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Medicare Health Outcomes Survey Limited Data Sets
File Specifications for *Cohorts 1-6* (Plan Fields Removed)

INTRODUCTION TO MEDICARE HOS

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

Collected since 1998, the Medicare HOS remains a critical part of the assessment of health plan quality. In addition, CMS includes the HOS results as one component of their performance assessment program. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data. These data have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement. Managed care plans with Medicare Advantage (MA) contracts must participate. Several types of Medicare HOS data files are available for research purposes: Public Use Files (PUFs), Limited Data Sets (LDSs), and Research Identifiable Files (RIFs). This document provides an overview of the HOS and details of the *Cohorts 1-6* LDS file specifications.

DEVELOPMENT OF THE MEDICARE HOS

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

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

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

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

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

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

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

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

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

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

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

LIMITED DATA SET FILE SPECIFICATIONS
The following table describes the file layout by field position for the LDS files. Each of the *Cohorts 1-6* LDS files contain the baseline and follow up survey items, calculated fields, as well as death information and reporting unit (blinded contract number) information. There are a total of 455 fields in the *Cohort 1 LDS*, 444 fields in the *Cohort 2 LDS*, 441 fields in the *Cohort 3 LDS*, 425 fields in the *Cohort 4 LDS*, 413 fields in the *Cohort 5 LDS*, and 414 fields in the *Cohort 6 LDS*. The LDS files are represented in the table with the following column headings: **C1R1** for *Cohort 1*, **C2R2** for *Cohort 2*, **C3R3** for *Cohort 3,* **C4R4** for *Cohort 4,* **C5R5** for *Cohort 5*, and **C6R6** for *Cohort 6.*

The table provides the field name/description, type, length, and additional information (including valid values); and indication of field inclusion or exclusion for each cohort file. In each cohort field column, the survey question number for that year is indicated. For example, in the *Cohort 1* LDS file the baseline survey field CxEDUC was Q52 in the 1998 HOS questionnaire and the *Cohort 2* field was Q51 in the 1999 HOS questionnaire. The follow up survey field FxEDUC was Q51 in both the 2000 and 2001 HOS questionnaires. The text for questions, valid values, and skip patterns in this document are from the most current HOS questionnaire in which the question appears. The exact text of each question for each cohort survey can be obtained by referring to the HEDIS Manual or the online questionnaires.[3] Check marks in the cohort field column are used to indicate non-survey items, such as administrative and analytic fields. **Shaded rows in the table indicate fields which were removed to prevent identification of individual health plans**.

Please note that the 1998 through 2005 baseline and follow up surveys used the HOS 1.0 questionnaire, which contained a 36-item health survey to calculate the physical and mental component summary scores. Some fields and field attributes may differ between the baseline and follow up surveys.

There are three categories of fields in the LDS files: baseline, follow up, and performance measurement. All baseline fields are derived from the baseline survey and have a "C" prefix, all follow up fields are derived from the follow up survey and have an "R"

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[3] Copies of the 1998-2005 HEDIS Volume 6 Specifications for the Medicare Health Outcomes Survey Manuals may be purchased by calling the NCQA customer support telephone line at 1-888-275-7585 or from NCQA's Publications Center (http://www.ncqa.org/publications-products). In addition, copies of the 1998-2005 HOS questionnaires are available at http://hosonline.org/en/survey-instrument/.

prefix, and all performance measurement fields are calculated or retrieved from other data sources and have a "P" prefix. The performance measurement fields provide characteristics of the beneficiary and the beneficiary's health plan at the time of performance measurement reporting, which occurs approximately one year after follow up data collection. In the field names, the "X" following the prefix represents the cohort identifier (1, 2, 3, 4, 5, 6) for the field name. For example, the field CXEDUC represents C1EDUC for *Cohort 1*, C2EDUC for *Cohort 2*, C3EDUC for *Cohort 3*, C4EDUC for *Cohort 4*, C5EDUC for *Cohort 5*, and C6EDUC for *Cohort 6*. Please refer to the diagram on the following page for additional information.

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

DESCRIPTION OF FILE SPECIFICATIONS TABLE

√=Included non-survey item

C=Baseline

X=Cohort number 1, 2, 3, 4, 5, or 6

R=Follow Up

P=Performance Measurement

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

Q45 in Cohort 1, 2 and 3
NA=Not included for Cohorts 4, 5, and 6

Q44 in Cohorts 4, 5, and 6
NA=Not included in Cohorts 1, 2 and 3

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
CXHTHID NCQA Healthcare Organization ID at Baseline	Char	7	Organization ID supplied by NCQA at the time of baseline sampling	N/A	N/A	√	√	√	√
RXQSMKAD Follow Up Survey: Smoking Advice Question	Num	3	Beneficiary's response from the follow up survey: *In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?* 1 = None 2 = 1 visit 3 = 2 to 4 visits 4 = 5 to 9 visits 5 = 10 or more visits 6 = I had no visits in the last 6 months	Q45	Q45	Q45	N/A	N/A	N/A
RXURNLKG Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Many people experience problems with urinary incontinence, the leakage of urine. In the **last 6 months**, have you accidentally leaked urine?* 1 = Yes (Go to Q45) 2 = No (Go to Q48)	N/A	N/A	N/A	Q44	Q44	Q44
PXPLSTDT Plan Contract Start Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration MMDDYY10. format	√	√	√	√	√	√
CXEDUC Baseline Survey: Education Question	Num	3	Beneficiary's response from the baseline survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q52	Q51	Q51	Q51	Q51	Q53
RXEDUC Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q51	Q51	Q51	Q53	Q53	Q55

