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*2006 – 2008 Cohort 9*

PERFORMANCE  
MEASUREMENT  
DATA USER'S  
GUIDE

REVISED 01/25/2010

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 the CMS website at [www.cms.hhs.gov/hos](http://www.cms.hhs.gov/hos), and a full description of the program may be found on the HOS website at [www.hosonline.org](http://www.hosonline.org).

The *2006-2008 Cohort 9* Performance Measurement reports were distributed to participating Quality Improvement Organizations (QIOs) via QualityNet in August 2009. 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 September 2009. 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](http://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.

This HOS *2006-2008 Cohort 9* Performance Measurement **Data User's Guide** is designed to assist users with the beneficiary level *2006-2008 Cohort 9* Performance Measurement data file. The Data User's Guide 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.

## 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 one component of their Medicare Advantage performance assessment program. 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 the HOS e-mail address ([hos@azqio.sdps.org](mailto:hos@azqio.sdps.org)) are available to provide assistance with questions regarding the data file.

# Methodology and Design

## 2006-2008 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, 2005, and all Social HMOs (SHMOs), regardless of contract effective date, were required by CMS to administer the *Cohort 9 Baseline* survey in 2006. Furthermore, all MAOs that administered the HOS *Cohort 9 Baseline* Survey in 2006 were required to administer the HOS *Cohort 9 Follow Up* survey in 2008.

## SAMPLING METHODOLOGY

### 2006 Cohort 9 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

- For MAOs with Medicare populations of more than 1,000 members, a simple random sample of 1,000 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 1,000 for the current year.
- For MAOs with populations of 1,000 members or less, all eligible members were included in the sample.
- 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).

### 2008 Cohort 9 Follow Up Sampling

CMS identified beneficiaries from the *2006 Cohort 9 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.

For a more detailed discussion on sampling, data collection, and submission, please refer to the HEDIS 2006 and 2008 Volume 6 manuals.<sup>1, 2</sup>

<sup>1</sup> National Committee for Quality Assurance. *HEDIS® 2006, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2006.

<sup>2</sup> National Committee for Quality Assurance. *HEDIS® 2008, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2008.

# Medicare HOS Instrument

The core HOS health status items were collected with the HOS 2.0 for the *2006 Cohort 9 Baseline* and *2008 Cohort 9 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 2006 and 2008 Volume 6 manuals.<sup>1,2</sup> 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](http://www.ncqa.org)). The survey forms may be obtained from the Survey Instrument section of the HOS website ([www.hosonline.org](http://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 same website.

## SUMMARY MEASURES

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

Physical 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 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. The field names for the 14 items begin with the prefix "B9VR" for the *2006 Cohort 9 Baseline*, and "F9VR" for the *2008 Cohort 9 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.<sup>3</sup> 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.<sup>4</sup> 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.

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. A higher PCS or MCS

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<sup>3</sup> 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 September 23, 2009 at [www.chqoer.research.va.gov/docs/VR12.pdf](http://www.chqoer.research.va.gov/docs/VR12.pdf).

<sup>4</sup> 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 September 23, 2009 at [www.hosonline.org/surveys/hos/download/HOS\\_Veterans\\_12\\_Imputation.pdf](http://www.hosonline.org/surveys/hos/download/HOS_Veterans_12_Imputation.pdf).

score reflects better health status. For the physical health summary measure, very high scores (scale 0-100) 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 (scale 0-100) indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems. Although rarely occurring, PCS and MCS scores of less than 0 or greater than 100 are mathematically possible.

# Data File Characteristics

The file is distributed to QIOs as a SAS 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. Fields from the baseline survey have a **B9** prefix, and fields from the follow up survey have a **F9** prefix. Fields derived at the time of the performance measurement analysis have a **P9** prefix. The only field without a prefix is the Health Insurance Claim number **AHICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file.

The Performance Measurement data file contains only beneficiaries in the *2006-2008 Cohort 9* 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., B9PCS or B9MCS not equal to missing)
- MAO still existed at the time of the follow up survey (i.e., P9CONTRACT not blank)
- Age 65 or older at baseline (i.e., B9AGE 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 P9PMRIND. 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 9 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.*

## NEW AND REVISED FIELDS

The following survey fields are **new or revised** in the *2006 Cohort 9 Baseline* survey and are also included in the *2008 Cohort 9 Follow Up* survey.

- Two questions about height and weight were added for the calculation of Body Mass Index (BMI).
  - *How much do you weigh in pounds (lbs.)?* (B9WEIGHT)
  - *How tall are you without shoes on in feet (ft.) and inches (in.)? (If 1/2 in., please round up.)* (B9HEIGHT)
- New measures for BMI (B9BMI) and BMI categories (B9BMICAT) were added in 2006. Information was collected on category of weight and category of height from each respondent. The midpoints of the weight and height categories were used for the calculation of BMI.<sup>5</sup> The exceptions were the lowest and highest categories for which the listed value was used (i.e. for the category 90 lbs or less the value of 90 was used for weight in the calculation, and for the category six feet three inches or more the value of 75 was used for height in the calculation). BMI was calculated as:  $BMI = [weight\ in\ pounds / (height\ in\ inches)^2] \times 703$ . BMI was then used to calculate the BMI categories. Please refer to Appendix B for details about the BMI categories.
- One question was added about osteoporosis.
  - *Has a doctor ever told you that you had osteoporosis, sometimes called thin or brittle bones?* (B9CCOSTEO)
- The survey race question was changed to allow one or more response choices.
  - American Indian or Alaskan Native (B9RCNATAM)
  - Asian (B9RCASIAN)
  - Black or African American (B9RCAFRAM)
  - Native Hawaiian or Other Pacific Islander (B9RCNHPI)
  - White (B9RCWHITE)
  - Another Race (B9RCOTHER)
- Four questions were added to the HOS instrument to support the HEDIS *Fall Risk Management* measure.
  - *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?* (B9FRMTLK)
  - *Did you fall in the **past 12 months**?* (B9FRMFALL)
  - *In the **past 12 months**, have you had a problem with balance or walking?* (B9FRMBAL)
  - *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:* (B9FRMPREV)

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<sup>5</sup> Centers for Disease Control. BMI - Body Mass Index: About BMI for Adults. Accessed September 23, 2009 at [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/)

- *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.*
- One question was added to support the HEDIS Osteoporosis Testing measure.
    - *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. (B9OTOTEST)*

The following survey fields are **new or revised** in the *2008 Cohort 9 Follow Up* survey.

