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2015 Cohort 18

**BASELINE
DATA USER'S
GUIDE**

MEDICARE HEALTH

OUTCOMES SURVEY



**CENTERS
FOR MEDICARE
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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 is available on the CMS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HOS/index.html> and a full description of the program is available on the HOS website at <http://www.hosonline.org>.

This HOS *2015 Cohort 18 Baseline Data User's Guide* (DUG) is designed to assist users with the beneficiary level HOS *2015 Cohort 18 Baseline* Research Identifiable File (RIF) and the corresponding HOS *2015 Cohort 18 Baseline* Limited Data Set (LDS). The DUG includes an overview of the file organization, an explanation of derived fields, a table defining the attributes of all fields in the file, and a copy of the survey instrument annotated with the field names in the data file.

The *2015 Cohort 18 Baseline* reports were made available to participating MAOs via the CMS Health Plan Management System (HPMS) in May 2016. 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 <http://www.hosonline.org>. The sample report displays actual results for the HOS total, but uses hypothetical data for the MAO summaries. This report may be consulted for program background, methodology, design, and national HOS results.

Types of Research Files

Limited Data Set

The HOS *2015 Cohort 18 Baseline* LDS contains all records in the complete RIF, as well as most of the fields. The LDS includes plan identifiers and plan characteristics. It also contains protected beneficiary level health information such as date of birth; however, specific direct person identifiers are removed, as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Removed fields include the Health Insurance Claim (HIC) number, social security number (SSN), CMS beneficiary link key, beneficiary name, phone number, and mailing address, and name of the person who completed the survey. Despite these limitations, the LDS is adequate to address most research aims and is the file most often requested by researchers. Since the information is still potentially identifiable, it is also subject to the provisions of the Privacy Act of 1974, although LDS requests do not require approval from the CMS Privacy Board. To qualify for an LDS, data requestors must show that their proposed use of the data meets the disclosure provisions for research purposes as defined in the HIPAA and Privacy Acts. The research purpose must relate to projects that could ultimately improve the care provided to Medicare and Medicaid patients and policies that govern their care.

Research Identifiable File

The complete HOS *2015 Cohort 18 Baseline* RIF data file contains all fields, including the direct person identifiers that are excluded in the LDS. The scope and subject matter of studies requiring

a RIF must assist CMS in monitoring, managing, and improving the Medicare and Medicaid program and the services provided to beneficiaries. Requests for RIF files must be reviewed by the CMS Privacy Board to ensure that beneficiaries' privacy is protected and the need for identifiable data is justified. CMS must balance the potential risk to beneficiary confidentiality with the probable benefits gained from the completed research. Requestors must also demonstrate the expertise and experience to conduct and complete the proposed study using RIF files.

Obtaining Research Files

A signed Data Use Agreement with CMS is required to obtain either LDS or RIF data files. The Research Data Assistance Center (ResDAC) at the University of Minnesota is a CMS contractor that provides assistance to academic, government, and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of data requisition forms for Medicare HOS research data files prior to their submission to CMS. The ResDAC HOS web page at <http://www.resdac.org/cms-data/request/health-outcomes-survey> provides additional information and assistance with obtaining Medicare HOS LDS and RIF files. ResDAC may also be contacted by calling 1-888-9RESDAC (1-888-973-7322) or by emailing resdac@umn.edu.

Statutory Authority

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

Technical Assistance

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077) and Email Address hos@hcqis.org are available to provide assistance with questions regarding the data file. For a more detailed discussion on sampling, data collection, and submission please refer to the HEDIS 2015 Volume 6 manual¹ and other documentation available on the Medicare HOS website at <http://www.hosonline.org>.

¹ National Committee for Quality Assurance. *HEDIS® 2015, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington, DC: NCQA Publication, 2015.

Methodology

2015 Medicare Advantage Organization Participation

MAOs with Medicare contracts in effect on or before January 1, 2014, and with a minimum enrollment of 500 beneficiaries were required to report the Baseline HOS in 2015 including:

- All coordinated care plans, including local and regional preferred provider organizations (PPO), health maintenance organizations (HMO), and contracts with Special Needs Plan (SNP) benefit packages
- Continuing Section 1876 cost contracts even if closed for enrollment
- Private Fee-for-Service (PFFS) plans
- Medical savings accounts
- Employer/union only contracts
- Medicare Medicaid Plans (MMP)

All Program of All-Inclusive Care for the Elderly (PACE) plans with Medicare contracts in effect on or before January 1, 2014, were required by CMS to administer the HOS-Modified (HOS-M) in 2015.

MAOs sponsoring Fully Integrated Dual Eligible (FIDE) SNPs within Medicare contracts in effect on or before January 1, 2014, and with a minimum enrollment of 50 beneficiaries could request a frailty adjustment assessment. Since 2011, MAOs could elect to report HOS at the FIDE SNP level to determine eligibility for a frailty adjustment payment under the Patient Protection and Affordable Care Act of 2010, similar to those payments provided to PACE programs that use HOS-M data. In 2015, SNPs were permitted to choose whether their frailty assessments would be calculated based on activities of daily living (ADL) items reported in the HOS or on a separate sample of beneficiaries who completed the HOS-M. Voluntary reporting is in addition to standard HOS requirements for quality reporting at the contract level.

Sampling Methodology

2015 Cohort 18 Baseline Sampling

CMS identified beneficiaries who were eligible for sampling as follows:

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

Medicare HOS Instrument

The core HOS health status items were collected with the HOS 3.0 for the *Cohort 18 Baseline* survey. Similar to the HOS 2.5, these items incorporate the Veterans RAND 12-Item Health Survey (VR-12).

Detailed information about the Medicare HOS instrument can be found in the HEDIS 2015 Volume 6 manual,¹ which may be downloaded from http://hosonline.org/globalassets/hos-online/publications/hos_hedis_volume6_2015.pdf, or purchased by calling the NCQA Customer Support Telephone Line at 1-888-275-7585 or via NCQA's Secure Online Order Center at <http://www.ncqa.org>. The survey form may be obtained from the Survey page of the Medicare HOS website at <http://www.hosonline.org>. An annotated Baseline Survey form showing the field names for each question may be found in Appendix B. Additionally, a glossary of terms related to the survey may be accessed from the "Glossary" link at the bottom of site webpages.

Summary Measures

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

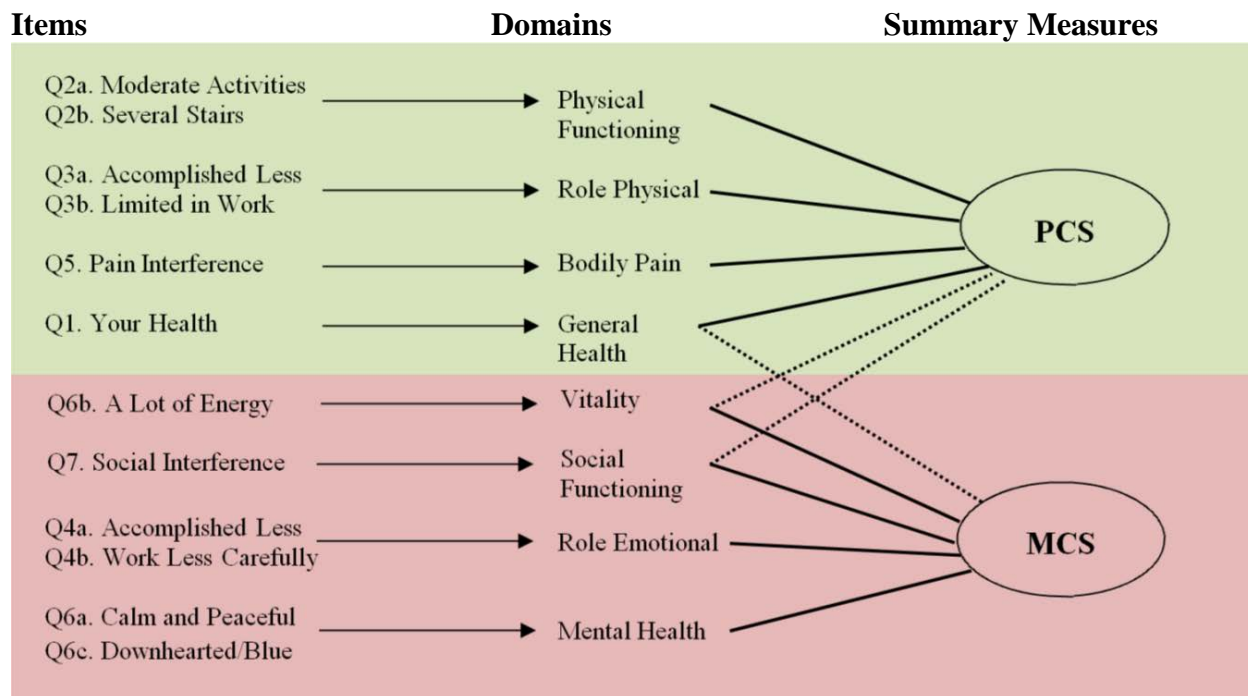
The key component of the HOS for assessment of the physical and mental health functioning is the VR-12 Health Survey.² The VR-12 consists of 14 items, 12 of which are used in the calculation of the 8 health domains and the two summary measures: the physical component summary (PCS) and mental component summary (MCS) scores. The VR-12 measures the same eight health domains as the 36-item health survey: 1) Physical Functioning, 2) Role-Physical, 3) Role-Emotional, 4) Bodily Pain, 5) Social Functioning, 6) Mental Health, 7) Vitality, and 8) General Health. Each domain aggregates one or two items and all eight domains are used to calculate the two summary measures, as illustrated in the VR-12 mapping model on the following page. Two of the 14 items, which ask about change in physical health and emotional health compared to one year ago, are not used in the calculation of the PCS and MCS scores. The field names for the 14 items begin with the prefix "B18VR" in the data file.