[*] C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS
[†] C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
[‡] C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS
[§] C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
[‖] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
[#] C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

Limited Data Sets File Specifications (Plan Fields Removed)

FIELD NAME / DESCRIPTION C = Baseline R = Follow Up P = Performance Measurement	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXPATID Anonymous Patient ID at Baseline	Num	8	Unique number assigned to each beneficiary in the baseline sample	✔	✔	✔	✔	✔	✔
CXPLAN Plan Identification Number at Baseline	Num	8	Anonymous plan identification number assigned to each plan at the time of baseline sampling	✔	✔	✔	✔	✔	✔
CXRECID Record Identifier at Baseline	Char	1	Baseline record identifier	✔	✔	✔	✔	✔	✔
CXRPTYR Baseline Reporting Year	Num	8	Reporting year for the baseline survey	✔	✔	✔	✔	✔	✔
CXCNTRNM Plan Contract Number at Baseline	Char	5	Unique contract number at the time of baseline sampling	✔	✔	✔	✔	✔	✔
CXCONT_ID **Blinded Plan Contract Number at Baseline**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of baseline sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✔	✔	✔	✔	✔	✔
CXPLANNM Plan Name at Baseline	Char	50	Plan name at the time of baseline sampling	✔	✔	✔	✔	✔	✔
CXLNBUSS Line of Business at Baseline	Num	3	Line of business at the time of baseline sampling 1 = Health Maintenance Organizations (HMO) 2 = Point Of Service plans (POS) 3 = Preferred Provider Organizations (PPO)	✔	✔	✔	✔	✔	✔

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXMODEL Model Type at Baseline	Num	3	Model type at the time of baseline sampling 1 = Group Practice Model (Group) 2 = Individual Practice Association (IPA) 3 = Mixed 4 = Network 5 = Staff Model (Staff) 6 = Other	✓	✓	✓	✓	✓	✓
CXMARKET Plan Market Area Code/Indicator at Baseline	Char	2	CMS market area code/indicator at the time of baseline sampling	✓	✓	✓	✓	✓	✓
CXMANAME Plan Market Area Name at Baseline	Char	30	CMS market area name at the time of baseline sampling	✓	✓	✓	✓	✓	N/A
CXVENDOR Baseline Survey: Survey Vendor	Num	3	Baseline Survey Vendor: 1 = DSS 2 = GHS 3 = Solucient (formerly HCIA) 4 = Synovate (formerly Market Facts) 5 = NRC or DataStat, Inc.* 6 = Roper Starch (formerly Response Analysis)** * NRC for *Cohorts 1, 2, and 3 Baseline* surveys, DataStat, Inc. for *Cohorts 5 and 6 Baseline* surveys ** Roper Starch for *Cohorts I, II, and III Baseline surveys*	✓	✓	✓	✓	✓	✓
CXDFTYPE Data File Type (*Cohort 3 Baseline* Only)	Char	2	Data file type 1F = *Cohort 1 Follow Up* 3B = *Cohort 3 Baseline*	N/A	N/A	✓	N/A	N/A	N/A
CXHTHID NCQA Healthcare Organization ID at Baseline	Char	7	Organization ID supplied by NCQA at the time of baseline sampling	N/A	N/A	✓	✓	✓	✓
CXSUBID NCQA Submission ID at Baseline	Char	6	Submission ID supplied by NCQA at the time of baseline sampling	N/A	✓	✓	✓	✓	✓
CXSPECID NCQA Special Area ID at Baseline	Char	10	Special area ID supplied by NCQA at the time of baseline sampling	N/A	N/A	✓	✓	✓	✓

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† C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXPLANID Plan Identification Number at Baseline	Char	6	Plan identification number at the time of baseline sampling.	✔	✔	✔	✔	✔	✔
CXSTATE Beneficiary's Baseline Social Security Administration (SSA) State Code	Char	2	Beneficiary's SSA state code from the baseline member level record	✔	✔	✔	✔	✔	✔
CXSTABV Beneficiary's Baseline SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the baseline SSA state code	✔	✔	✔	✔	✔	✔
CXSTNAME Beneficiary's Baseline SSA State Name	Char	20	Beneficiary's state name based on the baseline SSA state code	✔	✔	✔	✔	✔	✔
CXCOUNTY Beneficiary's Baseline SSA County Code	Char	3	Beneficiary's SSA county code from the baseline member level record	✔	✔	✔	✔	✔	✔
CXCTNAME Beneficiary's Baseline SSA County Name	Char	25	Beneficiary's county name based on the baseline SSA county code	✔	✔	✔	✔	✔	✔
CXZIPCOD Beneficiary's Baseline ZIP Code	Char	9	Beneficiary's ZIP code from the baseline member level record	✔	✔	✔	✔	✔	✔
CXRACE Beneficiary's Baseline Race (CMS)	Num	3	Beneficiary's race from the baseline member level record. This information is derived from CMS' EDB. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	✔	✔	✔	✔	✔	✔
CXGENDER Beneficiary's Baseline Gender (CMS)	Num	3	Beneficiary's gender from the baseline member level record. This information is derived from CMS' EDB. 1 = Male 2 = Female	✔	✔	✔	✔	✔	✔
CXDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS' EDB.	✔	✔	✔	✔	✔	✔

