Regional PPO All other values are identical to state codes in the P11PLANSTN field	Derived field This was the state level unit of analysis for the Cohort 11 Performance Measurement Report.
8	<i>P11PLTYPE</i> Plan Type - source CMS 02/11	Char	40		Plan type from the February 2011 CMS Monthly Report of Managed Care Health Plans
9	<i>P11PLTAXST</i> Plan Tax Status - source HPMS 08/10	Char	25		Obtained from the HPMS tax status field in the August 2010 Plan Contract List
10	<i>B11PATID</i> Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the <i>Cohort 11 Baseline</i> sample
11	<i>B11VRGENHTH</i> Q1 General Health Question	Num	3	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
12	<i>B11VRMACT</i> Q2a Health Limitation-In moderate activities	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
13	<i>B11VRSTAIR</i> Q2b Health Limitation-Climbing several flights	Num	3	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Entered from the survey (See Appendix B)
14	<i>B11VRPACCL</i> Q3a Physical-Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
15	<i>B11VRPWORK</i> Q3b Physical-Limited in work or activities	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
16	<i>B11VRMACCL</i> Q4a Emotional-Accomplished less than you would like	Num	3	1 = No, none of the time 2 = Yes, a little of the time 3 = Yes, some of the time 4 = Yes, most of the time 5 = Yes, all of the time	Entered from the survey (See Appendix B)
17	<i>B11VRMWORK</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>B11VRPAIN</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>B11VRCALM</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>B11VRENERGY</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
21	<i>B11VRDOWN</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>B11VRSACT</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>B11VRPHCMP</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>B11VRMHCMP</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>B11ADLBTH</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>B11ADLDRS</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>B11ADLEAT</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>B11ADLCHR</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)
29	<i>B11ADLWLK</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>B11ADLTLT</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>B11HDPHY</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>B11HDMEN</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.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
33	<i>B11HDACT</i> Q13 Number of Days Poor Health interfered w/activities	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates ≥ 100 days.
34	<i>B11CHSTEX</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>B11CHSTRST</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>B11SOBFLT</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>B11SOBSIT</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>B11SOBWLK</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>B11SOBSTR</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>B11FTNUMB</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)
41	<i>B11FTSENS</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>B11FTHC</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
43	<i>B11FTSRS</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>B11PNART</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>B11READ</i> Q18 See to read newspaper	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
46	<i>B11HEAR</i> Q19 Hear most things	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
47	<i>B11CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
48	<i>B11CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
49	<i>B11CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
50	<i>B11CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
51	<i>B11CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
52	<i>B11CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
53	<i>B11CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
54	<i>B11CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
55	<i>B11CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
56	<i>B11CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	<i>B11CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
58	<i>B11CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
59	<i>B11CCDIABET</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>B11CCANYCA</i> Q33 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
61	<i>B11CACOLON</i> Q34a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
62	<i>B11CALUNG</i> Q34b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
63	<i>B11CABRST</i> Q34c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
64	<i>B11CAPROS</i> Q34d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
65	<i>B11PNBACK</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)
66	<i>B11DEP2WK</i> Q36 Sad, Blue, or Depressed for 2 or More Weeks in Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
67	<i>B11DEPYR</i> Q37 Depressed or Sad for Much of Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
68	<i>B11DEP2YR</i> Q38 Depressed or Sad for 2 or More Years in Your Life	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
69	<i>B11DEPWEEK</i> Q39 Depressed for How Much of the Time in Past Week	Num	3	1 = Less than one day 2 = One or two days 3 = Three or four days 4 = More than four days	Entered from the survey (See Appendix B)
70	<i>B11CMPHTH</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>B11SMOKE</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>B11MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
73	<i>B11MUIMAG</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>B11MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
75	<i>B11MUITRT</i> Q45 Received Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
76	<i>B11PAOTLK</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)
77	<i>B11PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
78	<i>B11FRMTLK</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>B11FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
80	<i>B11FRMBAL</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>B11FRMPREV</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>B11TOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
83	<i>B11WEIGHT</i> Q53 How Much Do You Weigh in Pounds	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>B11HEIGHT</i> Q54 How Tall Are You Without Shoes (ft. and 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>B11SRVBRYR</i> Q55 Survey-Birth Year	Char	4		Entered from the survey (See Appendix B)
86	<i>B11SRVGEND</i> Q56 Survey-Gender	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix B)
87	<i>B11HISPAN</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>B11RCNATAM</i> Q58a American Indian or Alaskan Native	Num	3	0 = Did not check American Indian or Alaskan Native 1 = Checked American Indian or Alaskan Native	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
89	<i>B11RCASIAN</i> Q58b Asian	Num	3	0 = Did not check Asian 1 = Checked Asian	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
90	<i>B11RCAFRAM</i> Q58c Black or African American	Num	3	0 = Did not check Black or African American 1 = Checked Black or African American	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
91	<i>B11RCNHPI</i> Q58d Native Hawaiian or other Pacific Islander	Num	3	0 = Did not check Native Hawaiian or other Pacific Islander 1 = Checked Native Hawaiian or other Pacific Islander	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
92	<i>B11RCWHITE</i> Q58e White	Num	3	0 = Did not check White 1 = Checked White	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.
93	<i>B11RCOTHER</i> Q58f Another Race	Num	3	0 = Did not check Another race 1 = Checked Another race	Entered from the survey (See Appendix B) Note: Multiple responses are allowed for Survey Race.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
94	<i>B11MARITAL</i> Q59 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix B)
95	<i>B11EDUC</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)
96	<i>B11HMOWN</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)
97	<i>B11CMPWHO</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)
98	<i>B11HHINC</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)
99	<i>F11VRGENHTH</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)
100	<i>F11VRACT</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
101	<i>F11VRSTAIR</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)