The PCS and MCS scores were calculated from the VR-12 using the Modified Regression Estimate (MRE) for scoring and imputation of missing data.³ The MRE is a general method for obtaining scale scores for the eight domains in the context of missing data. The MRE uses complete cases to estimate a regression equation where only those items that are present are used.

² Information about the VR-36, VR-12, and VR-6D instruments is available on the Boston University School of Public Health website. The website offers details on development, applications, and references for the VR-12, which is the core health outcomes measure in the Medicare HOS and HOS-M. For information about the instruments and to request permission to use the documentation and scoring algorithms, go to: <http://www.bu.edu/sph/research/research-landing-page/vr-36-vr-12-and-vr-6d>.

³ Iqbal SU, Rogers W, Selim A, Qian S, Lee A, Ren XS, Rothendler J, Miller D, Kazis L. *The Veterans RAND 12 Item Health Survey (VR-12): What it is and How it is Used*. 2007. Accessed May 1, 2016 at http://hosonline.org/globalassets/hos-online/publications/veterans_rand_12_item_health_survey_vr-12_2007.pdf

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



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

Physical and Mental Component Summary Scores

For those beneficiaries with complete responses across the VR-12, the following steps were taken to calculate PCS and MCS⁴:

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

⁴ Spiro A, Rogers WH, Qian S, Kazis L. *Imputing physical and mental summary scores (PCS and MCS) for the Veterans SF-12 Health Survey in the context of missing data*. Technical Report prepared by: The Health Outcomes Technologies Program, Health Services Department, Boston University School of Public Health, Boston, MA and The Institute for Health Outcomes and Policy, Center for Health Quality, Outcomes and Economic Research, Veterans Affairs Medical Center, Bedford, MA. 2004. Accessed May 1, 2016 at http://hosonline.org/globalassets/hos-online/publications/hos_veterans_12_imputation.pdf

- When a beneficiary had missing data across the VR-12 items, PCS and MCS scores were imputed using the MRE. With the MRE algorithm, PCS and MCS scores can be calculated in as many as 90% of the cases in which one or more VR-12 responses are missing.⁵ Depending on the pattern of missing item responses for a beneficiary, a different set of regression weights was required to compute that individual's PCS and/or MCS scores.⁴ For each combination of missing data, the beneficiaries' data were merged with the stored regression weights and the PCS or MCS scores were computed and then standardized using the normative values from Step Three.
- Beneficiary PCS and MCS results were mode adjusted for the impact of telephone administration compared to the reference mode of mail administration. Comparisons across the VR-12 of matched HOS and Veterans Administration surveys for the same respondents showed that PCS and MCS scores were, on average, 1.9 and 4.5 points greater respectively for telephone compared to mail administered surveys.⁶ Therefore, for telephone surveys, 1.9 points were subtracted from the PCS score and 4.5 points were subtracted from the MCS score.
- For the physical health summary measure, very high scores indicate no physical limitations, disabilities or decline in well-being; high energy level; and a rating of health as "excellent."
- For the mental health summary measure, very high scores indicate frequent positive affect, absence of psychological distress, and no limitations in usual social and role activities due to emotional problems.

Case-Mix Adjustment for Comparison of MAOs at Baseline

- Beneficiaries are not randomly assigned to MAOs. Therefore, unadjusted PCS and MCS scores may be biased by demographic and chronic health characteristics that are disproportionately represented in some MAOs. For this reason, the PCS and MCS scores were case-mix adjusted to allow for equitable comparisons across all MAOs. In the context of the HOS, case-mix refers to those beneficiary characteristics measured at baseline (such as age and the presence of chronic conditions) that are outside the control and influence of the MAO, but that may contribute to better or worse physical and/or mental health summary scores. Case-mix adjustment is a statistical technique that uses multiple regression models to control for those differences, thus allowing comparisons in performance and quality across MAOs.
- Models used to adjust the summary scores included variables to control for differences in demographic and socioeconomic characteristics, chronic medical conditions, and HOS study design variables.
 - Demographic and socioeconomic characteristics included age, gender, race, education, marital status, and annual household income.

⁵ Selim A, Iqbal SU, Rogers W, Qian SX, Fincke BG, Rothender J, Kazis LE. *Medicare Health Outcomes Survey: An Alternative Case-Mix Methodology*. Technical Report prepared by: Center for Health Quality, Outcomes, and Economic Research, VA Medical Center, Bedford, Massachusetts. Accessed May 1, 2016 at http://hosonline.org/globalassets/hos-online/publications/hos_case_mix_final_technical_report.pdf

⁶ Rogers WH, Gandek B, Sinclair SJ. *Calculating Medicare Health Outcomes Survey Performance Measurement Results*. Technical Report prepared by: Health Assessment Lab, Waltham, MA, The Health Institute, Department of Clinical Care Research, New England Medical Center, Boston, MA. 2004. Accessed May 1, 2016 at http://hosonline.org/globalassets/hos-online/publications/hos_calculating_pm_results.pdf

- Chronic medical conditions were measured from 15 questions about medical conditions.
- HOS study design variables included who completed the survey, CMS Region, and the survey vendor.
- Three different generalized linear regression models were used to adjust PCS and MCS scores since not all beneficiaries responded to all survey questions. Only one model, the most comprehensive model possible, was used to calculate an adjusted score for each beneficiary.
 - Model One: If a beneficiary had completed data for all of the covariates, then the adjusted scores were calculated using Model One, which contains all variables.
 - Model Two: If the beneficiary had completed data for all covariates except annual household income, which traditionally has the highest rate of missing data, then Model Two was used.
 - Model Three: If a beneficiary did not have enough completed data for Model One or Two, then Model Three was used. Age, gender, race, CMS Region, and survey vendor were included in Model Three because they were available for all sampled beneficiaries.
- Adjusted MAO scores can only be calculated with use of the complete HOS dataset.

Data File Characteristics

The file is a SAS^{®7} data set generated with SAS Version 9.3. There are no formats permanently associated with the variables. The file contains one record per beneficiary. Field names begin with the **B18** prefix to reflect the cohort number. The only field without a prefix is the Health Insurance Claim number, **HICNUM**, which is a unique alphanumeric identifier used to identify each beneficiary in the file. There are a total of 214 fields and 583,691 beneficiary records in the *Cohort 18 Baseline* RIF data file. In the corresponding LDS, 18 personal identifiers have been removed, resulting in a total of 196 fields in the LDS file.

The baseline data file contains all beneficiaries from the national HOS sample, including survey respondents, non-respondents, and those identified as ineligible. Both seniors (age ≥ 65) and disabled (age < 65) beneficiaries are included. Respondents are defined as those for whom a PCS or a MCS score can be calculated (B18PCS or B18MCS not equal to missing). The field B18INVSrv identifies beneficiaries as eligible (B18INVSrv=0) or ineligible (B18INVSrv=1). An ineligible beneficiary meets one of the following criteria: deceased; not enrolled in the MAO; had an incorrect address and phone number; had a language barrier; or was removed from the sample due to age less than 18 years.

The field B18ANALYT identifies senior respondents belonging to the analytic sample (B18ANALYT=1), or excluded from the analytic sample (B18ANALYT=0). 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 MCS score can be calculated (B18PCS or B18MCS not equal to missing)
- Age 65 or older (B18AGE greater than or equal to 65)
- Were part of the quality reporting sample (B18HOSQRS=1)

The field B18PLANSTN is the state designation, which in most cases was assigned to the MAO from the 2015 Plan Contract List obtained from the HPMS. A small number of MAOs were reassigned because a majority of beneficiaries resided in a different state from the one designated in the HPMS, or were reassigned for consistency with previous cohorts. The *Cohort 18 Baseline* survey included several PFFS and Regional Preferred Provider Organization (RPPO) plans. These plans usually include beneficiaries from several states. Therefore, the PFFS and RPPO plans were excluded from state totals in the *2015 Cohort 18 Baseline* Report. They were, however, included in the national HOS totals in the report. A second state field B18RPTST was assigned the value of FS and RS for the PFFS and RPPO plans, respectively. For all other plans, B18RPTST has the same value as B18PLANSTN. The field **B18RPTST** is the state level unit of analysis for the *2015 Cohort 18 Baseline* Report. The field **B18CONTRACT** is the MAO level unit of analysis for the *2015 Cohort 18 Baseline* Report.