- One question was added to the follow up survey regarding depressive feelings during the past week.
  - *How much of the time in the past week did you feel depressed? (F9DEPWEEK)*

Selected field attributes (i.e., field name, type, length and/or label) may have been modified for some fields included in the *2006-2008 Cohort 9 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 baseline survey fields have been **excluded** in the *2006 Cohort 9 Baseline* survey.

- Three questions were seen as redundant or less useful and were removed. One question related to urinary incontinence and the other two were related to stroke complications.
  - *Have you ever had paralysis or weakness on one side of the body?*
  - *Have you ever lost the ability to talk?*
  - *Do you have difficulty controlling urination?*

No other survey fields were **excluded** in the *2006-2008 Cohort 9 Performance Measurement* data file compared with the *2005-2007 Cohort 8* file.

## **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 - 7)

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 2008 NCQA Plan Contract List and the February 2009 CMS Monthly Report of Managed Care Health Plans from the following CMS

website: ([www.cms.hhs.gov/MCRAdvPartDENrolData](http://www.cms.hhs.gov/MCRAdvPartDENrolData)). These fields include the MAO contract number (P9CONTRACT), which was the plan level unit of analysis for the *2006-2008 Cohort 9 Performance Measurement Report*. Other fields in this section are the plan state (P9PLANSTN), which is the two letter state abbreviation, and CMS region code (P9PLREGCDE). 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. This plan state field, P9PLANSTN, was the state level unit of analysis for the *2006-2008 Cohort 9 Performance Measurement Report*.

#### Survey Level Fields (Fields 8 – 183)

This section contains a randomly assigned, anonymous beneficiary identification number (B9PATID), and survey information from the 63 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 survey, Q62 at baseline (B9NMCOMP) and Q63 at follow up (F9NMCOMP), 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, Q61 at baseline (B9CMPWHO) and Q62 at follow up (F9CMPWHO). 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 measures at both baseline and follow up.

#### Survey Administration Fields (Fields 184 - 198)

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 (B9DISP, F9DISP), the dates the surveys were completed (B9TSRVDAT, B9TSRVDATIM, F9TSRVDAT, F9TSRVDATIM), and the language(s) in which the surveys were completed (B9SRVLANG, F9SRVLANG). The original baseline and follow up survey date fields (B9TSRVDAT, F9TSRVDAT, respectively) were included for all beneficiaries with reported survey dates. For beneficiaries with missing baseline survey dates, a date of May 16, 2006 was imputed (B9TSRVDATIM) and for beneficiaries with missing follow up survey dates, a date of May 14, 2008 was imputed (F9TSRVDATIM) to represent the midpoint dates for each of the sampling time frames. The imputed fields B9TSRVDATIM and F9TSRVDATIM are equal to the original survey dates except in those instances where survey dates have been imputed due to missing data. The imputed survey date field B9TSRVDATIM, in combination with date of birth was utilized to derive the beneficiary's age at baseline. The survey vendors at baseline and follow up (B9VENDOR, F9VENDOR) were included in this section. The proxy status field (F9PROXST), 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 (B9EXCLUDE, F9EXCLUDE) and Chinese protocol flags (B9CHIN, F9CHIN).

### Physical and Mental Health Summary Measures (Fields 199 – 202)

The fields that are presented in this section include the unadjusted PCS and MCS summary measures at baseline and follow up: B9PCS, B9MCS, F9PCS, and F9MCS. As previously described, the PCS and MCS scores were standardized to the U.S. population using 1990 norms.

### Analytic Fields (Fields 203 – 206)

Data from this section include the beneficiary's BMI at baseline (B9BMI) and follow up (F9BMI), and BMI categories at baseline (B9BMICAT) and follow up (F9BMICAT). 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 207 – 243)

Data from this section are taken primarily from the member level record of the baseline and follow up data files. These data were obtained from the CMS databases at the baseline and follow up survey administrations which included: CMS' Medicare Advantage Prescription Drug (MARx) System, Common Working File (CWF), and Medicare Beneficiary Database (MBD). The Health Insurance Claim (HIC) number (AHICNUM), which is a unique identifier used to identify each beneficiary, is included in this section. This HIC number is obtained from the member level record at baseline. 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 both baseline and follow up are also included in this section. The beneficiary's baseline date of birth (B9TDOB) was utilized to derive the beneficiary's age at baseline (B9AGE). This age field was used in the HOS performance measurement analysis. The performance measurement analytic sample distribution indicator (P9PMRIND) identifies respondents, non-respondents, as well as 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 *2006-2008 Cohort 9 Performance Measurement Reports*, and are included in the QIO data files.

## **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 at 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 (P9PMRIND) 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 available from the *2008 Cohort 9 Follow Up* survey but is not available from the *2006 Cohort 9 Baseline* survey: depression question (F9DEPWEEK).