102	<i>F11VRPACCL</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)
103	<i>F11VRPWORK</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)
104	<i>F11VRMACCL</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)
105	<i>F11VRMWORK</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)
106	<i>F11VRPAIN</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)
107	<i>F11VRCALM</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)
108	<i>F11VRENERGY</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)
109	<i>F11VRDOWN</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
110	<i>F11VRSACT</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)
111	<i>F11VRPHCMP</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)
112	<i>F11VRMHCMP</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)
113	<i>F11ADLBTH</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)
114	<i>F11ADLDRS</i> Q10b Difficulty Dressing	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
115	<i>F11ADLEAT</i> Q10c Difficulty Eating	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
116	<i>F11ADLCHR</i> Q10d Difficulty Getting in or out of Chairs	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
117	<i>F11ADLWLK</i> Q10e Difficulty Walking	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
118	<i>F11ADLTLT</i> Q10f Difficulty Using Toilet	Num	3	1 = No, I do not have difficulty 2 = Yes, I have difficulty 3 = I am unable to do this activity	Entered from the survey (See Appendix C)
119	<i>F11HDPHY</i> Q11 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
120	<i>F11HDMEN</i> Q12 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.
121	<i>F11HDACT</i> Q13 Number of Days Poor Health interfered w/activities	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates ≥ 100 days.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
122	<i>F11CHSTEX</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 C)
123	<i>F11CHSTRST</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 C)
124	<i>F11SOBFLT</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 C)
125	<i>F11SOBSIT</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 C)
126	<i>F11SOBWLK</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 C)
127	<i>F11SOBSTR</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 C)
128	<i>F11FTNUMB</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 C)
129	<i>F11FTSENS</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 C)
130	<i>F11FTHC</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 C)
131	<i>F11FTSRS</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 C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
132	<i>F11PNART</i> Q17 Arthritis pain	Num	3	1 = None 2 = Very Mild 3 = Mild 4 = Moderate 5 = Severe	Entered from the survey (See Appendix C)
133	<i>F11READ</i> Q18 See to read newspaper	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
134	<i>F11HEAR</i> Q19 Hear most things	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
135	<i>F11CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
136	<i>F11CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
137	<i>F11CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
138	<i>F11CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
139	<i>F11CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
140	<i>F11CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
141	<i>F11CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
142	<i>F11CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
143	<i>F11CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
144	<i>F11CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
145	<i>F11CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
146	<i>F11CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
147	<i>F11CCDIABET</i> Q32 Diabetes, or high blood sugar, or sugar in the urine	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
148	<i>F11CCANYCA</i> Q33 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
149	<i>F11CACOLON</i> Q34a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
150	<i>F11CALUNG</i> Q34b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
151	<i>F11CABRST</i> Q34c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
152	<i>F11CAPROS</i> Q34d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
153	<i>F11PNBACK</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 C)
154	<i>F11DEP2WK</i> Q36 Sad, Blue, or Depressed for 2 or More Weeks in Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
155	<i>F11DEPYR</i> Q37 Depressed or Sad for Much of Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
156	<i>F11DEP2YR</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 C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
157	<i>F11DEPWEEK</i> Q39 Depressed for How Much of the Time in Past Week	Num	3	1 = Less than one day 2 = One or two days 3 = Three or four days 4 = More than four days	Entered from the survey (See Appendix C)
158	<i>F11CMPHTH</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 C)
159	<i>F11SMOKE</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 C)
160	<i>F11MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
161	<i>F11MUIMAG</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 C)
162	<i>F11MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
163	<i>F11MUITRT</i> Q45 Received Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
164	<i>F11PAOTLK</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 C)
165	<i>F11PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
166	<i>F11FRMTLK</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 C)
167	<i>F11FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
168	<i>F11FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
169	<i>F11FRMPREV</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 C)
170	<i>F11TOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
171	<i>F11WEIGHT</i> Q53 How Much Do You Weigh in Pounds	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 C)
172	<i>F11HEIGHT</i> Q54 How Tall Are You Without Shoes (ft. and 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 C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
173	F11SRVBRYR Q55 Survey-Birth Year	Char	4		Entered from the survey (See Appendix C)
174	F11SRVGEND Q56 Survey-Gender	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix C)
175	F11HISPAN Q57 Hispanic (Yes/No)	Num	3	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Entered from the survey (See Appendix C)
176	F11RCNATAM Q58a American Indian or Alaskan Native	Num	3	0 = Did not check American Indian or Alaskan Native 1 = Checked American Indian or Alaskan Native	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
177	F11RCASIAN Q58b Asian	Num	3	0 = Did not check Asian 1 = Checked Asian	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
178	F11RCAFRAM Q58c Black or African American	Num	3	0 = Did not check Black or African American 1 = Checked Black or African American	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
179	F11RCNHPI Q58d Native Hawaiian or other Pacific Islander	Num	3	0 = Did not check Native Hawaiian or other Pacific Islander 1 = Checked Native Hawaiian or other Pacific Islander	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
180	F11RCWHITE Q58e White	Num	3	0 = Did not check White 1 = Checked White	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
181	F11RCOTHER Q58f Another Race	Num	3	0 = Did not check Another race 1 = Checked Another race	Entered from the survey (See Appendix C) Note: Multiple responses are allowed for Survey Race.
182	F11MARITAL Q59 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix C)
183	F11EDUC 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 C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
184	F11HMOWN 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 C)
185	F11CMPWHO 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 C)
186	F11HHINC 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 C)
187	B11DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 11</i> Baseline respondent's survey disposition indicator
188	F11DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 11 Follow Up</i> respondent's survey disposition indicator
189	B11TSRVDAT 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 11 Baseline</i> survey date
190	B11TSRVDATIM 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 (B11TSRVDAT). For records with a missing survey date, a date of May 14, 2008 was imputed to represent the midpoint date for the data collection.
191	F11TSRVDAT 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 11 Follow Up</i> survey date