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CXDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the baseline member level record. This information is derived from CMS' EDB.	✓	✓	✓	✓	✓	✓
CXACCRDT Beneficiary's Baseline Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the baseline member level record.	✓	✓	✓	✓	✓	✓
CXTERMDT Beneficiary's Baseline Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the baseline member level record.	✓	✓	✓	✓	✓	✓
CXESRDID Beneficiary's Baseline ESRD Status	Num	3	Beneficiary's End Stage Renal Disease (ESRD) status at baseline. This information is derived from CMS' EDB. 0 = No ESRD 1 = ESRD	✓	✓	✓	✓	✓	✓
CXINSTUT Beneficiary's Baseline Institutional Status	Num	3	Beneficiary's institutional status at baseline. This information is derived from CMS' EDB. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care	✓	✓	✓	✓	✓	✓
CXHOSPIC Beneficiary's Baseline Hospice Status	Num	3	Beneficiary's hospice status at baseline. This information is derived from CMS' EDB. 0 = No hospice start date present 1 = Hospice start date present	✓	✓	✓	✓	✓	✓
CXMEDICD Beneficiary's Baseline Medicaid Status	Num	3	Beneficiary's Medicaid status at baseline. This information is derived from CMS' EDB. 0 = Out of Medicaid 1 = In Medicaid	✓	✓	✓	✓	✓	✓

* C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS   § C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
† C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS   ‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS   # C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXRSENT Beneficiary's Baseline Reason for Entitlement	Num	3	Beneficiary's reason for entitlement at baseline. This information is derived from CMS' EDB. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	✓	✓	✓	✓	✓	✓
CXPROTIF Protocol Identifier Flag	Num	3	Beneficiary's survey protocol from the baseline member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 5 = PACE 6 = Chinese	N/A	N/A	N/A	✓	✓	✓
CXSURIND Survey Indicator Variable (*Cohort 5 Baseline* Only)	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	N/A	N/A	N/A	N/A	✓	✓
CXGENHTH Baseline Survey: General Health Question	Num	3	Beneficiary's response from the baseline survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1	Q1	Q1	Q1	Q1

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXHTHTRN Baseline Survey: Health Transition Question	Num	3	Beneficiary's response from the baseline survey: ***Compared to one year ago,*** *how would you rate your health in general* ***now?*** 1 = Much better now than one year ago 2 = Somewhat better now than one year ago 3 = About the same as one year ago 4 = Somewhat worse now than one year ago 5 = Much worse now than one year ago	Q2	Q2	Q2	Q2	Q2	Q2
CXVIGACT Baseline Survey: Vigorous Activities Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does* ***your health now limit you*** *in these activities? If so, how much?* <u>**Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3a	Q3a	Q3a	Q3a	Q3a	Q3a
CXMODACT Baseline Survey: Moderate Activities Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does* ***your health now limit you*** *in these activities? If so, how much?* <u>**Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3b	Q3b	Q3b	Q3b	Q3b	Q3b

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXLIFT Baseline Survey: Lifting Groceries Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Lifting or carrying groceries</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3c	Q3c	Q3c	Q3c	Q3c	Q3c
CXCLMBSV Baseline Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Climbing **several** flights of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3d	Q3d	Q3d	Q3d	Q3d	Q3d
CXCLMBON Baseline Survey: Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Climbing **one** flight of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3e	Q3e	Q3e	Q3e	Q3e	Q3e

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† C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
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§ C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXBEND Baseline Survey: Bending, Kneeling, or Stooping Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does* **your health now limit you** *in these activities? If so, how much?* <u>Bending, kneeling, or stooping</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3f	Q3f	Q3f	Q3f	Q3f	Q3f
CXWLKMI Baseline Survey: Walking More than a Mile Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does* **your health now limit you** *in these activities? If so, how much?* <u>Walking **more than a mile**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3g	Q3g	Q3g	Q3g	Q3g	Q3g
CXWLKBKS Baseline Survey: Walking Several Blocks Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does* **your health now limit you** *in these activities? If so, how much?* <u>Walking **several blocks**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3h	Q3h	Q3h	Q3h	Q3h	Q3h

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXWLK1BK Baseline Survey: Walking One Block Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **one block**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3i	Q3i	Q3i	Q3i	Q3i	Q3i
CXBATHDR Baseline Survey: Bathing and Dressing Question	Num	3	Beneficiary's response from the baseline survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Bathing or dressing yourself</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3j	Q3j	Q3j	Q3j	Q3j	Q3j
CXPCUTTM Baseline Survey: Physical Health Limiting Time Spent on Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* <u>Cut down on the **amount of time** you spent on work or other activities</u> 1 = Yes 2 = No	Q4a	Q4a	Q4a	Q4a	Q4a	Q4a