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

New and Revised Fields

The following fields were added in the *2015 Cohort 18 Baseline* data file compared with the *2014 Cohort 17 Baseline* file.

- CE_6 – Six month continuous enrollment flag (beneficiary was enrolled in the same contract on October 1, 2014, approximately six months prior to the 2015 survey)
- CE_12 – Twelve month continuous enrollment flag (beneficiary was enrolled in the same contract on April 1, 2014, approximately twelve months prior to the 2015 survey)
- SLEEPHRS – Average number of hours of sleep during the past month
- SLEEPQUA – Overall sleep quality during the past month
- SPEAKOTH – Other language spoken at home (specify)

The following fields were **revised** in 2015:

- The question which asked how much of a problem, if any, was urine leakage for you (old field name=MUIMAG) was changed to ask how much did leaking of urine change your daily activities or interfere with your sleep (new field name=MUIDACT)
- The question which asked how well you speak English (old field name=SPEAKENG) was changed to ask what language you mainly speak at home (new field name=SPEAKLNG). A character field was also added to allow the beneficiary to write in a language other than one of the choices specified (see the new field SPEAKOTH above).

Selected field attributes (i.e., field name, type, length, or label) may have been modified for some fields included in the *Cohort 18 Baseline* data file when compared to the same fields in previous HOS data files. You may refer to Appendix A for detailed information regarding all field attributes contained in the *Cohort 18 Baseline* data file.

Excluded Fields

No fields were excluded in the *2015 Cohort 18 Baseline* data file compared with the *2014 Cohort 17 Baseline* file.

Field Overview

The following is a general description of fields included in the *Cohort 18 Baseline* data file. The fields are listed in the order they appear in the SAS data file. CMS administrative fields were obtained from a combination of CMS databases. The field descriptions include all fields in the RIF file; however, fields that were excluded in the LDS file are shaded gray in the Appendix A Data File Layout table.

Beneficiary and Contract Level Fields (Fields 1-4)

Fields in this section include the Health Insurance Claim (HIC) number and anonymous beneficiary and contract identification numbers. The HIC number field HICNUM is obtained from CMS data and is a unique identifier for each beneficiary. HICNUM was the beneficiary

level unit of analysis for the Medicare HOS *2015 Cohort 18 Baseline* Report.

Contract Level Fields (Fields 5-12)

Fields in this section are taken from the header record of the *Cohort 18 Baseline* data file and include information about the MAO's contract and plan identifiers. The contract number B18CONTRACT and plan identifier B18PLANID represent the member's contract assignment at the time of the baseline sampling in 2015. The CMS contract identifier B18CONTRACT is of the form Hxxxx or Rxxxx, where xxxx represents a unique four digit number. Similarly, the plan identifier B18PLANID is of the form Hxxxx or Rxxxx, and is identical to B18CONTRACT. Please note that the contract number field B18CONTRACT was the MAO level unit of analysis for the Medicare HOS *2015 Cohort 18 Baseline* Report.

Member Level Record Fields (Fields 13-54)

Most fields in this section are taken from the member level record of the baseline file and were obtained from CMS data at the time the sample files were created. The plan benefit package (PBP) identifier, SNP type, HOS quality reporting sample indicator, beneficiary link key, and phone numbers, as well as the beneficiary address fields (mailing address, county, state, and ZIP code), are included. B18PHONE is a character field that indicates the phone number used to successfully contact the beneficiary if he/she participated in the *Cohort 18 Baseline*. The PBP identifier, B18BPID, identifies the plan benefit package within a contract to which the beneficiary belongs at baseline. Each contract may contain one or more PBPs, and some PBPs are SNPs. B18SNPTYPE identifies the type of SNP PBP in which certain vulnerable beneficiaries are enrolled at baseline. Three types of special needs beneficiaries may be targeted for SNP enrollment: (1) beneficiaries with severe or disabling chronic conditions, (2) dual-eligibles, and (3) the institutionalized.

Further information about SNPs, such as contract number, contract name, plan ID, enrollment, and type of medical condition(s) served, may be obtained from the SNP Comprehensive Report that is available on the CMS Medicare Advantage Part D Data page at <http://go.cms.gov/mapddata>. The FIDE SNP indicator, B18FIDEIND, identifies if a beneficiary is (0) not a member of a prospective FIDE SNP or (1, 2, or 3) is a member of a prospective FIDE SNP. B18HOSQRS indicates if a beneficiary is (0) not in the quality reporting sample due to voluntary FIDE SNP reporting status, (1) is in the quality reporting sample for collection of HOS quality measures (e.g., measures used in the Medicare Star Ratings), or (2) is not in the quality reporting sample due to other voluntary status. B18BPID is a character variable which contains a three digit number, filled with leading zeros, and corresponds to the PlanID column of the SNP Comprehensive Report. Beneficiary race, gender, date of birth, reason for entitlement, hospice status, and Medicaid status are also included in this section. The field B18SRVIND indicates if a beneficiary was sampled for inclusion in (1) *Cohort 18 Baseline* only, (2) *Cohort 16 Follow Up* only, or (3) *Cohort 18 Baseline* and *Cohort 16 Follow Up*. Only values of 1 or 3 are valid for this data file.

Survey Fields (Fields 55-164)

This section contains survey fields from the 68 questions comprising the 2015 HOS 3.0 instrument. It includes beneficiary responses to questions pertaining to the VR-12 Health Survey, health status, demographics, activities of daily living, number of physically and mentally unhealthy days, chronic medical conditions, depression, urinary incontinence, physical activity, falls, osteoporosis testing, sleep measures, height, weight, and the name of the person who completed the survey. The 12-item health survey portion of the HOS instrument (questions 1 [Q1] through 7 [Q7]) is used to obtain physical and mental health summary measures. The beneficiary's weight and height are found in B18WEIGHTLB, B18HEIGHTFT, and B18HEIGHTIN. These fields are obtained from open-ended weight and height questions.

Survey Administration Fields (Fields 165-177)

For each beneficiary, the fields in this section include the disposition of the survey, the round in which the survey was obtained, the date the survey was completed, and the language in which the survey was completed. Other fields in this section include a flag for beneficiaries who have requested to be excluded from future HOS sampling and an ineligible survey flag. B18DISP indicates whether respondents completed the survey by mail or telephone. B18ADLCOUNT indicates the number of ADL questions answered in the survey (0-6). Other fields include the percentage of the survey that was completed and an indicator for a "complete" survey (with at least 80% completion of the items + all 6 ADL questions answered).

SAS Dates (Fields 178-182)

This section provides SAS dates for date of birth, date of survey, date of enrollment into the plan, and enrollment limit. For beneficiaries with a missing survey date, a date of May 7, 2015 was imputed to represent the midpoint date of the sampling timeframe. This imputation was used to generate the SAS date field B18TSRV DATIM, which is equal to the original survey date except in those instances where a date has been imputed due to a missing survey date.

Analytic Fields (Fields 183-196)

This section contains the baseline analytic fields used for analysis and reporting. Categorical fields include Body Mass Index (BMI), enrollment duration, age group, racial group, marital status, education level, annual household income, number of chronic medical conditions, and a depression screen indicator. The beneficiary's baseline date of birth B18TDOB and the survey date field B18TSRV DATIM were used to derive the beneficiary's age at baseline B18AGE.

Summary Measures (Fields 197-200)

Included in this section are the unadjusted (B18PCS and B18MCS) and the adjusted (B18ADJPCS and B18ADJMCS) PCS and MCS scores used in the *Cohort 18 Baseline* analysis and reporting. Individual scale scores for the VR-12 are not available.

Analytical Sample Indicator Field (Field 201)

This section includes the baseline analytic sample indicator B18ANALYT, which indicates whether beneficiaries were seniors (age 65 or older), had calculable PCS or MCS scores, and were part of the HOS quality reporting sample. This field can be used to identify records that were included in the *Cohort 18 Baseline* analytic sample.

Contract Characteristics Fields (Fields 202-214)

Fields in this section provide contract characteristics, including plan type, tax status, organization name, state, and CMS region code. The information was obtained from the August 2015 HPMS Plan Contract List and the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans. The CMS Monthly Report is available at <http://go.cms.gov/mapddata>. The information links to the contract number field B18CONTRACT. 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. The reporting state field B18RPTST is the state level unit of analysis for the Medicare HOS *2015 Cohort 18 Baseline* Report.