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
192	<i>F11TSRVDATIM</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 (F11TSRVDAT). For records with a missing survey date, a date of May 12, 2010 was imputed to represent the midpoint date for the data collection.
193	<i>B11SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 11 Baseline</i> survey language
194	<i>F11SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 11 Follow Up</i> survey language
195	<i>B11VENDOR</i> Vendor	Num	3	1 = DataStat 2 = DSS Research 3 = MORPACE International 4 = Synovate 5 = The Myers Group	<i>Cohort 11 Baseline</i> survey vendor
196	<i>F11VENDOR</i> Vendor	Num	3	1415 = DataStat 1417 = DSS Research 1437 = Synovate 1440 = MORPACE, Inc. 1463 = The Myers Group	<i>Cohort 11 Follow Up</i> survey vendor
197	<i>F11PROXST</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 11 Follow Up</i> proxy status
198	<i>B11EXCLUDE</i> Request to be Excluded	Num	3	1 = Requested 'Take me off your list and never contact me again' 2 = Did not request 'Take me off your list and never contact me again'	Generated by survey vendor
199	<i>F11EXCLUDE</i> Request to be Excluded	Num	3	1 = Requested 'Take me off your list and never contact me again' 2 = Did not request 'Take me off your list and never contact me again'	Generated by survey vendor