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

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

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

CXPDIFWK
Baseline Survey:
Physical Health Causing Difficulty Performing Activities Question
	Num	3	Beneficiary's response from the baseline survey:
			*During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?*
			   Had **difficulty** performing the work or other activities (*for example*, it took extra effort)
			   1 = Yes
			   2 = No
				Q4d	Q4d	Q4d	Q4d	Q4d	Q4d

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXECUTTM Baseline Survey: Emotional Problems Limiting Time Spent on Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* Cut down on the **amount of time** you spent on work or other activities 1 = Yes 2 = No	Q5a	Q5a	Q5a	Q5a	Q5a	Q5a
CXEACMPL Baseline Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* **Accomplished less** than you would like 1 = Yes 2 = No	Q5b	Q5b	Q5b	Q5b	Q5b	Q5b
CXENTCRF Baseline Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* Didn't do work or other activities as **carefully** as usual 1 = Yes 2 = No	Q5c	Q5c	Q5c	Q5c	Q5c	Q5c

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXSOCLMT Baseline Survey: Extent Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?* 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely	Q6	Q6	Q6	Q6	Q6	Q6
CXPNMAGT Baseline Survey: Bodily Pain Question	Num	3	Beneficiary's response from the baseline survey: *How much **bodily** pain have you had during the **past 4 weeks**?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very severe	Q7	Q7	Q7	Q7	Q7	Q7
CXPNINTF Baseline Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q8	Q8	Q8	Q8	Q8	Q8

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CXFULPEP
Baseline Survey:
Full of Pep Question
	Num	3	Beneficiary's response from the baseline survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…***
			    Did you feel full of pep?
			    1 = All of the time
			    2 = Most of the time
			    3 = A good bit of the time
			    4 = Some of the time
			    5 = A little of the time
			    6 = None of the time
				Q9a	Q9a	Q9a	Q9a	Q9a	Q9a

CXNERVS
Baseline Survey:
Nervous Question
	Num	3	Beneficiary's response from the baseline survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…***
			    Have you been a very nervous person?
			    1 = All of the time
			    2 = Most of the time
			    3 = A good bit of the time
			    4 = Some of the time
			    5 = A little of the time
			    6 = None of the time
				Q9b	Q9b	Q9b	Q9b	Q9b	Q9b

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CXDNDMPS Baseline Survey: Down in the Dumps Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* Have you felt so down in the dumps that nothing could cheer you up? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9c	Q9c	Q9c	Q9c	Q9c	Q9c
CXPCEFUL Baseline Survey: Calm and Peaceful Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…* Have you felt calm and peaceful? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9d	Q9d	Q9d	Q9d	Q9d	Q9d

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXENERGY Baseline Survey: Lots of Energy Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…*** Did you have a lot of energy? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9e	Q9e	Q9e	Q9e	Q9e	Q9e
CXBLSAD Baseline Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…*** Have you felt downhearted and blue? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9f	Q9f	Q9f	Q9f	Q9f	Q9f

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CXWRNOUT Baseline Survey: Feeling Worn Out Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…*** <u>Did you feel worn out</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9g	Q9g	Q9g	Q9g	Q9g	Q9g
CXHAPPY Baseline Survey: Happy Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks…*** <u>Have you been a happy person</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9h	Q9h	Q9h	Q9h	Q9h	Q9h

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXTIRED Baseline Survey: Feeling Tired Question	Num	3	Beneficiary's response from the baseline survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**…* Did you feel tired? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9i	Q9i	Q9i	Q9i	Q9i	Q9i
CXSCLACT Baseline Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?* 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q10	Q10	Q10	Q10	Q10	Q10

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[||]	FIELDS IN C6R6[#]
CXSCKESY Baseline Survey: Sick Easier Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I seem to get sick a little easier than other people</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11a	Q11a	Q11a	Q11a	Q11a	Q11a
CXASHLTH Baseline Survey: As Healthy Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I am as healthy as anybody I know</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11b	Q11b	Q11b	Q11b	Q11b	Q11b
CXHTHWSE Baseline Survey: Future Health Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I expect my health to get worse</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11c	Q11c	Q11c	Q11c	Q11c	Q11c

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[§] C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
CXHTHEXT Baseline Survey: Excellent Health Question	Num	3	Beneficiary's response from the baseline survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>My health is excellent</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11d	Q11d	Q11d	Q11d	Q11d	Q11d
CXDIFBTH Baseline Survey: Bathing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Bathing</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12a	Q12a	Q12a	Q12a	Q12a	Q12a
CXDIFDRS Baseline Survey: Dressing Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Dressing</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12b	Q12b	Q12b	Q12b	Q12b	Q12b

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CXDIFEAT Baseline Survey: Eating Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Eating 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12c	Q12c	Q12c	Q12c	Q12c	Q12c
CXDIFCHR Baseline Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Getting in or out of chairs 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12d	Q12d	Q12d	Q12d	Q12d	Q12d
CXDIFWLK Baseline Survey: Walking Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Walking 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12e	Q12e	Q12e	Q12e	Q12e	Q12e