Data Field Utilization Notes

- The HOS questionnaire contains multiple skip patterns. Caution should be exercised when examining questions that involve skip pattern responses. The skip patterns are indicated on the survey instrument in Appendix B.
- The demographic fields (race and gender) were obtained from CMS Medicare databases at the baseline sampling, and also from the data provided by the respondent in the survey. Inconsistencies may exist between the CMS fields and the corresponding respondent survey data. Caution should be exercised when examining these fields.
- Since questions may be added or removed each year, some question numbers in this year's baseline survey may differ from previous years' surveys. Caution should be exercised when examining the data across multiple cohorts.

Appendix A

2015 Cohort 18 Baseline Data File Specifications

Data File Layout by Position

The following table describes the field attributes for the *Cohort 18 Baseline* 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. For the survey level items, the exact text of each question can be obtained from Appendix B or by referring to the HEDIS 2015, Volume 6 manual.¹

Research Identifiable File (RIF)

There are a total of 214 fields in the baseline RIF, as indicated in the Field # column.

Limited Data Set (LDS)

The LDS contains a total of 196 fields after the removal of 18 direct person identifiers. The fields which were removed from the LDS are shaded gray in the table below.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
1	<i>HICNUM</i> HIC Number	Char	12		From CMS Data Unique beneficiary identifier Beneficiary level unit of analysis for the Cohort 18 Baseline Report
2	<i>B18PATID</i> Anonymous Beneficiary ID	Num	8		Derived field Unique beneficiary ID May be used as a database key if personally identifiable fields (e.g., HICNUM) were removed.
3	<i>B18PLAN</i> Anonymous Plan ID	Num	8		Derived field Unique plan ID May be used as a database key if plan identifiable fields (e.g., B18PLANID) were removed.
4	<i>B18RECID</i> Record ID	Char	1		Obtained from Header Record Every record contains a tilde “~” (not used)
5	<i>B18RPTYR</i> Report Year	Num	3		Obtained from Header Record Reporting year for the <i>Cohort 18 Baseline</i> sample
6	<i>B18CONTRACT</i> Contract Number	Char	5		Obtained from Header Record MAO level unit of analysis for the Cohort 18 Baseline Report
7	<i>B18PLAN_NAME</i> Plan Name	Char	70		Obtained from Header Record MAO name

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
8	<i>B18VENDOR</i> Vendor	Num	8	1413 =CSS 1415 =DataStat, Inc. 1417 =DSS Research 1437 =Ipsos 1440 =Morpac Inc. 1463 =The Myers Group 11778= Thoroughbred Research Group	Obtained from Header Record
9	<i>B18SNPEXFL</i> Exclusive Special Needs Plan Flag	Num	8	0 =No 1 =Yes	Obtained from Header Record
10	<i>B18NCQAORGID</i> NCQA Healthcare Organization ID	Num	8		Obtained from Header Record
11	<i>B18NCQASUBID</i> NCQA Submission ID	Num	8		Obtained from Header Record
12	<i>B18PLANID</i> Plan ID	Char	5		Obtained from Sample File
13	<i>B18CE_6</i> 6 Month Continuous Enrollment	Num	3	1 =Yes 2 =No	Derived Field
14	<i>B18CE_12</i> 12 Month Continuous Enrollment	Num	3	1 =Yes 2 =No	Derived Field
15	<i>B18PBPID</i> Plan Benefit Package Number	Char	3		Obtained from the Sample File 3-digit number filled with leading zeros corresponding to PlanID in SNP Comprehensive Report on the CMS website
16	<i>B18SNPTYPE</i> Type of Special Needs Plan	Num	3	1 =Chronic or Disabling Condition 2 =Dual-Eligible 3 =Institutional	Obtained from Sample File
17	<i>B18FIDEIND</i> FIDE Applicant Frailty Assessment Indicator	Num	8	0 =Not an applicant 1 =Applicant not eligible for quality reporting 2 =Applicant only PBP in contract 3 =Applicant one of multiple PBPs in contract	Obtained from Sample File
18	<i>B18FIDESST</i> FIDE Applicant Sampling Stage Indicator	Num	8	0 =Not an applicant 1 =Stage 1 contract-level random sample 2 =Stage 2 Supplemental Sample; not previously selected 3 =Stage 2 Supplemental Sample; previously selected for Follow-Up	Obtained from Sample File
19	<i>B18HOSQRS</i> HOS Quality Reporting Sample Flag	Num	8	0 =HOS non-quality reporting sample (voluntary FIDE SNPs) 1 =HOS quality reporting sample 2 =Other HOS non-quality reporting sample	Obtained from Sample File

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
20	<i>B18BLKEY</i> Beneficiary Link Key	Char	13		Obtained from Sample File
21	<i>B18PHONE</i> Member Telephone with Successful Contact	Char	10	10 digit numeric	Generated by survey vendor
22	<i>B18FNAME</i> First Name	Char	15		Obtained from Sample File
23	<i>B18MIDINIT</i> Middle Initial	Char	1		Obtained from Sample File
24	<i>B18LNAME</i> Last Name	Char	24		Obtained from Sample File
25	<i>B18ADDRESS1</i> Address Line 1	Char	30		Obtained from Sample File
26	<i>B18ADDRESS2</i> Address Line 2	Char	30		Obtained from Sample File
27	<i>B18ADDRESS3</i> Address Line 3	Char	30		Obtained from Sample File
28	<i>B18CITY</i> Member City	Char	22		Obtained from Sample File
29	<i>B18STATE</i> Member State	Char	22		Obtained from Sample File
30	<i>B18ZIP</i> Member Zip code	Char	22		Obtained from Sample File Zip + 4 separated by a hyphen
31	<i>B18ADDRESS</i> Combined Address (Member Address Fields)	Char	161		Derived by concatenating all address fields from Sample File
32	<i>B18STATEABV</i> State Abbreviation from State SSA Code	Char	2		Derived field Two letter state abbreviation derived from state SSA code B18STATECDE
33	<i>B18STNAME</i> State Name from State SSA Code	Char	20		Derived field State name derived from state SSA code B18STATECDE
34	<i>B18STATECDE</i> State SSA Code	Char	2		Obtained from Sample File Two digit state SSA code
35	<i>B18CTNAME</i> County Name from County SSA Code	Char	21		Derived field County name derived from county SSA code B18CNTYCDE
36	<i>B18CNTYCDE</i> County SSA Code	Char	3		Obtained from Sample File Three digit county SSA code
37	<i>B18RACE</i> Race (CMS)	Num	3	0=Unknown 1=White 2=Black 3=Other 4=Asian 5=Hispanic 6=North American Native	Obtained from Sample File
38	<i>B18GENDER</i> Gender (CMS)	Num	3	1=Male 2=Female	Obtained from Sample File
39	<i>B18SSN</i> Social Security Number	Char	9		Obtained from Sample File Nine digit number without hyphens