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
200	<i>B11PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 11 Baseline</i> unadjusted PCS Score
201	<i>B11MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 11 Baseline</i> unadjusted MCS Score
202	<i>F11PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field <i>Cohort 11 Follow Up</i> unadjusted PCS Score
203	<i>F11MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field <i>Cohort 11 Follow Up</i> unadjusted MCS Score
204	<i>B11BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height ²)*703 Units: midpoint of weight category in pounds; height in inches
205	<i>B11BMICAT</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 B11BMI
206	<i>F11BMI</i> Calculated Body Mass Index	Num	8		Derived field BMI=(weight / height ²)*703 Units: midpoint of weight category in pounds; height in inches
207	<i>F11BMICAT</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 F11BMI
208	<i>AHICNUM</i> HIC Number for <i>Cohort 11</i> Analytic Members	Char	12		Unique beneficiary identifier derived from CMS' databases This was the beneficiary level unit of analysis for the <i>Cohort 11</i> Performance Measurement Report.
209	<i>B11LNAME</i> Last Name	Char	24		Beneficiary's last name from the <i>Cohort 11 Baseline</i> member level record
210	<i>B11MIDINIT</i> Middle Initial	Char	1		Beneficiary's middle initial from the <i>Cohort 11 Baseline</i> member level record

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
211	<i>B11FNAME</i> First Name	Char	15		Beneficiary's first name from the <i>Cohort 11 Baseline</i> member level record
212	<i>B11BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
213	<i>B11ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 11 Baseline</i> member level record
214	<i>B11STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 11 Baseline</i> member level record
215	<i>B11CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 11 Baseline</i> member level record
216	<i>B11STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 11 Baseline</i> state SSA code (B11STATECDE)
217	<i>B11CTNAME</i> County Name from County SSA code	Char	21		Beneficiary's county name based on the <i>Cohort 11 Baseline</i> county SSA code (B11CNTYCDE)
218	<i>B11ZIPCDE</i> ZIP Code	Char	9		Beneficiary's ZIP code from the <i>Cohort 11 Baseline</i> member level record
219	<i>F11BPID</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
220	<i>F11SNPTYPE</i> Type of Special Needs Plan	Num	3	1=Chronic or Disabling Condition 2=Dual-Eligible 3=Institutional	Obtained from the Sample File
221	<i>F11BLKEY</i> Beneficiary Link Key	Char	13		Obtained from the Sample File
222	<i>F11PHONE</i> Member Telephone with Successful Contact	Char	10		Beneficiary's telephone number from a successful vendor contact for the <i>Cohort 11 Follow Up</i> survey
223	<i>F11ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 11 Follow Up</i> member level record