# Appendix A

## Performance Measurement Data File Specifications

### DATA FILE LAYOUT BY POSITION

The following table describes the field attributes for the *2006-2008 Cohort 9* 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 2006 and 2008, Volume 6 manuals.<sup>1,2</sup>

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>P9CONTRACT</i> Contract Number	Char	5		Contract number representing the beneficiary’s MAO assignment at the time of the <i>Cohort 9</i> Performance Measurement reporting in 2009. <b>This was the MAO level unit of analysis for the <i>Cohort 9</i> Performance Measurement Report.</b>
2	<i>B9CONTRACT</i> Contract Number	Char	5		Plan contract number representing the beneficiary’s plan assignment at the time of the <i>Cohort 9 Baseline</i> sampling in 2006. This was the plan level unit of analysis for the <i>Cohort 9 Baseline</i> Report.
3	<i>F9CONTRACT</i> Contract Number	Char	5		Contract number representing the beneficiary’s MAO assignment at the time of the <i>Cohort 9 Follow Up</i> sampling in 2008.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
4	<i>P9PLREGCDE</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, Puerto Rico, and the Virgin Islands) 3 = Region 3 - Philadelphia (DE, Washington 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 CMS region field in the August 2008 NCQA Plan Contract List.
5	<i>P9PLORGNM</i> Plan Organization Name - source CMS 02/09	Char	50		Obtained from the February 2009 CMS Monthly Report of Managed Care Health Plans.
6	<i>P9PLANSTN</i> Plan State - source NCQA 08/08	Char	2		Obtained from the August 2008 NCQA Plan Contract List.
7	<i>P9PLTYPE</i> Plan Type - source CMS 02/09	Char	40		Plan type from the February 2009 CMS Monthly Report of Managed Care Health Plans.
8	<i>B9PATID</i> Anonymous Beneficiary ID	Num	8		Unique number assigned to each beneficiary in the <i>Cohort 9 Baseline</i> sample.
9	<i>B9VRGENHTH</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)
10	<i>B9VRMACT</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
11	<i>B9VRSTAIR</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)
12	<i>B9VRPACCL</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)
13	<i>B9VRPWORK</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)
14	<i>B9VRMACCL</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)
15	<i>B9VRMWORK</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)
16	<i>B9VRPAIN</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)
17	<i>B9VRCALM</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)
18	<i>B9VREENERGY</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
19	<i>B9VRDOWN</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)
20	<i>B9VRSACT</i> Q7 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)
21	<i>B9VRPHCMP</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)
22	<i>B9VRMHCMP</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)
23	<i>B9ADLBTH</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)
24	<i>B9ADLDRS</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)
25	<i>B9ADLEAT</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)
26	<i>B9ADLCHR</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)
27	<i>B9ADLWLK</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)
28	<i>B9ADLTLT</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)
29	<i>B9HDPHY</i> Q11 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates $\geq 100$ days.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
30	<i>B9HDMEN</i> Q12 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates $\geq 100$ days.
31	<i>B9HDACT</i> Q13 Number of Days Hth Interfered w/Dly Act	Num	3		Entered from the survey (See Appendix B) A value of "88" indicates $\geq 100$ days.
32	<i>B9CHSTEX</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)
33	<i>B9CHSTRST</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)
34	<i>B9SOBFLT</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)
35	<i>B9SOBSIT</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)
36	<i>B9SOBWLK</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)
37	<i>B9SOBSTR</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)
38	<i>B9FTNUMB</i> Q16a Numbness or Loss of feeling in feet	Num	3	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
39	<i>B9FTSENS</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)
40	<i>B9FTHC</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)
41	<i>B9FTSRS</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)
42	<i>B9PNART</i> Q17 Arthritis pain	Num	3	1 = None 2 = Very Mild 3 = Mild 4 = Moderate 5 = Severe	Entered from the survey (See Appendix B)
43	<i>B9READ</i> Q18 See to read newspaper	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
44	<i>B9HEAR</i> Q19 Hear most things	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
45	<i>B9CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
46	<i>B9CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
47	<i>B9CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
48	<i>B9CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
49	<i>B9CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
50	<i>B9CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
51	<i>B9CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
52	<i>B9CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
53	<i>B9CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
54	<i>B9CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
55	<i>B9CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
56	<i>B9CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
57	<i>B9CCDIABET</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)
58	<i>B9CCANYCA</i> Q33 Any Cancer (other than skin cancer)	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
59	<i>B9CACOLON</i> Q34a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
60	<i>B9CALUNG</i> Q34b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
61	<i>B9CABRST</i> Q34c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
62	<i>B9CAPROS</i> Q34d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
63	<i>B9PNBACK</i> Q35 Back Pain Interfered w/Activities in Past 4 Weeks	Num	3	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
64	<i>B9DEP2WK</i> Q36 Sad/Blue for Two + Weeks in Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
65	<i>B9DEPYR</i> Q37 Depressed for Much of Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
66	<i>B9DEP2YR</i> Q38 Depressed for Two + Years in Life	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
67	<i>B9CMPHTH</i> Q39 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)
68	<i>B9SMOKE</i> Q40 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)
69	<i>B9MUILKG</i> Q41 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
70	<i>B9MUIMAG</i> Q42 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)
71	<i>B9MUITLK</i> Q43 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
72	<i>B9MUITRT</i> Q44 Received Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
73	<i>B9PAOTLK</i> Q45 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)
74	<i>B9PAOADV</i> Q46 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
75	<i>B9FRMTLK</i> Q47 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
76	<i>B9FRMFALL</i> Q48 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
77	<i>B9FRMBAL</i> Q49 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
78	<i>B9FRMPREV</i> Q50 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)
79	<i>B9OTOTEST</i> Q51 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix B)
80	<i>B9WEIGHT</i> Q52 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
81	<i>B9HEIGHT</i> Q53 How Tall Are You Without Shoes (ft.in.)	Num	8	1 = 5ft. 00 in. or less 2 = 5ft. 01 in. 3 = 5ft. 02 in. 4 = 5ft. 03 in. 5 = 5ft. 04 in. 6 = 5ft. 05 in. 7 = 5ft. 06 in. 8 = 5ft. 07 in. 9 = 5ft. 08 in. 10 = 5ft. 09 in. 11 = 5ft. 10 in. 12 = 5ft. 11 in. 13 = 6ft. 00 in. 14 = 6ft. 01 in. 15 = 6ft. 02 in. 16 = 6ft. 03 in. or more	Entered from the survey (See Appendix B)
82	<i>B9SRVBRYR</i> Q54 Survey-Birth Year	Char	4		Entered from the survey (See Appendix B)
83	<i>B9SRVGEND</i> Q55 Survey-Gender	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix B)
84	<i>B9HISPAN</i> Q56 Hispanic (Yes/No)	Num	3	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Entered from the survey (See Appendix B)
85	<i>B9RCNATAM</i> Q57a 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
86	<i>B9RCASIAN</i> Q57b 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
87	<i>B9RCAFRAM</i> Q57c 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
88	<i>B9RCNHPI</i> Q57d 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