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
40	<i>B18DOB</i> Date of Birth	Char	8		Obtained from Sample File Displayed as MMDDYYYY
41	<i>B18DOD</i> Date of Death	Char	8		Obtained from Sample File (blank for all records)
42	<i>B18DOE</i> Accretion Date to Plan	Char	8		Obtained from Sample File Date of enrollment displayed as MMDDYYYY
43	<i>B18DOT</i> Termination Date	Char	8		Obtained from Sample File (blank for all records)
44	<i>B18ESRD</i> ESRD Indicator	Num	3	0=No ESRD 1=ESRD	Obtained from CMS data
45	<i>B18INSTUT</i> Institutional Status	Num	3	0=Out of Institution 1=Institutionalized 2=Eligible for nursing home care	Obtained from CMS data
46	<i>B18HOSPICE</i> Hospice Status	Num	3	0=No hospice start date present 1=Hospice start date present	Obtained from CMS data
47	<i>B18MEDICAID</i> Medicaid Status	Num	3	0=Out of Medicaid 1=In Medicaid	Obtained from CMS data
48	<i>B18ENTITLE</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	Obtained from Sample File
49	<i>B18PROTID</i> Protocol Identifier Flag	Num	3	1=English Follow-Up--No Proxy at Baseline 2=English Follow-Up--Proxy at Baseline 3=Baseline 4=Spanish Follow Up--No Proxy at Baseline 5=Spanish Follow Up--Proxy at Baseline 6=Chinese Follow Up--No Proxy at Baseline 7=Chinese Follow Up--Proxy at Baseline	Obtained from Sample File
50	<i>B18RSPFNAME</i> First Name Respondent to Cohort 16B Survey	Char	25		Obtained from Sample File
51	<i>B18RSPLNAME</i> Last Name Respondent to Cohort 16B Survey	Char	25		Obtained from Sample File
52	<i>B18RSPPHONE</i> Telephone Respondent to Cohort 16B Survey	Char	10		Obtained from Sample File
53	<i>B18RESPB16</i> Combined Name Respondent to Cohort 16B Survey	Char	51		Obtained from Sample File
54	<i>B18SRVIND</i> Survey Indicator	Num	3	1=BASE (baseline survey only) 2=FUR (follow-up survey only) 3=FUBSR (both baseline and follow-up surveys)	Obtained from Sample File (Only values of 1 and 3 are valid for the baseline data set.)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
55	<i>B18VRGENHTH</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)
56	<i>B18VRMACT</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)
57	<i>B18VRSTAIR</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)
58	<i>B18VRPACCL</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)
59	<i>B18VRPWORK</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)
60	<i>B18VRMACCL</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)
61	<i>B18VRMWORK</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)
62	<i>B18VRPAIN</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)
63	<i>B18VRCALM</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)
64	<i>B18VRENERGY</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)
65	<i>B18VRDOWN</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)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
66	<i>B18VRSACT</i> Q7 Health Interfered with Social Activities	Num	3	1 =All of the time 2 =Most of the time 3 =Some of the time 4 =A little of the time 5 =None of the time	Entered from the survey (See Appendix B)
67	<i>B18VRPHCMP</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)
68	<i>B18VRMHCMP</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)
69	<i>B18ADLBTH</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)
70	<i>B18ADLDRS</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)
71	<i>B18ADLEAT</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)
72	<i>B18ADLCHR</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)
73	<i>B18ADLWLK</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)
74	<i>B18ADLTLT</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)
75	<i>B18DIFMEALS</i> Q11a Difficulty Preparing Meals	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix B)
76	<i>B18DIFMONEY</i> Q11b Difficulty Managing Money	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix B)
77	<i>B18DIFMEDS</i> Q11c Difficulty Taking Medication as Prescribed	Num	3	1 =No, I do not have difficulty 2 =Yes, I have difficulty 3 =I do not do this activity	Entered from the survey (See Appendix B)
78	<i>B18HDPHY</i> Q12 Number of Days Physical Health Not Good	Num	3		Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
79	<i>B18HDMEN</i> Q13 Number of Days Mental Health Not Good	Num	3		Entered from the survey (See Appendix B)
80	<i>B18HDACT</i> Q14 Number of Days Poor Health Interfered with Activities	Num	3		Entered from the survey (See Appendix B)
81	<i>B18DIFSEE</i> Q15 Blind or Serious Difficulty Seeing	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
82	<i>B18DIFHEAR</i> Q16 Deaf or Serious Difficulty Hearing	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
83	<i>B18DIFREMEM</i> Q17 Difficulty concentrating, remembering, or making decisions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
84	<i>B18DIFERRND</i> Q18 Difficulty doing errands	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
85	<i>B18DIFMPROB</i> Q19 Memory problems interfered with activities in past month	Num	3	1 =Every day (7 days a week) 2 =Most days (5-6 days a week) 3 =Some days (2-4 days a week) 4 =Rarely (once a week or less) 5 =Never	Entered from the survey (See Appendix B)
86	<i>B18CCHBP</i> Q20 Hypertension or High Blood Pressure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
87	<i>B18CC_CAD</i> Q21 Angina Pectoris or Coronary Artery Disease	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
88	<i>B18CC_CHF</i> Q22 Congestive Heart Failure	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
89	<i>B18CCMI</i> Q23 Myocardial Infarction or Heart Attack	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
90	<i>B18CCHRTOTH</i> Q24 Other Heart Conditions	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
91	<i>B18CCSTROKE</i> Q25 Stroke	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
92	<i>B18CC_COPD</i> Q26 Emphysema, or Asthma, or COPD	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
93	<i>B18CCGI</i> Q27 Inflammatory Bowel Diseases	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
94	<i>B18CCARTHIP</i> Q28 Arthritis of hip or knee	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
95	<i>B18CCARTHND</i> Q29 Arthritis of hand or wrist	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
96	<i>B18CCOSTEO</i> Q30 Osteoporosis, or thin/brittle bones	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
97	<i>B18CCSCIATI</i> Q31 Sciatica, or pain/numbness traveling down leg	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
98	<i>B18CCDIABET</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)
99	<i>B18CCDEP</i> Q33 Depression	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
100	<i>B18CCANYCA</i> Q34 Any Cancer (other than skin cancer)	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
101	<i>B18CACOLON</i> Q35a Under Treatment for Colon Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
102	<i>B18CALUNG</i> Q35b Under Treatment for Lung Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
103	<i>B18CABRST</i> Q35c Under Treatment for Breast Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
104	<i>B18CAPROS</i> Q35d Under Treatment for Prostate Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
105	<i>B18CAOTHER</i> Q35e Under Treatment for Other Cancer	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
106	<i>B18PAINDACT</i> Q36 Pain interfered with activities in past 7 days	Num	3	1 =Not at all 2 =A little bit 3 =Somewhat 4 =Quite a bit 5 =Very much	Entered from the survey (See Appendix B)
107	<i>B18PAINSACT</i> Q37 Pain kept you from socializing in past 7 days	Num	3	1 =Never 2 =Rarely 3 =Sometimes 4 =Often 5 =Always	Entered from the survey (See Appendix B)
108	<i>B18PAINRATE</i> Q38 Average pain rating in past 7 days (1=No pain, 10=Worst pain)	Num	3	1 = 1 No pain 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 10 = 10 Worst imaginable pain	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
109	<i>B18DEPNOPLS</i> Q39a Little interest or pleasure in doing things in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix B)
110	<i>B18DEPDOWN</i> Q39b Feeling down, depressed, or hopeless in past 2 weeks	Num	3	1 =Not at all 2 =Several days 3 =More than half the days 4 =Nearly every day	Entered from the survey (See Appendix B)
111	<i>B18CMPHTH</i> Q40 General Health compared to peers	Num	3	1 =Excellent 2 =Very Good 3 =Good 4 =Fair 5 =Poor	Entered from the survey (See Appendix B)
112	<i>B18SMOKE</i> Q41 Smoke every day, some days, or not at all	Num	3	1 =Every day 2 =Some days 3 =Not at all 4 =Don't Know	Entered from the survey (See Appendix B)
113	<i>B18MUILKG</i> Q42 Urine Leakage in Past 6 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
114	<i>B18MUIDACT</i> Q43 Urine Leakage Changed Daily Activities	Num	3	1 =A lot 2 =Somewhat 3 =Not at all	Entered from the survey (See Appendix B)
115	<i>B18MUITLK</i> Q44 Talked with Doctor About Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
116	<i>B18MUITRT</i> Q45 Talked About Treatment for Urine Leakage	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
117	<i>B18PAOTLK</i> Q46 Talked with Doctor About Physical Activities	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)
118	<i>B18PAOADV</i> Q47 Advised to Increase or Maintain Activities	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
119	<i>B18FRMTLK</i> Q48 Talked with Doctor about Falling or Balance Problem	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)
120	<i>B18FRMFALL</i> Q49 Fell in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
121	<i>B18FRMBAL</i> Q50 Problem with Walking or Balance in Past 12 Months	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
122	<i>B18FRMPREV</i> Q51 Talked with Doctor about How to Prevent Falls	Num	3	1 =Yes 2 =No 3 =I had no visits in the past 12 months	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
123	<i>B18OTOTEST</i> Q52 Bone Density Test for Osteoporosis	Num	3	1 =Yes 2 =No	Entered from the survey (See Appendix B)
124	<i>B18SLEEPHRS</i> Q53 Average Hours of Sleep per Night in Past Month	Num	3	1 =Less than 5 hours 2 =5 – 6 hours 3 =7 – 8 hours 4 =9 or more hours	Entered from the survey (See Appendix B)
125	<i>B18SLEEPQUA</i> Q54 Overall Sleep Quality Rating in Past Month	Num	3	1 =Very Good 2 =Fairly Good 3 =Fairly Bad 4 =Very Bad	Entered from the survey (See Appendix B)
126	<i>B18WEIGHTLB</i> Q55 Weight in pounds (lbs.)	Num	8		Entered from the survey (See Appendix B)
127	<i>B18HEIGHTFT</i> Q56a Height in feet(ft.)Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
128	<i>B18HEIGHTIN</i> Q56b Height in inches(in.)Portion of Height Question	Num	8		Entered from the survey (See Appendix B)
129	<i>B18SRVGEND</i> Q57 Survey Gender	Num	3	1 =Male 2 =Female	Entered from the survey (See Appendix B)
130	<i>B18HPNOHISP</i> Q58a No, not Hispanic, Latino/a or Spanish origin	Num	3	0 =No, not Hispanic not checked 1 =No, not Hispanic checked	Entered from the survey (See Appendix B)
131	<i>B18HPMEX</i> Q58b Yes, Mexican, Mexican American, Chicano/a	Num	3	0 =Respondent did not check Mexican 1 =Respondent checked Mexican	Entered from the survey (See Appendix B)
132	<i>B18HPPR</i> Q58c Yes, Puerto Rican	Num	3	0 =Respondent did not check Puerto Rican 1 =Respondent checked Puerto Rican	Entered from the survey (See Appendix B)
133	<i>B18HPCUBA</i> Q58d Yes, Cuban	Num	3	0 =Respondent did not check Cuban 1 =Respondent checked Cuban	Entered from the survey (See Appendix B)
134	<i>B18HPOTHER</i> Q58e Yes, another Hispanic, Latino/a or Spanish origin	Num	3	0 =Respondent did not check Other Hispanic 1 =Respondent checked Other Hispanic	Entered from the survey (See Appendix B)
135	<i>B18RCWHITE</i> Q59a White	Num	3	0 =Respondent did not check White 1 =Respondent checked White	Entered from the survey (See Appendix B)
136	<i>B18RCAFRAM</i> Q59b Black or African American	Num	3	0 =Respondent did not check Black or African American 1 =Respondent checked Black or African American	Entered from the survey (See Appendix B)
137	<i>B18RCNATAM</i> Q59c American Indian or Alaska Native	Num	3	0 =Respondent did not check American Indian or Alaska Native 1 =Respondent checked American Indian or Alaska Native	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
138	<i>B18RCINDIA</i> Q59d Asian Indian	Num	3	0 = Respondent did not check Asian Indian 1 = Respondent checked Asian Indian	Entered from the survey (See Appendix B)
139	<i>B18RCCHINA</i> Q59e Chinese	Num	3	0 = Respondent did not check Chinese 1 = Respondent checked Chinese	Entered from the survey (See Appendix B)
140	<i>B18RCFILIP</i> Q59f Filipino	Num	3	0 = Respondent did not check Filipino 1 = Respondent checked Filipino	Entered from the survey (See Appendix B)
141	<i>B18RCJAPAN</i> Q59g Japanese	Num	3	0 = Respondent did not check Japanese 1 = Respondent checked Japanese	Entered from the survey (See Appendix B)
142	<i>B18RCKOREA</i> Q59h Korean	Num	3	0 = Respondent did not check Korean 1 = Respondent checked Korean	Entered from the survey (See Appendix B)
143	<i>B18RCVIET</i> Q59i Vietnamese	Num	3	0 = Respondent did not check Vietnamese 1 = Respondent checked Vietnamese	Entered from the survey (See Appendix B)
144	<i>B18RCOTHASN</i> Q59j Other Asian	Num	3	0 = Respondent did not check Other Asian 1 = Respondent checked Other Asian	Entered from the survey (See Appendix B)
145	<i>B18RCHAWAII</i> Q59k Native Hawaiian	Num	3	0 = Respondent did not check Native Hawaiian 1 = Respondent checked Native Hawaiian	Entered from the survey (See Appendix B)
146	<i>B18RCGUAM</i> Q59l Guamanian or Chamorro	Num	3	0 = Respondent did not check Guamanian or Chamorro 1 = Respondent checked Guamanian or Chamorro	Entered from the survey (See Appendix B)
147	<i>B18RCSAMOA</i> Q59m Samoan	Num	3	0 = Respondent did not check Samoan 1 = Respondent checked Samoan	Entered from the survey (See Appendix B)
148	<i>B18RCOTHPAC</i> Q59n Other Pacific Islander	Num	3	0 = Respondent did not check Other Pacific Islander 1 = Respondent checked Other Pacific Islander	Entered from the survey (See Appendix B)
149	<i>B18SPEAKLNG</i> Q60a Language Mainly Spoken at Home	Num	3	1 = English 2 = Spanish 3 = Chinese 4 = Some other language	Entered from the survey (See Appendix B)
150	<i>B18SPEAKOTH</i> Q60b Specify Other Language Spoken	Char	20		Entered from the survey (See Appendix B)
151	<i>B18MARITAL</i> Q61 Marital Status	Num	3	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never Married	Entered from the survey (See Appendix B)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
152	<i>B18EDUC</i> Q62 Education Level	Num	3	1 =8th Grade or less 2 =Some high school, but did not graduate 3 =High school graduate or GED 4 =Some college or 2 year degree 5 =4 year college graduate 6 =More than a 4 year college degree	Entered from the survey (See Appendix B)
153	<i>B18LVALONE</i> Q63a Live alone	Num	3	0 =Respondent did not check live alone 1 =Respondent checked live alone	Entered from the survey (See Appendix B)
154	<i>B18LVSPOUSE</i> Q63b Live with spouse/significant other	Num	3	0 =Respondent did not check live with spouse 1 =Respondent checked live with spouse	Entered from the survey (See Appendix B)
155	<i>B18LVCHILD</i> Q63c Live with children/other relatives	Num	3	0 =Respondent did not check live with child/relative 1 =Respondent checked live with child/relative	Entered from the survey (See Appendix B)
156	<i>B18LVNONREL</i> Q63d Live with non-relatives	Num	3	0 =Respondent did not check live with non-relatives 1 =Respondent checked live with non-relatives	Entered from the survey (See Appendix B)
157	<i>B18LVCAREGV</i> Q63e Live with paid caregiver	Num	3	0 =Respondent did not check live with paid caregiver 1 =Respondent checked live with paid caregiver	Entered from the survey (See Appendix B)
158	<i>B18WHERELV</i> Q64 Where do you live	Num	3	1 =House, apartment, condominium, or mobile home 2 =Assisted living or board and care home 3 =Nursing home 4 =Other	Entered from the survey (See Appendix B)
159	<i>B18HMOWN</i> Q65 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)
160	<i>B18CMPWHO</i> Q66 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
161	<i>B18CMPFNAME</i> Q67a First Name Person Completing Survey	Char	25		Entered from the survey
162	<i>B18CMPLNAME</i> Q67b Last Name Person Completing Survey	Char	25		Entered from the survey
163	<i>B18NMCOMP</i> Q67 Combined Name Person Completing Survey	Char	51		Entered from the survey (See Appendix B)
164	<i>B18HHINC</i> Q68 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)
165	<i>B18SRVDISP</i> Survey Disposition	Char	3	M10/T10 = Complete survey (79.5-100% complete and all 6 ADLs answered in Q10a-f) M11/T11 = Non-response: partial survey (50- 79.5% complete, or 79.5-100% complete and <6 ADLs answered) Ineligible: M20/T20 = Deceased M21/T21 = Not enrolled in MAO M23/T23 = Language barrier T24 = Bad address AND phone number M25 = Removed from sample Non-response: M31/T31 = Break-off (0- 49% complete) M32/T32 = Refusal M33/T33 = Unavailable M34/T34 = Physically or mentally incapacitated M35/T35 = Institutionalized M36/T36 = After maximum attempts	Derived by the survey vendor (M=Mail, T=Telephone)