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
224	<i>F11STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 11 Follow Up</i> member level record
225	<i>F11CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 11 Follow Up</i> member level record
226	<i>F11STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 11 Follow Up</i> state SSA code (F11STATECDE)
227	<i>F11CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the <i>Cohort 11 Follow Up</i> county SSA code (F11CNTYCDE)
228	<i>F11ZIPCDE</i> ZIP Code	Char	9		Beneficiary's ZIP code from the <i>Cohort 11 Follow Up</i> member level record
229	<i>B11RACE</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 11 Baseline</i> member level record, obtained from CMS' databases
230	<i>B11GENDER</i> Gender (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's gender from the <i>Cohort 11 Baseline</i> member level record, obtained from CMS' databases
231	<i>B11TDOB</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 (B11TSRVDATIM), was used to calculate baseline age (B11AGE) for all beneficiaries
232	<i>B11ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the <i>Cohort 11 Baseline</i> member level record, obtained from CMS' databases
233	<i>B11INSTUT</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 11 Baseline</i> member level record, obtained from CMS' databases
234	<i>B11HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the <i>Cohort 11 Baseline</i> member level record, obtained from CMS' databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
235	<i>B11MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 11 Baseline</i> member level record, obtained from CMS' databases
236	<i>B11ENTITLE</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 11 Baseline</i> member level record, obtained from CMS' databases
237	<i>B11NMCOMP</i> Q63 Combined Name Person Completing Survey	Char	31		Beneficiary's response to Q63 from the <i>Cohort 11 Baseline</i> survey: <i>What is the name of the person who completed this survey form?</i>
238	<i>F11RACE</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 11 Follow Up</i> member level record, obtained from CMS databases
239	<i>F11GENDER</i> Gender (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's gender from the <i>Cohort 11 Follow Up</i> member level record, obtained from CMS databases
240	<i>F11TDOB</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 11 Follow Up</i> member level record, obtained from CMS databases
241	<i>F11ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the <i>Cohort 11 Follow Up</i> member level record, obtained from CMS databases
242	<i>F11INSTUT</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 11 Follow Up</i> member level record, obtained from CMS databases
243	<i>F11HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the <i>Cohort 11 Follow Up</i> member level record, obtained from CMS databases
244	<i>F11MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 11 Follow Up</i> member level record, obtained from CMS databases

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
245	<i>F11ENTITLE</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 11 Follow Up</i> member level record, obtained from CMS databases
246	<i>F11NMCOMP</i> Q63 Combined Name Person Completing Survey	Char	31		Beneficiary's response to Q63 from the <i>Cohort 11 Follow Up</i> survey: <i>What is the name of the person who completed this survey form?</i>
247	<i>P11THDOD</i> SAS Date of Death - source CMS 01/11	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 2011
248	<i>B11AGE</i> Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the baseline date of birth (B11TDOB) and survey date with missing values imputed (B11TSRVDATIM), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age
249	<i>P11PMRIND</i> Performance Measurement Report Sample Distribution Indicator	Num	3	1 = Respondent 2 = Non-respondent 3 = Ineligible 4 = Dead 5 = Voluntarily Disenrolled	Status indicator of the record in this analytic file <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 included in the QIO files.</i>

Appendix B (Annotated Baseline Survey Form)

2008 MEDICARE HEALTH OUTCOMES SURVEY

1. In general, would you say your health is: B11VRGENHTH

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRMACT	1	2	3
b. Climbing several flights of stairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRSTAIR	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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRPACCL	1	2	3	4	5
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRPWORK	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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRMACCL	1	2	3	4	5
b. Didn't do work or other activities as carefully as usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11VRMWORK	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)?

B11VRPAIN

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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"/>
	B11VRCALM					
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"/>
	B11VRENERGY					
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"/>
	B11VRDOWN					

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.)?

B11VRSACT

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**?

B11VRPHCMP

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**?