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXDIFTOL Baseline Survey: Using the Toilet Question	Num	3	Beneficiary's response from the baseline survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Using the toilet</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12f	Q12f	Q12f	Q12f	Q12f	Q12f
CXPHYHTH Baseline Survey: Number of Days Physical Health Not Good	Num	3	Beneficiary's response from the baseline survey: *Now, thinking about your physical health, which includes physical illness and injury, for how many days during **the past 30 days** was your physical health not good? (If no days, please enter "0" days.)*	N/A	N/A	N/A	N/A	N/A	Q13
CXMENHTH Baseline Survey: Number of Days Mental Health Not Good	Num	3	Beneficiary's response from the baseline survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during **the past 30 days** was your mental health not good? (If no days, please enter "0" days.)*	N/A	N/A	N/A	N/A	N/A	Q14
CXPORHTH Baseline Survey: Number of Days Health Interfered with Daily Activities	Num	3	Beneficiary's response from the baseline survey: *During **the past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (If no days, please enter "0" days.)*	N/A	N/A	N/A	N/A	N/A	Q15

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CXCPNEXR Baseline Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how often have you had any of the following problems* <u>Chest pain or pressure when you exercise</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q13a	Q13a	Q13a	Q13a	Q13a	Q16a
CXCPNRST Baseline Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how often have you had any of the following problems* <u>Chest pain or pressure when resting</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q13b	Q13b	Q13b	Q13b	Q13b	Q16b
CXSOBFLT Baseline Survey: Orthopnea Question	Num	3	Beneficiary's response from the baseline survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* <u>When lying down flat</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14a	Q14a	Q14a	Q14a	Q14a	Q17a

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CXSOBSIT Baseline Survey: Dyspnea while Sitting/Resting Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When sitting or resting 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14b	Q14b	Q14b	Q14b	Q14b	Q17b
CXSOBWLK Baseline Survey: Dyspnea when Walking Less than One Block Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When walking less than one block 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14c	Q14c	Q14c	Q14c	Q14c	Q17c
CXSOBSTR Baseline Survey: Dyspnea when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When climbing one flight of stairs 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14d	Q14d	Q14d	Q14d	Q14d	Q17d

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CXNMBFET Baseline Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Numbness or loss of feeling in your feet</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15a	Q15a	Q15a	Q15a	Q15a	Q18a
CXANKSWL Baseline Survey: Ankle/Leg Edema Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Ankles or legs that swell as the day goes on</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15b	Q15b	Q15b	Q15b	Q15b	N/A
CXTINGFT Baseline Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Tingling or burning sensation in your feet especially at night</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15c	Q15c	Q15c	Q15c	Q15c	Q18b

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CXDECSNS Baseline Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Decreased ability to feel hot or cold with your feet 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15d	Q15d	Q15d	Q15d	Q15d	Q18c
CXDECHEL Baseline Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the baseline survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Sores or wounds on your feet that did not heal 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15e	Q15e	Q15e	Q15e	Q15e	Q18d
CXPARLYS Baseline Survey: Hemiparalysis/Weakness Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** had paralysis or weakness on one side of the body?* 1 = Yes, I have it 2 = Yes, but it went away 3 = No	Q16a	Q16a	Q16a	Q16a	Q16a	Q19a

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CXLSTTLK Baseline Survey: Lost Ability to Talk Question	Num	3	Beneficiary's response from the baseline survey: *Have you **ever** lost the ability to talk?* 1 = Yes, I have lost it 2 = Yes, but it returned 3 = No	Q16b	Q16b	Q16b	Q16b	Q16b	Q19b
CXRDNEWP Baseline Survey: Vision Question	Num	3	Beneficiary's response from the baseline survey: *Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?* 1 = Yes 2 = No	Q17	Q17	Q17	Q17	Q17	Q20
CXHRMOST Baseline Survey: Hearing Question	Num	3	Beneficiary's response from the baseline survey: *Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?* 1 = Yes 2 = No	Q18	Q18	Q18	Q18	Q18	Q21
CXACDING Baseline Survey: Acid Indigestion Question	Num	3	Beneficiary's response from the baseline survey: *Do you now have acid indigestion or heartburn?* 1 = Yes 2 = No	Q19	Q19	Q19	Q19	Q19	N/A
CXCTRURN Baseline Survey: Difficulty Controlling Urination Question	Num	3	Beneficiary's response from the baseline survey: *Do you have difficulty controlling urination?* 1 = Yes 2 = No	Q20	Q20	Q20	Q20	Q20	Q22

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CXHIGHBP Baseline Survey: Hypertension Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No	Q21	Q21	Q21	Q21	Q21	Q23
CXANGCAD Baseline Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Angina pectoris or coronary artery disease 1 = Yes 2 = No	Q22	Q22	Q22	Q22	Q22	Q24
CXCHF Baseline Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No	Q23	Q23	Q23	Q23	Q23	Q25
CXAMI Baseline Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No	Q24	Q24	Q24	Q24	Q24	Q26
CXOTHHRT Baseline Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat 1 = Yes 2 = No	Q25	Q25	Q25	Q25	Q25	Q27