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
166	<i>B18SRVMODE</i> Round Survey Obtained	Char	2	M1 = 1 st mailing M2 = 2 nd mailing T1 = 1 st telephone T2 = 2 nd telephone T3 = 3 rd telephone T4 = 4 th telephone T5 = 5 th telephone T6 = 6 th telephone T7 = 7 th telephone T8 = 8 th telephone T9 = 9 th telephone MM = Partially completed by mail and converted to complete by mail re-contact MT = Partially completed by mail and converted to complete by telephone NC = Not completed	Derived by the survey vendor (M=Mail, T=Telephone)
167	<i>B18SRVLANG</i> Survey Language	Num	3	1 =English 2 =Spanish 3 =Not applicable 4 =Chinese	Generated by the survey vendor
168	<i>B18SRVDATE</i> Date Survey Completed	Char	8		Date the mail survey was received by the vendor or the date the telephone interview was conducted Displayed as MMDDYYYY
169	<i>B18VUCATI</i> Vendor Unique CATI ID	Char	10		Indicates which telephone interviewer conducted the interview
170	<i>B18MCONUM</i> MCO Provided Phone Number	Num	3	1 =Yes 2 =No	Generated by the survey vendor
171	<i>B18EXCLUDE</i> Request to be Excluded	Num	3	1 =Member requested "Take me off your list and/or never contact me again" 2 =Member did not request "Take me off your list and/or never contact me again"	Generated by the survey vendor
172	<i>B18DISP</i> Survey Disposition Indicator	Num	3	1 =Mail Survey Completed 2 =Telephone Survey Completed	Derived field
173	<i>B18INVSrv</i> Ineligible Survey Flag	Num	3	0 =Eligible 1 =Ineligible	Derived field Ineligible defined as B18SRVDISP values of M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MAO M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND phone number M25 = Ineligible: removed from sample

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
174	<i>B18ADLCOUNT</i> Count of ADL Questions Answered (0-6)	Num	3		Derived field
175	<i>B18PCTCMP</i> Percent of Survey Completed	Num	8		Derived field
176	<i>B18CMPSRV</i> Completed Survey (80% + All 6 ADLs Criteria)	Num	3	0=Incomplete Survey 1=Completed Survey (80% criteria + 6 ADLs answered)	Derived field
177	<i>B18CMPFLG</i> Name Provided in Q67 Flag	Num	3	0=Name Not Provided 1=Name Provided for person completing survey	Derived field
178	<i>B18TDOB</i> SAS Date of Birth	Num	8		Derived field SAS date for B18DOB MMDDYY10. format
179	<i>B18TSRVDAT</i> SAS Date of Survey	Num	8		Derived field SAS date for B18SRVDAT MMDDYY10. format
180	<i>B18TDOE</i> SAS Date of Accretion into Plan	Num	8		Derived field SAS date for date of enrollment B18DOE MMDDYY10. format
181	<i>B18TSRVDATIM</i> SAS Date of Survey (Missing Imputed)	Num	8		Derived field If B18SRVDATE missing, then B18TSRVDATIM=May 7, 2015 Otherwise B18TSRVDATIM=B18SRVDATE MMDDYY10. format
182	<i>B18TDOELMT</i> SAS Date of Accretion Limit - 03/01/2015	Num	8		Derived field SAS date for date of enrollment limit B18DOELMT (03/01/2015 for all records) MMDDYY10. format
183	<i>B18BMI</i> Calculated Body Mass Index	Num	8		Derived field $BMI = (weight / height^2) * 703$ Units: weight in pounds; height in inches
184	<i>B18BMICAT</i> Categories of Body Mass Index	Num	8	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 B18BMI
185	B18AGE Age (Exact Calculation)	Num	8		Derived field Calculated by counting the number of months between the SAS date fields B18TDOB and B18TSRVDATIM, then dividing the result by 12 to produce an integer value for the whole number of years for the beneficiary's age.