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
89	<i>B9RCWHITE</i> Q57e 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
90	<i>B9RCOTHER</i> Q57f 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
91	<i>B9MARITAL</i> Q58 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix B)
92	<i>B9EDUC</i> Q59 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 degree 6 = More than a 4 year college degree	Entered from the survey (See Appendix B)
93	<i>B9HMOWN</i> Q60 Homeowner Status	Num	3	1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and you live in without payment of rent 5 = None of the above	Entered from the survey (See Appendix B)
94	<i>B9CMPWHO</i> Q61 Who completed Survey	Num	3	1 = Person to whom survey was addressed 2 = Family member or relative of person to whom survey was addressed 3 = Friend of person to whom survey was addressed 4 = Professional Caregiver of person to whom survey was addressed	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
95	<i>B9HHINC</i> Q63 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)
96	<i>F9VRGENHTH</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)
97	<i>F9VRMACT</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)
98	<i>F9VRSTAIR</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)
99	<i>F9VRPACCL</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)
100	<i>F9VRPWORK</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)
101	<i>F9VRMACCL</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)
102	<i>F9VRMWORK</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
103	<i>F9VRPAIN</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)
104	<i>F9VRCALM</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)
105	<i>F9VREENERGY</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)
106	<i>F9VRDOWN</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)
107	<i>F9VRSACT</i> Q7 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)
108	<i>F9VRPHCMP</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)
109	<i>F9VRMHCMP</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)
110	<i>F9ADLBTH</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)
111	<i>F9ADLDRS</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
112	<i>F9ADLEAT</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)
113	<i>F9ADLCHR</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)
114	<i>F9ADLWLK</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)
115	<i>F9ADLTLT</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)
116	<i>F9HDPHY</i> Q11 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates $\geq 100$ days.
117	<i>F9HDMEN</i> Q12 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates $\geq 100$ days.
118	<i>F9HDACT</i> Q13 Number of Days Hth Interfered w/Dly Act	Num	3		Entered from the survey (See Appendix C) A value of "88" indicates $\geq 100$ days.
119	<i>F9CHSTEX</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)
120	<i>F9CHSTRST</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)
121	<i>F9SOBFLT</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)
122	<i>F9SOBSIT</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
123	<i>F9SOBWLK</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)
124	<i>F9SOBSTR</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)
125	<i>F9FTNUMB</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)
126	<i>F9FTSENS</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)
127	<i>F9FTHC</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)
128	<i>F9FTSRS</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)
129	<i>F9PNART</i> Q17 Arthritis pain	Num	3	1 = None 2 = Very Mild 3 = Mild 4 = Moderate 5 = Severe	Entered from the survey (See Appendix C)
130	<i>F9READ</i> Q18 See to read newspaper	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
131	<i>F9HEAR</i> Q19 Hear most things	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
132	<i>F9CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
133	<i>F9CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
134	<i>F9CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
135	<i>F9CCMI</i> Q23 A Myocardial Infarction or Heart Attack	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
136	<i>F9CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
137	<i>F9CCSTROKE</i> Q25 Stroke	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
138	<i>F9CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
139	<i>F9CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
140	<i>F9CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
141	<i>F9CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
142	<i>F9CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
143	<i>F9CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
144	<i>F9CCDIABET</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)
145	<i>F9CCANYCA</i> Q33 Any Cancer (other than skin cancer)	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	F9CACOLON Q34a Under Treatment for Colon Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
147	F9CALUNG Q34b Under Treatment for Lung Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
148	F9CABRST Q34c Under Treatment for Breast Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
149	F9CAPROS Q34d Under Treatment for Prostate Cancer	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
150	F9PNBACK Q35 Back Pain Interfered w/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)
151	F9DEP2WK Q36 Sad/Blue or Depressed for Two or more Weeks in Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
152	F9DEPYR Q37 Depressed or Sad for Much of Past Year	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
153	F9DEP2YR 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)
154	F9DEPWEEK 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) <b>Note: This question was added in 2008</b>
155	F9CMPHTH 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)
156	F9SMOKE 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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
157	<i>F9MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
158	<i>F9MUIMAG</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)
159	<i>F9MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
160	<i>F9MUITRT</i> Q45 Received Treatment for Urine Leakage	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
161	<i>F9PAOTLK</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)
162	<i>F9PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
163	<i>F9FRMTLK</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)
164	<i>F9FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
165	<i>F9FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)
166	<i>F9FRMPREV</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)
167	<i>F9OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 = Yes 2 = No	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
168	<i>F9WEIGHT</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)
169	<i>F9HEIGHT</i> Q54 How Tall Are You Without Shoes (ft.in.)	Num	8	1 = 5ft. 00 in. or less 2 = 5ft. 01 in. 3 = 5ft. 02 in. 4 = 5ft. 03 in. 5 = 5ft. 04 in. 6 = 5ft. 05 in. 7 = 5ft. 06 in. 8 = 5ft. 07 in. 9 = 5ft. 08 in. 10 = 5ft. 09 in. 11 = 5ft. 10 in. 12 = 5ft. 11 in. 13 = 6ft. 00 in. 14 = 6ft. 01 in. 15 = 6ft. 02 in. 16 = 6ft. 03 in. or more	Entered from the survey (See Appendix C)
170	<i>F9SRVBRYR</i> Q55 Survey-Birth Year	Char	4		Entered from the survey (See Appendix C)
171	<i>F9SRVGEND</i> Q56 Survey-Gender	Num	3	1 = Male 2 = Female	Entered from the survey (See Appendix C)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
172	<i>F9HISPAN</i> Q57 Hispanic (Yes/No)	Num	3	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino	Entered from the survey (See Appendix C)
173	<i>F9RCNATAM</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 C) Note: Multiple responses are allowed for Survey Race
174	<i>F9RCASIAN</i> 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
175	<i>F9RCAFRAM</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 C) Note: Multiple responses are allowed for Survey Race
176	<i>F9RCNHPI</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 C) Note: Multiple responses are allowed for Survey Race
177	<i>F9RCWHITE</i> 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
178	<i>F9RCOTHER</i> 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
179	<i>F9MARITAL</i> Q59 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix C)
180	<i>F9EDUC</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 degree 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
181	F9HMOWN 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)
182	F9CMPWHO 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)
183	F9HHINC 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)
184	B9DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 9 Baseline</i> respondent's survey disposition indicator.
185	F9DISP Survey Disposition Indicator	Num	3	1 = Mail Survey Completed 2 = Telephone Survey Completed	<i>Cohort 9 Follow Up</i> respondent's survey disposition indicator.
186	B9TSRVDAT 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 9 Baseline</i> survey date.
187	B9TSRVDATIM 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 (B9TSRVDAT). For records with a missing survey date, a date of May 16, 2006 was imputed to represent the midpoint date for the data collection.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
188	<i>F9TSRVDAT</i> 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 9 Follow Up</i> survey date.
189	<i>F9TSRVDATIM</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 ( <i>F9TSRVDAT</i> ). For records with a missing survey date, a date of May 14, 2008 was imputed to represent the midpoint date for the data collection.
190	<i>B9SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 9 Baseline</i> survey language.
191	<i>F9SRVLANG</i> Survey Language	Num	3	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese	<i>Cohort 9 Follow Up</i> survey language.
192	<i>B9VENDOR</i> Vendor	Num	3	1 = DSS Research 2 = NRC 4 = Synovate 5 = DataStat	<i>Cohort 9 Baseline</i> survey vendor.
193	<i>F9VENDOR</i> Vendor	Num	3	1 = DataStat 2 = DSS Research 3 = MORPACE International 4 = Synovate 5 = The Myers Group	<i>Cohort 9 Follow Up</i> survey vendor.
194	<i>F9PROXST</i> Proxy Status	Num	8	1 = Member (Baseline)/Member (Follow Up) 2 = Member (Baseline)/Proxy (Follow Up) 3 = Proxy (Baseline)/Member (Follow Up) 4 = Proxy (Baseline)/Same Proxy (Follow Up) 5 = Proxy (Baseline)/Diff Proxy (Follow Up) 6 = Not Enough Information (Baseline) 7 = Not Enough Information (Follow Up)	<i>Cohort 9 Follow Up</i> proxy status