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CXSTROKE Baseline Survey: Stroke Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* A stroke 1 = Yes 2 = No	Q26	Q26	Q26	Q26	Q26	Q28
CXCOPD_E Baseline Survey: COPD Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD 1 = Yes 2 = No	Q27	Q27	Q27	Q27	Q27	Q29
CXGI_ETC Baseline Survey: Inflammatory Bowel Disease Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No	Q28	Q28	Q28	Q28	Q28	Q30
CXATHHIP Baseline Survey: Arthritis of Hip/Knee Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Arthritis of the hip or knee 1 = Yes 2 = No	Q29	Q29	Q29	Q29	Q29	Q31
CXATHHAN Baseline Survey: Arthritis of Hand/Wrist Question	Num	3	Beneficiary's response from the baseline survey: *Has a doctor ever told you that you had:* Arthritis of the hand or wrist 1 = Yes 2 = No	Q30	Q30	Q30	Q30	Q30	Q32

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CXSCIATC
Baseline Survey:
Sciatica Question
	Num	3	Beneficiary's response from the baseline survey:
			Has a doctor ever told you that you had:
			    Sciatica
			    1 = Yes
			    2 = No
				Q31	Q31	Q31	Q31	Q31	Q33

CXDIABET
Baseline Survey:
Diabetes Question
	Num	3	Beneficiary's response from the baseline survey:
			Has a doctor ever told you that you had:
			    Diabetes, high blood sugar,
			    or sugar in the urine
			    1 = Yes
			    2 = No
				Q32	Q32	Q32	Q32	Q32	Q34

CXANYCAN
Baseline Survey:
Any Cancer Question
	Num	3	Beneficiary's response from the baseline survey:
			Has a doctor ever told you that you had:
			    Any cancer (other than skin cancer)
			    1 = Yes
			    2 = No
				Q33	Q33	Q33	Q33	Q33	Q35

CXARTHPN
Baseline Survey:
Arthritis Pain Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to either of the arthritis questions above),
			*During the **past 4 weeks**, how would you describe the arthritis pain you usually had?*
			    1 = None
			    2 = Very mild
			    3 = Mild
			    4 = Moderate
			    5 = Severe
				Q34	Q34	Q34	Q34	Q34	Q36

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CXCOLNCA
Baseline Survey:
Colorectal Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to the "any cancer" question above,
			Are you currently under treatment for:
			    Colon or rectal cancer
			    1 = Yes
			    2 = No
				Q35a	Q35a	Q35a	Q35a	Q35a	Q37a

CXLUNGCA
Baseline Survey:
Lung Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to the "any cancer" question above,
			Are you currently under treatment for:
			    Lung cancer
			    1 = Yes
			    2 = No
				Q35b	Q35b	Q35b	Q35b	Q35b	Q37b

CXBRSTCA
Baseline Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to the "any cancer" question above,
			Are you currently under treatment for:
			    Breast cancer
			    1 = Yes
			    2 = No
				Q35c	Q35c	Q35c	Q35c	Q35c	Q37c

CXPROSCA
Baseline Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to the "any cancer" question above,
			Are you currently under treatment for:
			    Prostate cancer
			    1 = Yes
			    2 = No
				Q35d	Q35d	Q35d	Q35d	Q35d	Q37d

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CXBACKPN Baseline Survey: Low Back Pain Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?* 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q36	Q36	Q36	Q36	Q36	Q38
CXNUMBLG Baseline Survey: Pain, Numbness, Tingling Down Leg Question	Num	3	Beneficiary's response from the baseline survey: *In the **past 4 weeks**, how often did you have pain, numbness or tingling that travels down your leg and below your knee?* 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	Q37	Q37	Q37	Q37	Q37	N/A
CXFELTSD Baseline Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the baseline survey: *In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?* 1 = Yes 2 = No	Q38	Q38	Q38	Q38	Q38	Q39
CXDEPMCH Baseline Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the baseline survey: *In the past **year**, have you felt depressed or sad much of the time?* 1 = Yes 2 = No	Q39	Q39	Q39	Q39	Q39	Q40

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CXDEP2YR
Baseline Survey:
Depression Most of the Time Question
	Num	3	Beneficiary's response from the baseline survey:
			*Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?*
			   1 = Yes
			   2 = No
				Q40	Q40	Q40	Q40	Q40	Q41

CXCMPHTH
Baseline Survey:
Comparative Health Question
	Num	3	Beneficiary's response from the baseline survey:
			In general, compared to other people your age, would you say that your health is:
			   1 = Excellent
			   2 = Very good
			   3 = Good
			   4 = Fair
			   5 = Poor
				Q41	Q41	Q41	Q41	Q41	Q42

CXSMK100
Baseline Survey:
Smoked 100 Cigarettes Question
	Num	3	Beneficiary's response from the baseline survey:
			Have you ever <u>smoked</u> at least 100 cigarettes in your entire life?
			   1 = Yes (Go to Question 43)*
			   2 = No (Go to Question 46)*
			   3 = Don't know (Go to Question 46)*
			* This skip pattern (Go to Question --) applies only to *Cohorts 1-5*
				Q42	Q42	Q42	Q42	Q42	N/A

CXSMKFRQ
Baseline Survey:
Current Smoker Question
	Num	3	Beneficiary's response from the baseline survey:
			Do you now smoke every day, some days, or not at all?
			   1 = Every day (Go to Question 45)*
			   2 = Some days (Go to Question 45)*
			   3 = Not at all (Go to Question 44)*
			   4 = Don't know (Go to Question 46)*
			* This skip pattern (Go to Question --) applies only to *Cohorts 1-5*
				Q43	Q43	Q43	Q43	Q43	Q43