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
186	<i>B18AGECAT</i> Age Groups (6 Categories from Calculated AGE)	Num	8	0=less than 65 years 1=65 to 69 years 2=70 to 74 years 3=75 to 79 years 4=80 to 84 years 5=85 years or older	Derived from B18AGE
187	<i>B18RACECAT</i> Race Groups (3 Categories from CMS Race)	Num	8	1=White 2=Black 3=Other	Derived from the CMS Race field B18RACE
188	<i>B18HISPANA</i> Hispanic Indicator derived from Q58a-e	Num	8	1=Yes, Hispanic or Latino 2=No, not Hispanic or Latino	Derived field Corresponds to HISPAN variable in previous cohorts
189	<i>B18ENRDUR</i> Enrollment Duration (Months)	Num	8		Derived field Enrollment duration in months: (B18TDOELMT-B18TDOE)/30
190	<i>B18ENRCAT</i> Enrollment Duration Categories	Num	8	1=less than 6 months 2=6 to 12 months 3=13 to 36 months 4=37 months or more	Derived from B18ENRDUR
191	<i>B18MARCAT</i> Marital Status Using Combined Groups	Num	3	1=Married 2=Divorced or Separated 3=Widowed 4=Never married	Derived from B18MARITAL
192	<i>B18EDCAT</i> Educational Status Using Combined Groups	Num	3	1=Did not graduate high school 2=High school graduate or GED 3=Some college or 2 year degree 4=4 year college degree or beyond	Derived from B18EDUC
193	<i>B18INCCAT</i> Household Income Using Combined Groups	Num	3	1=Income less than \$10,000 2=Income \$10,000-\$19,999 3=Income \$20,000-\$29,999 4=Income \$30,000-\$49,999 5=Income \$50,000 or more 6= Don't know	Derived from B18HHINC
194	<i>B18DEP2SCRN</i> Positive Depression Screen	Num	3	0=Negative 1=Positive	Derived field Positive: Score of 3 or greater for sum of Q39a and Q39b (responses coded from 0-3) when both questions are answered
195	<i>B18COMO</i> Number of Chronic Medical Conditions	Num	3		Derived field Total number of "Yes" answers to Q20 through Q34
196	<i>B18COMOCT</i> Number of Chronic Medical Conditions Category	Num	3	0=No conditions 1=One condition 2=Two conditions 3=Three conditions 4=Four or more conditions	Derived from B18COMO
197	<i>B18PCS</i> Physical Component Summary (PCS) Score	Num	8		Derived field Unadjusted PCS score

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
198	<i>B18MCS</i> Mental Component Summary (MCS) Score	Num	8		Derived field Unadjusted MCS score
199	<i>B18ADJPCS</i> Adj. Physical Component Summary Score	Num	8		Derived field Case mix adjusted PCS score
200	<i>B18ADJMCS</i> Adj. Mental Component Summary Score	Num	8		Derived field Case mix adjusted MCS score
201	<i>B18ANALYT</i> Baseline Analytic Indicator	Num	8	0=Not included in analytic sample 1=Included in analytic sample	Derived field Respondents ≥ 65 , with a calculable PCS or MCS score, and in the quality reporting sample (<i>B18HOSQRS</i> =1) were included in the analytic sample.
202	<i>B18MONRPT</i> Monthly Report Date - source CMS 05/15	Num	8		SAS date of CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans May 1, 2015 for all records MMDDYY10. format
203	<i>B18PLTYPE</i> Plan Type - source CMS 05/15	Char	39		Obtained from the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
204	<i>B18PLORGNM</i> Plan Organization Name - source CMS 05/15	Char	50		Obtained from the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
205	<i>B18PLMEDP</i> Plan Medicare Product Name - source CMS 05/15	Char	50		Obtained from the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
206	<i>B18PLPOP</i> Plan Population - source CMS 05/15	Num	8		Obtained from the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans
207	<i>B18PLSTDT</i> Plan Start Date - source CMS 05/15	Num	8		Obtained from the May 2015 CMS Monthly Enrollment by Contract Report of Medicare Advantage/Part D Health Plans MMDDYY10. format
208	<i>B18PLANSTN</i> Plan State - source HPMS 08/15	Char	2		Obtained from the August 2015 Plan Contract List from HPMS
209	<i>B18PLREGN</i> Plan CMS Region - source HPMS 08/15	Char	13		Obtained from the August 2015 Plan Contract List from HPMS

FIELD #	FIELD NAME/ DESCRIPTION	FIELD TYPE	FIELD LENGTH	VALID VALUES	COMMENTS
210	B18PLREGCDE Plan CMS Region Code	Num	3	1= Region 1 – Boston (CT, ME, MA, NH, RI, VT) 2= Region 2 - New York (NY, NJ, PR, VI) 3= Region 3 - Philadelphia (DE, DC, MD, PA, VA, WV) 4= Region 4 - Atlanta (AL, FL, GA, KY, MS, NC, SC, TN) 5= Region 5 – Chicago (IL, IN, MI, MN, OH, WI) 6= Region 6 - Dallas (AR, LA, NM, OK, TX) 7=Region 7 - Kansas City (IA, KS, MO, NE) 8=Region 8 – Denver (CO, MT, ND, SD, UT, WY) 9=Region 9 - San Francisco (AZ, CA, Guam, HI, NV) 10=Region 10 – Seattle (AK, ID, OR, WA)	Derived from the CMS region field in the August 2015 Plan Contract List from HPMS
211	B18PLTAXST Plan Tax Status - source HPMS 08/15	Char	25		Obtained from the August 2015 Plan Contract List from HPMS
212	B18PLDUR Duration of Plan Contract - Years	Num	8		Derived field Duration of plan contract in years: (B18TDOELMT- B18PLSTDT) /365.25
213	B18PLNDCT Duration of Plan Contract Categories	Num	8	1 =less than 1 year 2 =1 to 4 years 3 =5 to 9 years 4 =10 years or more	Derived from B18PLDUR
214	B18RPTST Reporting Plan State	Char	2	FS = Private Fee-for-Service RS = Regional PPO All other values are identical to state codes from the B18PLANSTN field	Derived field State level unit of analysis for the Cohort 18 Baseline Report

Appendix B (Annotated Survey Form)

2015 Medicare Health Outcomes Survey

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

1 Excellent

B18VRGENHTH

2 Very good

3 Good

4 Fair

5 Poor

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?

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

1 Yes, limited a lot

B18VRMACT

2 Yes, limited a little

3 No, not limited at all

b. Climbing **several** flights of stairs

1 Yes, limited a lot

B18VRSTAIR

2 Yes, limited a little

3 No, not limited at all

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**?

a. **Accomplished less** than you would like **as a result of your physical health**?

1 No, none of the time

B18VRPACCL

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

b. Were limited in the **kind** of work or other activities **as result of your physical health**?

1 No, none of the time

B18VRPWORK

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

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)?

a. **Accomplished less** than you would like **as a result of any emotional problems**

1 No, none of the time

B18VRMACCL

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

b. Didn't do work or other activities as **carefully** as usual **as a result of any emotional problems**

1 No, none of the time

B18VRMWORK

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

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

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

B18VRPAIN

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**:

a. Have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B18VRCALM

b. Did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B18VRENERGY

c. Have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

B18VRDOWN

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.)?