B11VRMHCMP

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	B11ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing	B11ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	B11ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs.	B11ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking	B11ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	B11ADLTLT	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

B11HDPHY

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

B11HDMEN

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

B11HDACT

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"/>
B11CHSTEX					
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"/>
B11CHSTRST					

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"/>
B11SOBFLT					
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"/>
B11SOBSIT					
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"/>
B11SOBWLK					
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"/>
B11SOBSTR					

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"/>
B11FTNUMB					
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"/>
B11FTSENS					
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"/>
B11FTHC					
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"/>
B11FTSRS					

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

	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"/>

B11PNART

- | | 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"/> |
| B11READ | | |
| 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"/> |
| B11HEAR | | |

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"/> |
| B11CCHBP | | |
| 21. Angina pectoris or coronary artery disease..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CC_CAD | | |
| 22. Congestive heart failure..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CC_CHF | | |
| 23. A myocardial infarction or heart attack..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCMI | | |
| 24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCHRTOTH | | |
| 25. A stroke..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCSTROKE | | |
| 26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CC_COPD | | |
| 27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCGI | | |
| 28. Arthritis of the hip or knee..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCARTHIP | | |
| 29. Arthritis of the hand or wrist..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCARTHND | | |
| 30. Osteoporosis, sometimes called thin or brittle bones..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCOSTEO | | |
| 31. Sciatica (pain or numbness that travels down your leg to below your knee)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCSCIATI | | |
| 32. Diabetes, high blood sugar, or sugar in the urine | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| B11CCDIABET | | |

Has a doctor ever told you that you had:

Yes No

33. Any cancer (other than skin cancer).....
1 2
B11CCANYCA

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.....
1 2
B11CACOLON

b. Lung cancer.....
1 2
B11CALUNG

c. Breast cancer.....
1 2
B11CABRST

d. Prostate cancer.....
1 2
B11CAPROS

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

B11PNBACK

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?.....
1 2
B11DEP2WK

37. In the past **year**, have you felt depressed or sad much of the time?.....
1 2
B11DEPYR

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?.....
1 2
B11DEP2YR

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

B11DEPWEEK

Less than one day

1

One or two days

2

Three or four days

3

More than four days

4

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

1 Excellent

B11CMPHTH

2 Very good

3 Good

4 Fair

5 Poor

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

1 Every day

B11SMOKE

2 Some days

3 Not at all

4 Don't know

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**

B11MUILKG

2 No → **Go to Question 46**

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

1 A big problem → **Go to Question 44**

B11MUIMAG

2 A small problem → **Go to Question 44**

3 Not a problem → **Go to Question 46**

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

1 Yes

B11MUITLK

2 No

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

B11MUITRT

2 No

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.

B11PAOTLK

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.

B11PAOADV

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?

B11FRMTLK

Yes

No

I had no visits in the past 12 months

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

B11FRMFALL

Yes

No

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

B11FRMBAL

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.

B11FRMPREV

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

B11OTOTEST

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

B11WEIGHT

- | | | | |
|---|--|--|--|
| 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.)

B11HEIGHT

- | | | | |
|--|--|--|--|
| 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.

B11SRVBRYR

--	--	--	--

56. Are you male or female?

1 Male

2 Female

B11SRVGEND

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

B11HISPAN

1 Yes, Hispanic or Latino

2 No, not Hispanic or Latino

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
- f Another race

B11RCNATAM

B11RCASIAN

B11RCAFRAM

B11RCNHPI

B11RCWHITE

B11RCOTHER

59. What is your current marital status?

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

B11MARITAL

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

B11EDUC

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

B11HMOWN

62. Who completed this survey form?

B11CMPWHO

- 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

B11NMCOMP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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?

B11HHINC

- 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)

2010 MEDICARE HEALTH OUTCOMES SURVEY

1. In general, would you say your health is: F11VRGENHTH

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3
	F11VRMACT		
b. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3
	F11VRSTAIR		

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	F11VRPACCL				
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	F11VRPWORK				

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	F11VRMACCL				
b. Didn't do work or other activities as carefully as usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	F11VRMWORK				

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

F11VRPAIN

Not at all	A little bit	Moderately	Quite a bit	Extremely
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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"/>
	F11VRCALM					
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"/>
	F11VREENERGY					
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"/>
	F11VRDOWN					

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.)?