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CXDRSQT Baseline Survey: Quit Smoking Question	Num	3	Beneficiary's response from the baseline survey: *How long has it been since you <u>quit smoking</u> cigarettes?* 　　1 = Less than 6 months* 　　2 = 6 months* or more 　　3 = Don't know * Responses to question 44 in the *Cohort 1 Baseline* survey read "12 months" rather than "6 months"	Q44	Q44	Q44	Q44	Q44	N/A
CXPOV12M Number of Times Visited Doctor During Past 12 Months Question (*Cohort 1Baseline* only)	Num	3	Beneficiary's response from the *Cohort 1 Baseline* survey: *During the past 12 months, how many times have you visited a doctor or other health professional in your plan (not counting overnight hospital visits)?* 　　1 = None　　(Go to Question 47)* 　　2 = 1 visit 　　3 = 2 to 4 visits 　　4 = 5 to 9 visits 　　5 = 10 or more visits * This skip pattern (Go to Question 47) applies only to *Cohorts 1-5*	Q45	N/A	N/A	N/A	N/A	N/A

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

CXQSMKAD
Baseline Survey:
Smoking Advice Question
	Num	3	Beneficiary's response from the baseline survey:
			In the last 6 months*, on how many visits were you <u>advised to quit</u> smoking by a doctor or other health provider in your plan?
			    1 = None
			    2 = 1 visit
			    3 = 2 to 4 visits
			    4 = 5 to 9 visits
			    5 = 10 or more visits
			    6 = I had no visits in the last 6 months*
			
			* Response was for 12 months in the *Cohort 1 Baseline* survey
				Q46	Q45	Q45	Q45	Q45	N/A

CXURNLKG
Baseline Survey:
Urine Leakage in Past 6 Months
	Num	3	<u>Beneficiary's response to Q44 from the Cohort 6 Baseline</u> survey:
			*Many people experience problems with urinary incontinence, the leakage of urine. In the **last six months**, have you accidentally leaked urine?*
			    1 = Yes ***(Go to Q45)****
			    2 = No ***(Go to Q48)****
			  * This skip pattern (Go to Q--) applies only to *Cohort 6*
				N/A	N/A	N/A	N/A	N/A	Q44

CXURNMAG
Baseline Survey:
Magnitude of Urine Leakage Problem
	Num	3	Beneficiary's response to Q45 from the *Cohort 6 Baseline* survey:
			How much of a problem, if any, was the urine leakage for you?
			    1 = A big problem ***(Go to Q46)****
			    2 = A small problem ***(Go to Q46)****
			    3 = Not a problem ***(Go to Q48)****
			 * This skip pattern (Go to Q--) applies only to *Cohort 6*
				N/A	N/A	N/A	N/A	N/A	Q45

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CXURNDOC Baseline Survey: Talked with Doctor About Urine Leakage	Num	3	Beneficiary's response to Q46 from the baseline survey: *In **the last 6 months**, have you talked with a doctor or other health provider about your current urine leakage problem?* 1 = Yes *(Go to Q47)** 2 = No *(Go to Q48)** 3 = I did not see a doctor or health provider in the last 6 months *(Go to Q48)** * This skip pattern (Go to Q--) applies only to *Cohort 6*	N/A	N/A	N/A	N/A	N/A	Q46
CXURNTRT Baseline Survey: Received Treatment for Urine Leakage	Num	3	Beneficiary's response to Q47 from the baseline survey: *There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. In the **last 6 months**, have you received these or any other treatments for your current urine leakage problem?* 1 = Yes 2 = No	N/A	N/A	N/A	N/A	N/A	Q47
CXBRTHYR Baseline Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the baseline survey: *In what **year** were you born?*	Q47	Q46	Q46	Q46	Q46	Q48
CXSV_GND Baseline Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the baseline survey: *Are you male or female?* 1 = Male 2 = Female	Q48	Q47	Q47	Q47	Q47	Q49
CXHISPAN Baseline Survey: Hispanic Question	Num	3	Beneficiary's response from the baseline survey: *Are you of Hispanic or Spanish family background?* 1 = Yes 2 = No	Q49	Q48	Q48	Q48	Q48	Q50

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
CXSV_RAC Baseline Survey: Survey Reported Race Question	Num	3	Beneficiary's response from the baseline survey: *How would you describe your race?* 1 = American Indian or Alaskan Native 2 = Asian or Pacific Islander 3 = Black or African American 4 = White 5 = Another race or multiracial	Q50	Q49	Q49	Q49	Q49	Q51
CXMARITL Baseline Survey: Marital Status Question	Num	3	Beneficiary's response from the baseline survey: *What is your current marital status?* 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q51	Q50	Q50	Q50	Q50	Q52
CXEDUC Baseline Survey: Education Question	Num	3	Beneficiary's response from the baseline survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q52	Q51	Q51	Q51	Q51	Q53

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CXHMOWN
Baseline Survey:
Housing Question
	Num	3	Beneficiary's response from the baseline survey:
			Is the house or apartment you currently live in:
			    1 = Owned or being bought by you
			    2 = Owned or being bought by someone in your family other than you
			    3 = Rented for money
			    4 = Not owned and one in which you live without payment of rent
			    5 = None of the above
				Q54	Q52	Q52	Q52	Q52	Q54