- 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

B18VRSACT

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

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

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

B18VRPHCMP

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

- 1 Much better
- 2 Slightly better
- 3 About the same
- 4 Slightly worse
- 5 Much worse

B18VRMHCMP

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?**

a. Bathing B18ADLBTH

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

b. Dressing B18ADLDRS

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

c. Eating B18ADLEAT

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

d. Getting in or out of chairs B18ADLCHR

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

e. Walking B18ADLWLK

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

f. Using the toilet B18ADLTLT

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I am unable to do this activity

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

a. Preparing meals B18DIFMEALS

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I don't do this activity

b. Managing money B18DIFMONEY

- 1 No, I do not have difficulty
 2 Yes, I have difficulty
 3 I don't do this activity

c. Taking medication as prescribed

- 1 No, I do not have difficulty
 2 Yes, I have difficulty B18DIFMEDS
 3 I don't do this activity

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

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

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days B18HDPHY

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

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days B18HDMEN

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

Please enter a number between "0" and "30" days. **If no days, please enter "0" days. Your best estimate would be fine.**

days

B18HDACT

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

15. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

B18DIFSEE

16. Are you deaf or do you have serious difficulty hearing, even with a hearing aid?

1 Yes

2 No

B18DIFHEAR

17. **Because of a physical, mental, or emotional condition**, do you have **serious** difficulty concentrating, remembering or making decisions?

1 Yes

2 No

B18DIFMEM

18. **Because of a physical, mental, or emotional condition**, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

B18DIFERRND

19. In the **past month**, how often did memory problems interfere with your daily activities?

1 Every day (7 days a week)

2 Most days (5-6 days a week)

3 Some days (2-4 days a week)

4 Rarely (once a week or less)

5 Never

B18DIFMPROB

Has a doctor ever told you that you had:

20. Hypertension or high blood pressure

1 Yes

2 No

B18CCHBP

21. Angina pectoris or coronary artery disease

1 Yes

2 No

B18CC_CAD

22. Congestive heart failure

1 Yes

2 No

B18CC_CHF

23. A myocardial infarction or heart attack

1 Yes

2 No

B18CCMI

24. Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat

1 Yes

2 No

B18CCHRTOTH

25. A stroke

1 Yes

2 No

B18CCSTROKE

Has a doctor ever told you that you had:

26. Emphysema, or asthma, or COPD (chronic obstructive pulmonary disease)
1 Yes **B18CC_COPD**
2 No

27. Crohn's disease, ulcerative colitis, or inflammatory bowel disease
1 Yes **B18CCGI**
2 No

28. Arthritis of the hip or knee
1 Yes **B18CCARTHIP**
2 No

29. Arthritis of the hand or wrist
1 Yes **B18CCARTHND**
2 No

30. Osteoporosis, sometimes called thin or brittle bones
1 Yes **B18CCOSTEO**
2 No

31. Sciatica (pain or numbness that travels down your leg to below your knee)
1 Yes **B18CCSCIATI**
2 No

32. Diabetes, high blood sugar, or sugar in the urine
1 Yes **B18CCDIABET**
2 No

33. Depression
1 Yes **B18CCDEP**
2 No

34. Any cancer (other than skin cancer)
1 Yes → *Go to Question 35*
2 No → *Go to Question 36* **B18CCANYCA**

35. Are you **currently** under treatment for:

a. Colon or rectal cancer
1 Yes **B18CACOLON**
2 No

b. Lung cancer
1 Yes **B18CALUNG**
2 No

c. Breast cancer
1 Yes **B18CABRST**
2 No

d. Prostate cancer
1 Yes **B18CAPROS**
2 No

e. Other cancer (other than skin cancer)
1 Yes **B18CAOTHER**
2 No

36. In the **past 7 days**, how much did pain interfere with your day to day activities?
1 Not at all **B18PAINDACT**
2 A little bit
3 Somewhat
4 Quite a bit
5 Very much

37. In the **past 7 days**, how often did pain keep you from socializing with others?
1 Never **B18PAINSACT**
2 Rarely
3 Sometimes
4 Often
5 Always

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

01 1 No pain

B18PAINRATE

02 2

03 3

04 4

05 5

06 6

07 7

08 8

09 9

10 10 Worst imaginable pain

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

a. Little interest or pleasure in doing things

1 Not at all

B18DEPNOPLS

2 Several days

3 More than half the days

4 Nearly every day

b. Feeling down, depressed or hopeless

1 Not at all

B18DEPDOWN

2 Several days

3 More than half the days

4 Nearly every day

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

1 Excellent

B18CMPHTH

2 Very good

3 Good

4 Fair

5 Poor

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

1 Every day

B18SMOKE

2 Some days

3 Not at all

4 Don't know

42. Many people experience leakage of urine, also called urinary incontinence. In the **past six months**, have you experienced leaking of urine?

B18MUILKG

1 Yes → **Go to Question 43**

2 No → **Go to Question 46**

43. During the **past six months**, how much did leaking of urine make you change your daily activities or interfere with your sleep?

1 A lot

B18MUIDACT

2 Somewhat

3 Not at all

44. Have you **ever** talked with a doctor, nurse, or other health care provider about leaking of urine?

1 Yes

B18MUITLK

2 No

45. There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you **ever** talked with a doctor, nurse, or other health care provider about any of these approaches?

1 Yes

B18MUITRT

2 No

46. In the **past 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.

B18PAOTLK

1 Yes → **Go to Question 47**

2 No → **Go to Question 47**

3 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.

1 Yes

2 No

B18PAOADV

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?

1 Yes

2 No

3 I had no visits in the past 12 months

B18FRMTLK

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

1 Yes

2 No

B18FRMFALL

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

1 Yes

2 No

B18FRMBAL

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

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

1 Yes

2 No

3 I had no visits in the past 12 months

B18FRMPREV

52. Have you **ever** had a **bone density test** to check for **osteoporosis**, sometimes thought of as “brittle bones”? This test would have been done to your back or hip.

1 Yes

2 No

B18OTOTEST

53. During the **past month**, on average, how many hours of actual sleep did you get at night? (This may be different from the number of hours you spent in bed.)

1 Less than 5 hours

2 5–6 hours

3 7–8 hours

4 9 or more hours

B18SLEEPHRS

54. During the **past month**, how would you rate your overall sleep quality?

1 Very Good

2 Fairly Good

3 Fairly Bad

4 Very Bad

B18SLEEPQUA

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

lbs.

B18WEIGHTLB

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

ft. in.

B18HEIGHTFT **B18HEIGHTIN**

57. Are you male or female?

1 Male **B18SRVGEND**

2 Female

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

1 No, not of Hispanic, Latino/a or Spanish origin **B18HPNOHISP**

2 Yes, Mexican, Mexican American, Chicano/a **B18HPMEX**

3 Yes, Puerto Rican **B18HPPR**

4 Yes, Cuban **B18PCUBA**

5 Yes, Another Hispanic, Latino/a or Spanish origin **B18HPOTHER**

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

01 White **B18RCWHITE**

02 Black or African American **B18RCAFRAM**

03 American Indian or Alaska Native **B18RCNATAM**

04 Asian Indian **B18RCINDIA**

05 Chinese **B18RCCHINA**

06 Filipino **B18RCFILIP**

07 Japanese **B18RCJAPAN**

08 Korean **B18RCCKOREA**

09 Vietnamese **B18RCVIET**

10 Other Asian **B18RCOTHASN**

11 Native Hawaiian **B18RCHAWAII**

12 Guamanian or Chamorro **B18RCGUAM**

13 Samoan **B18RCSAMOA**

14 Other Pacific Islander **B18RCOTHPAC**

60. What language do you **mainly** speak at home?

1 English **B18SPEAKLNG**

2 Spanish

3 Chinese

4 Some other language (please specify) **B18SPEAKOTH**

61. What is your current marital status?

1 Married **B18MARITAL**

2 Divorced

3 Separated

4 Widowed

5 Never married

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

1 8th grade or less **B18EDUC**

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

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

1 Alone **B18LVALONE**

2 With spouse/significant other **B18LVSPOUSE**

3 With children/other relatives **B18LVCHILD**

4 With non-relatives **B18LVNONREL**

5 With paid caregiver **B18LVCAREGV**

64. Where do you live? B18WHERELV
- 1 House, apartment, condominium or mobile home → **Go to Question 65**
 - 2 Assisted living or board and care home → **Go to Question 65**
 - 3 Nursing home → **Go to Question 66**
 - 4 Other → **Go to Question 66**

65. Is the house or apartment you currently live in: B18HMOWN
- 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

66. Who completed this survey form? B18CMPWHO
- 1 Person to whom survey was addressed → **Go to Question 68**
 - 2 Family member or relative of person to whom the survey was addressed
 - 3 Friend of person to whom the survey was addressed
 - 4 Professional caregiver of person to whom the survey was addressed

67. If you completed the survey for someone else, please fill in your name. **DO NOT** complete this question if you completed the survey for yourself. Please **print** clearly.

First Name: _____

B18NMCOMP

Last Name: _____

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

- 01 Less than \$5,000
- 02 \$5,000–\$9,999
- 03 \$10,000–\$19,999 B18HHINC
- 04 \$20,000–\$29,999
- 05 \$30,000–\$39,999
- 06 \$40,000–\$49,999
- 07 \$50,000–\$79,999
- 08 \$80,000–\$99,999
- 09 \$100,000 or more
- 10 Don't know

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