F11VRSACT

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**?

F11VRPHCMP

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**?

F11VRMHCMP

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	F11ADLBTH	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing	F11ADLDRS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	F11ADLEAT	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs	F11ADLCHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking	F11ADLWLK	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	F11ADLTLT	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

F11HDPHY

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

F11HDMEN

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

F11HDACT

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"/>
F11CHSTEX					
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"/>
F11CHSTRST					

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"/>
F11SOBFLT					
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"/>
F11SOBSIT					
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"/>
F11SOBWLK					
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"/>
F11SOBSTR					

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"/>
F11FTNUMB					
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"/>
F11FTSENS					
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"/>
F11FTHC					
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"/>
F11FTSRS					

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

	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"/>

F11PNART

- | | 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"/> |
| F11READ | | |
| 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"/> |
| F11HEAR | | |

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"/> |
| F11CCHBP | | |
| 21. Angina pectoris or coronary artery disease | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CC_CAD | | |
| 22. Congestive heart failure | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CC_CHF | | |
| 23. A myocardial infarction or heart attack | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCMI | | |
| 24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCHRTOTH | | |
| 25. A stroke | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCSTROKE | | |
| 26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CC_COPD | | |
| 27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCGI | | |
| 28. Arthritis of the hip or knee | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCARTHIP | | |
| 29. Arthritis of the hand or wrist | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCARTHND | | |
| 30. Osteoporosis, sometimes called thin or brittle bones | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCOSTEO | | |
| 31. Sciatica (pain or numbness that travels down your leg to below your knee) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCSCIATI | | |
| 32. Diabetes, high blood sugar, or sugar in the urine | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| F11CCDIABET | | |

Has a doctor ever told you that you had:

Yes No

33. Any cancer (other than skin cancer) F11CCANYCA 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 F11CACOLON 1 2

b. Lung cancer F11CALUNG 1 2

c. Breast cancer F11CABRST 1 2

d. Prostate cancer F11CAPROS 1 2

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

F11PNBACK

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

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? F11DEP2WK 1 2

37. In the past **year**, have you felt depressed or sad much of the time? F11DEPYR 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? F11DEP2YR 1 2

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

F11DEPWEEK

Less than one day

One or two days

Three or four days

More than four days

1

2

3

4

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

1 Excellent

F11CMPHTH

2 Very good

3 Good

4 Fair

5 Poor

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

1 Every day

F11SMOKE

2 Some days

3 Not at all

4 Don't know

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**

F11MUILKG

2 No → **Go to Question 46**

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

1 A big problem → **Go to Question 44**

F11MUIMAG

2 A small problem → **Go to Question 44**

3 Not a problem → **Go to Question 46**

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

1 Yes

F11MUITLK

2 No

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

F11MUITRT

2 No

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.

F11PAOTLK

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.

F11PAOADV

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?

F11FRMTLK

Yes

No

I had no visits in the past 12 months

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

F11FRMFALL

Yes

No

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

F11FRMBAL

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:

F11FRMPREV

- 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.

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

F11TOTEST

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

F11WEIGHT

- | | | | |
|---|--|--|--|
| 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.)

F11HEIGHT

- | | | | |
|--|--|--|--|
| 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.

F11SRVBRYR

--	--	--	--

56. Are you male or female?

- 1 Male
2 Female

F11SRVGEND

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

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

F11HISPAN

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
- f Another race

F11RCNATAM

F11RCASIAN

F11RCAFRAM

F11RCNHPI

F11RCWHITE

F11RCOTHER

59. What is your current marital status?

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

F11MARITAL

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

F11EDUC

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

F11HMOWN

62. Who completed this survey form?

F11CMPWHO

- 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

F11NMCOMP

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?

F11HHINC

- 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