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
195	<i>B9EXCLUDE</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.
196	<i>F9EXCLUDE</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.
197	<i>B9CHIN</i> Chinese Protocol Flag	Num	3	0 = Not a member of Chinese language plan 1 = Member of Chinese language plan	Derived field.
198	<i>F9CHIN</i> Chinese Protocol Flag	Num	3	0 = Not a member of Chinese language plan 1 = Member of Chinese language plan	Derived field.
199	<i>B9PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field. <i>Cohort 9 Baseline</i> unadjusted PCS Score.
200	<i>B9MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field. <i>Cohort 9 Baseline</i> unadjusted MCS Score.
201	<i>F9PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field. <i>Cohort 9 Follow Up</i> unadjusted PCS Score.
202	<i>F9MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field. <i>Cohort 9 Follow Up</i> unadjusted MCS Score.
203	<i>B9BMI</i> Calculated Body Mass Index	Num	8		BMI = [Midpoint weight of B9WEIGHT category in pounds/(Midpoint height of B9HEIGHT category in inches) <sup>2</sup> ] x 703
204	<i>B9BMICAT</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 B9BMI.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
205	<i>F9BMI</i> Calculated Body Mass Index	Num	8		BMI = [Midpoint weight of B9WEIGHT category in pounds/(Midpoint height of B9HEIGHT category in inches) <sup>2</sup> ] x 703
206	<i>F9BMICAT</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 F9BMI.
207	<i>AHICNUM</i> HIC Number for Cohort 9 Analytic Members	Char	12		Unique beneficiary identifier derived from CMS' databases. This was the beneficiary level unit of analysis for the <i>Cohort 9</i> Performance Measurement Report.
208	<i>B9LNAME</i> Last Name	Char	24		Beneficiary's last name from the <i>Cohort 9 Baseline</i> member level record.
209	<i>B9MIDINIT</i> Middle Initial	Char	1		Beneficiary's middle initial from the <i>Cohort 9 Baseline</i> member level record.
210	<i>B9FNAME</i> First Name	Char	15		Beneficiary's first name from the <i>Cohort 9 Baseline</i> member level record.
211	<i>B9ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 9 Baseline</i> member level record
212	<i>B9STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 9 Baseline</i> member level record.
213	<i>B9CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 9 Baseline</i> member level record.
214	<i>B9STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 9 Baseline</i> state SSA code (B9STATECDE).

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
215	<i>B9CTNAME</i> County Name from County SSA code	Char	21		Beneficiary's county name based on the <i>Cohort 9 Baseline</i> county SSA code ( <i>B9CNTYCDE</i> ).
216	<i>B9ZIPCDE</i> ZIP Code	Char	9		Beneficiary's ZIP code from the <i>Cohort 9 Baseline</i> member level record.
217	<i>F9ADDRESS</i> Combined Address (Member Address Fields)	Char	137		Beneficiary's mailing address from the <i>Cohort 9 Follow Up</i> member level record.
218	<i>F9STATECDE</i> State SSA Code	Char	2		Beneficiary's state SSA code from the <i>Cohort 9 Follow Up</i> member level record.
219	<i>F9CNTYCDE</i> County SSA Code	Char	3		Beneficiary's county SSA code from the <i>Cohort 9 Follow Up</i> member level record.
220	<i>F9STATEABV</i> State Abbreviation from State SSA Code	Char	2		Beneficiary's two letter state abbreviation based on the <i>Cohort 9 Follow Up</i> state SSA code ( <i>F9STATECDE</i> ).
221	<i>F9CTNAME</i> County Name from County SSA Code	Char	21		Beneficiary's county name based on the <i>Cohort 9 Follow Up</i> county SSA code ( <i>F9CNTYCDE</i> ).
222	<i>F9ZIPCDE</i> ZIP Code	Char	9		Beneficiary's ZIP code from the <i>Cohort 9 Follow Up</i> member level record
223	<i>B9RACE</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 9 Baseline</i> member level record. This information is derived from CMS' databases.
224	<i>B9GENDER</i> Gender (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's gender from the <i>Cohort 9 Baseline</i> member level record. This information is derived from CMS' databases.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
225	<i>B9TDOB</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 ( <i>B9TSRV DATIM</i> ), was used to calculate baseline age ( <i>B9AGE</i> ) for all beneficiaries.
226	<i>B9ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the <i>Cohort 9 Baseline</i> member level record. This information is obtained from CMS' databases.
227	<i>B9INSTUT</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 9 Baseline</i> member level record. This information is obtained from CMS' databases.
228	<i>B9HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the <i>Cohort 9 Baseline</i> member level record. This information is obtained from CMS' databases.
229	<i>B9MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 9 Baseline</i> member level record. This information is obtained from CMS' databases.
230	<i>B9ENTITLE</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 9 Baseline</i> member level record. This information is obtained from CMS' databases.
231	<i>B9NMCOMP</i> Q62 Combined Name Person Completing Survey	Char	31		Beneficiary's response to Q62 from the <i>Cohort 9 Baseline</i> survey: <i>What is the name of the person who completed this survey form?</i>

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
232	<i>F9RACE</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 9 Follow Up</i> member level record. This information is obtained from CMS databases.
233	<i>F9GENDER</i> Gender (CMS)	Num	3	1 = Male 2 = Female	Beneficiary's gender from the <i>Cohort 9 Follow Up</i> member level record. This information is obtained from CMS databases.
234	<i>F9TDOB</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 9 Follow Up</i> member level record. This information is obtained from CMS databases.
235	<i>F9ESRD</i> ESRD Indicator	Num	3	0 = No ESRD 1 = ESRD	Beneficiary's ESRD status from the <i>Cohort 9 Follow Up</i> member level record. This information is obtained from CMS databases.
236	<i>F9INSTUT</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 9 Follow Up</i> member level record. This information is obtained from CMS databases.
237	<i>F9HOSPICE</i> Hospice Status	Num	3	0 = No hospice start date present 1 = Hospice start date present	Beneficiary's hospice status from the <i>Cohort 9 Follow Up</i> member level record. This information is obtained from CMS databases.
238	<i>F9MEDICAID</i> Medicaid Status	Num	3	0 = Out of Medicaid 1 = In Medicaid	Beneficiary's Medicaid status from the <i>Cohort 9 Follow Up</i> member level record. This information is obtained from CMS databases.
239	<i>F9ENTITLE</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 9 Follow Up</i> member level record. This information is obtained from CMS databases.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
240	<i>F9NMCOMP</i> Q63 Combined Name Person Completing Survey	Char	31		Beneficiary's response to Q63 from the <i>Cohort 9 Follow Up</i> survey: <i>What is the name of the person who completed this survey form?</i>
241	<i>P9THDOD</i> SAS Date of Death - source CMS 01/09	Num	8	Displayed as MM/DD/YYYY in the CSV file and format MMDDYY10. in the SAS data set.	Beneficiary's date of death. This information was obtained from CMS databases in January 2009
242	<i>B9AGE</i> Age (Exact Calculation)	Num	8		Derived field. Calculated by counting the number of months between the baseline date of birth ( <i>B9TDOB</i> ) and the survey date with the missing values imputed ( <i>B9TSRVDATIM</i> ), then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.
243	<i>P9PMRIND</i> PMR Sample Distribution Indicator	Num	3	1 = Respondent 2 = Non-respondent 3 = Ineligible 4 = Dead 5 = Voluntarily Disenrolled	Indicates status 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 included in the calculation of the performance measurement results and are included in the QIO files.</i>

# Appendix B (Annotated Baseline Survey Form)

## Medicare Health Outcomes Survey

1. In general, would you say your health is: B9VRGENHTH

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

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. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf <span style="border: 1px solid blue; padding: 2px;">B9VRMACT</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Climbing <b>several</b> flights of stairs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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. <b>Accomplished less</b> than you would like..... <span style="border: 1px solid blue; padding: 2px;">B9VRPACCL</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Were limited in the <b>kind</b> of work or other activities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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. <b>Accomplished less</b> than you would like..... <span style="border: 1px solid blue; padding: 2px;">B9VRMACCL</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Didn't do work or other activities as <b>carefully</b> as usual..... <span style="border: 1px solid blue; padding: 2px;">B9VRMWORK</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including work outside the home and housework)? B9VRPAIN

<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
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**:

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
	B9VRCALM					
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"/>
	B9VREENERGY					
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"/>
	B9VRDOWN					

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.)? B9VRSACT

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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** i B9VRPHCMP

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
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**? B9VRMHCMP

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
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 .....	<b>B9ADLBTH</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing .....	<b>B9ADLDRS</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	<b>B9ADLEAT</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs .....	<b>B9ADLCHR</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking .....	<b>B9ADLWLK</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	<b>B9ADLTLT</b>	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

**B9HDPHY**

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

**B9HDMEN**

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

**B9HDACT**

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?

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>B9CHSTEX</b>					
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"/>
<b>B9CHSTRST</b>					

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>B9SOBFLT</b>					
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"/>
<b>B9SOBSIT</b>					
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"/>
<b>B9SOBWLK</b>					
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"/>
<b>B9SOBSTR</b>					

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>B9FTNUMB</b>					
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"/>
<b>B9FTSENS</b>					
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"/>
<b>B9FTHC</b>					
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"/>
<b>B9FTSRS</b>					

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"/>

- |   | 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"/> |
| <b>B9READ</b>   |                            |                            |
| 19. Can you hear <b>most</b> of the things people say (with a hearing aid if that's how you hear best)? .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9HEAR</b>   |                            |                            |

**Has a doctor ever told you that you had:**

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| 20. Hypertension .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCHBP</b>   |                            |                            |
| 21. Angina pectoris or coronary artery disease.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CC_CAD</b>  |                            |                            |
| 22. Congestive heart failure.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CC_CHF</b>  |                            |                            |
| 23. A myocardial infarction or heart attack.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCMI</b>  |                            |                            |
| 24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCHRTOTH</b>  |                            |                            |
| 25. A stroke.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCSTROKE</b>  |                            |                            |
| 26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) .....                      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CC_COPD</b>   |                            |                            |
| 27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease .....                         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCGI</b>  |                            |                            |
| 28. Arthritis of the hip or knee.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCARTHIP</b>  |                            |                            |
| 29. Arthritis of the hand or wrist.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCARTHND</b>  |                            |                            |
| 30. Osteoporosis, sometimes called thin or brittle bones .....                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCOSTEO</b>   |                            |                            |
| 31. Sciatica (pain or numbness that travels down your leg to below your knee).....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCSCIATI</b>  |                            |                            |
| 32. Diabetes, high blood sugar, or sugar in the urine .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| <b>B9CCDIABET</b>  |                            |                            |

Has a doctor ever told you that you had:

Yes No

33. Any cancer (other than skin cancer)..... B9CCANYCA 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..... B9CACOLON 1  2

b. Lung cancer..... B9CALUNG 1  2

c. Breast cancer..... B9CABRST 1  2

d. Prostate cancer..... B9CAPROS 1  2

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

**B9PNBACK**

**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?..... B9DEP2WK 1  2

37. In the past **year**, have you felt depressed or sad much of the time?..... B9DEPYR 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?..... B9DEP2YR 1  2

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

1  Excellent

2  Very good

3  Good

4  Fair

5  Poor

**B9CMPHTH**

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

1  Every day

2  Some days

3  Not at all

4  Don't know

**B9SMOKE**

41. 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 42**

2  No → **Go to Question 45**

**B9MUILKG**

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

1  A big problem → **Go to Question 43**

2  A small problem → **Go to Question 43**

3  Not a problem → **Go to Question 45**

**B9MUIMAG**

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

1  Yes

2  No

**B9MUITLK**

44. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

1  Yes

2  No

**B9MUITRT**

45. 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.

**B9PAOTLK**

- Yes → *Go to Question 46*  
1  
 No → *Go to Question 46*  
2  
 I had no visits in the past 12 months → *Go to Question 47*  
3

46. 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.

**B9PAOADV**

- Yes  
1  
 No  
2

47. 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?

**B9FRMTLK**

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

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

**B9FRMFALL**

- Yes  
1  
 No  
2

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

**B9FRMBAL**

- Yes  
1  
 No  
2

50. 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:

**B9FRMPREV**

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

51. 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

**B9TOTEST**

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

**B9WEIGHT**

01  90 lbs. or less    08  151–160 lbs.    15  221–230 lbs.    22  291–300 lbs.

02  91–100 lbs.    09  161–170 lbs.    16  231–240 lbs.    23  301–310 lbs.

03  101–110 lbs.    10  171–180 lbs.    17  241–250 lbs.    24  311–320 lbs.

04  111–120 lbs.    11  181–190 lbs.    18  251–260 lbs.    25  321 lbs. or more

05  121–130 lbs.    12  191–200 lbs.    19  261–270 lbs.

06  131–140 lbs.    13  201–210 lbs.    20  271–280 lbs.

07  141–150 lbs.    14  211–220 lbs.    21  281–290 lbs.

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

**B9HEIGHT**

01  5 ft. 00 in. or less    05  5 ft. 04 in.    09  5 ft. 08 in.    13  6 ft. 00 in.

02  5 ft. 01 in.    06  5 ft. 05 in.    10  5 ft. 09 in.    14  6 ft. 01 in.

03  5 ft. 02 in.    07  5 ft. 06 in.    11  5 ft. 10 in.    15  6 ft. 02 in.

04  5 ft. 03 in.    08  5 ft. 07 in.    12  5 ft. 11 in.    16  6 ft. 03 in. or more

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

--	--	--	--

**B9SRVBRYR**

55. Are you male or female?

1  Male

2  Female

**B9SRVGEND**

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

1  Yes, Hispanic or Latino

2  No, not Hispanic or Latino

**B9HISPAN**

57. 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

**B9RCNATAM**

**B9RCASIAN**

**B9RCAFRAM**

**B9RCNHPI**

**B9RCWHITE**

**B9RCOTHER**

58. What is your current marital status?

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

**B9MARITAL**

59. 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

**B9EDUC**

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

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

**B9HMOWN**



# Appendix C (Annotated Follow Up Survey Form)

## Medicare Health Outcomes Survey

1. In general, would you say your health is: F9VRGENHTH

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

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. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf..... <span style="border: 1px solid blue; padding: 2px;">F9VRMACT</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Climbing <b>several</b> flights of stairs .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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. <b>Accomplished less</b> than you would like..... <span style="border: 1px solid blue; padding: 2px;">F9VRPACCL</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Were limited in the <b>kind</b> of work or other activities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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. <b>Accomplished less</b> than you would like..... <span style="border: 1px solid blue; padding: 2px;">F9VRMACCL</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Didn't do work or other activities as <b>carefully</b> as usual..... <span style="border: 1px solid blue; padding: 2px;">F9VRMWORK</span>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including work outside the home and housework)? F9VRPAIN

<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
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**:

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
	F9VRCALM					
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"/>
	F9VRENERGY					
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"/>
	F9VRDOWN					

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.)? F9VRSACT

<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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** i F9VRPHCMP

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
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**? F9VRMHCMP

<b>Much better</b>	<b>Slightly better</b>	<b>About the same</b>	<b>Slightly worse</b>	<b>Much worse</b>
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 .....	<b>F9ADLBTH</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dressing .....	<b>F9ADLDRS</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Eating.....	<b>F9ADLEAT</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Getting in or out of chairs .....	<b>F9ADLCHR</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Walking .....	<b>F9ADLWLK</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Using the toilet.....	<b>F9ADLTLT</b>	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

**F9HDPHY**

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

**F9HDMEN**

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

**F9HDACT**

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?

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>F9CHSTEX</b>					
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"/>
<b>F9CHSTRST</b>					

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>F9SOBFLT</b>					
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"/>
<b>F9SOBSIT</b>					
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"/>
<b>F9SOBWLK</b>					
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"/>
<b>F9SOBSTR</b>					

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

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
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"/>
<b>F9FTNUMB</b>					
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"/>
<b>F9FTSENS</b>					
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"/>
<b>F9FTHC</b>					
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"/>
<b>F9FTSRS</b>					

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

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

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

F9READ

19. Can you hear <b>most</b> of the things people say (with a hearing aid if that's how you hear best)? .....	<input type="checkbox"/>	<input type="checkbox"/>
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F9HEAR

**Has a doctor ever told you that you had:**

	Yes	No
20. Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>
21. Angina pectoris or coronary artery disease .....	<input type="checkbox"/>	<input type="checkbox"/>
22. Congestive heart failure .....	<input type="checkbox"/>	<input type="checkbox"/>
23. A myocardial infarction or heart attack .....	<input type="checkbox"/>	<input type="checkbox"/>
24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat .....	<input type="checkbox"/>	<input type="checkbox"/>
25. A stroke .....	<input type="checkbox"/>	<input type="checkbox"/>
26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease) .....	<input type="checkbox"/>	<input type="checkbox"/>
27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease .....	<input type="checkbox"/>	<input type="checkbox"/>
28. Arthritis of the hip or knee .....	<input type="checkbox"/>	<input type="checkbox"/>
29. Arthritis of the hand or wrist .....	<input type="checkbox"/>	<input type="checkbox"/>
30. Osteoporosis, sometimes called thin or brittle bones .....	<input type="checkbox"/>	<input type="checkbox"/>
31. Sciatica (pain or numbness that travels down your leg to below your knee) .....	<input type="checkbox"/>	<input type="checkbox"/>
32. Diabetes, high blood sugar, or sugar in the urine	<input type="checkbox"/>	<input type="checkbox"/>

F9CCHBP

F9CC\_CAD

F9CC\_CHF

F9CCMI

F9CCHRTOTH

F9CCSTROKE

F9CC\_COPD

F9CCGI

F9CCARTHIP

F9CCARTHND

F9CCOSTEO

F9CCSCIATI

F9CCDIABET

Has a doctor ever told you that you had:

Yes No

33. Any cancer (other than skin cancer) ..... **F9CCANYCA** 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 ..... **F9CACOLON** 1  2

b. Lung cancer ..... **F9CALUNG** 1  2

c. Breast cancer ..... **F9CABRST** 1  2

d. Prostate cancer ..... **F9CAPROS** 1  2

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

**F9PNBACK**

**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? ..... **F9DEP2WK** 1  2

37. In the past **year**, have you felt depressed or sad much of the time? ..... **F9DEPYR** 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? ..... **F9DEP2YR** 1  2

39. How much of the time in the past **week** did you feel depressed? **F9DEPWEEK**

**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
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**F9CMPHTH**

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

- 1  Every day
- 2  Some days
- 3  Not at all
- 4  Don't know

**F9SMOKE**

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

- 1  Yes                    **→ Go to Question 43**
- 2  No                        **→ Go to Question 46**

**F9MUILKG**

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

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

**F9MUIMAG**

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

- 1  Yes
- 2  No

**F9MUITLK**

45. There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?

- 1  Yes
- 2  No

**F9MUITRT**

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.

**F9PAOTLK**

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.

**F9PAOADV**

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?

**F9FRMTLK**

Yes

No

I had no visits in the past 12 months

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

**F9FRMFALL**

Yes

No

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

**F9FRMBAL**

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:

**F9FRMPREV**

- 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

**F9TOTEST**

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

**F9WEIGHT**

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

**F9HEIGHT**

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

--	--	--	--

**F9SRVBRYR**

56. Are you male or female?

- 1  Male
- 2  Female

**F9SRVGEND**

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

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

**F9HISPAN**

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

**F9RCNATAM**

**F9RCASIAN**

**F9RCAFRAM**

**F9RCNHPI**

**F9RCWHITE**

**F9RCOTHER**

59. What is your current marital status?

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

**F9MARITAL**

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

**F9EDUC**

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

**F9HMOWN**

62. Who completed this survey form?

**F9CMPWHO**

- <sub>1</sub> Person to whom survey was addressed → **Go to Question 64**
- <sub>2</sub> Family member or relative of person to whom the survey was addressed
- <sub>3</sub> Friend of person to whom the survey was addressed
- <sub>4</sub> 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

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

Last Name

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

**F9NMCOMP**

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

**F9HHINC**

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

**YOU HAVE COMPLETED THE SURVEY. THANK YOU**