CXRTRCOM
Baseline Survey:
Retirement Community Question
	Num	3	Beneficiary's response from the baseline survey:
			Is this house or apartment in a retirement community, building or complex?
			    1 = Yes
			    2 = No
				Q55	Q53	Q53	Q53	Q53	N/A

CXMDSVPV
Baseline Survey:
Retirement Community Medical Services Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 53* (or 55) above,**
			Does this retirement community/building/ facility provide medical services?
			    1 = Yes
			    2 = No
			
			* 53 in all other surveys
			** 55 in the *Cohort 1 Baseline* survey only
				Q56	Q54	Q54	Q54	Q54	N/A

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXWHOCMP Baseline Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the baseline survey: *Who completed this survey form?* 1 = Person to whom survey was addressed (Go to Question 57) 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	Q57	Q55	Q55	Q55	Q55	Q55
CXHHINC Baseline Survey: Household Income Question	Num	3	Beneficiary's response from the baseline survey: *Which of the following categories best represents the **combined income for all family members in your household** for the past 12 months?* 1 = Less than $5,000 2 = $5,000 - $9,999 3 = $10,000 - $19,999 4 = $20,000 - $29,999 5 = $30,000 - $39,999 6 = $40,000 - $49,999 7 = $50,000 - $79,999 8 = $80,000 - $99,999 9 = $100,000 or more 10 = Don't know	Q53	Q57	Q57	Q57	Q57	Q57

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Field Name / Description C = Baseline R = Follow Up P = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	Fields in C1R1*	Fields in C2R2†	Fields in C3R3‡	Fields in C4R4§	Fields in C5R5‖	Fields in C6R6#
CXSRVDSP Disposition of Baseline Survey	Char	3	Survey disposition at baseline ("M" prefix=Mail, "T" prefix=Telephone) M10/T10 = Complete survey (80-100% complete) M11/T11 = Nonresponse: partial complete survey (50-79% complete) M20/T20 = Ineligible: deceased M21/T21 = Ineligible: not enrolled in MCO M22/T22 = Ineligible: end stage renal disease M23/T23 = Ineligible: language barrier T24 = Ineligible: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M31/T31 = Nonresponse: break-off (0-49% complete) M32/T32 = Nonresponse: refusal M33/T33 = Nonresponse: respondent unavailable M34/T34 = Nonresponse: respondent physically or mentally incapacitated M35/T35 = Nonresponse: respondent institutionalized M36/T36 = Nonresponse: after maximum attempts	✔	✔	✔	✔	✔	✔

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CXRNDNUM Round Completed Baseline Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone MT = Partially completed by mail and converted to complete by telephone MM = Partially completed by mail and converted to complete by mail recontact NC = Not completed (used for members with disposition codes NOT equal to M10 or T10)	✔	✔	✔	✔	✔	✔
CXSVLANG Survey Language at Baseline	Num	3	Baseline Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese	N/A	✔	✔	✔	✔	✔
CXVUCATI Vendor's Baseline Unique Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	8	Vendor's 8-digit unique CATI interview ID at baseline	N/A	N/A	N/A	✔	✔	✔
CXSVDATE Date Baseline Survey Completed	Char	8	Date the baseline survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	N/A	✔	✔	✔	✔	✔
CXMCONUM MCO Provided Beneficiary's Phone Number at Baseline	Num	3	Did the MCO provide a phone number for the member at baseline? 1 = Yes 2 = No	N/A	N/A	✔	✔	✔	✔

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CXCOHORT Beneficiary's Cohort Status and Survey Identifier (*Cohort 3 Baseline* Only)	Num	3	Beneficiary's cohort status and survey identifier 1 = *Cohort 1* only. Receives *Cohort 1 Follow Up* survey. 2 = *Cohort 2* and *Cohort 3*. Receives *Cohort 3* survey. 3 = *Cohort 3* only. Receives *Cohort 3* survey. 8 = *Cohorts 1, 2 and 3*. Receives *Cohort 3* survey. 9 = *Cohort 1* and *Cohort 3*. Receives *Cohort 3* survey.	N/A	N/A	✓	N/A	N/A	N/A
CXSPANFL Baseline Spanish Materials Flag	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration? 1 = Yes 2 = No *Note: This flag is **not** an indicator of whether the Spanish survey was completed.*	N/A	N/A	N/A	✓	✓	✓
CXROUND Round Baseline Data Submitted (*Cohort 4 Baseline* Only)	Num	3	The wave (one or two) in which the data were submitted to NCQA by the vendors: 1 = Wave 1 2 = Wave 2	N/A	N/A	N/A	✓	N/A	N/A
CXDBLDTY Double Duty Flag (*Cohort 4 Baseline* Only)	Num	3	Beneficiary is in: 0 = *Cohort 4 Baseline* only 1 = *Cohort 4 Baseline* <u>and</u> *Cohort 2 Follow Up*	N/A	N/A	N/A	✓	N/A	N/A
CXEXCLUD Baseline Exclude from Future Survey Samples Flag (*Cohort 5 Baseline* Only)	Num	3	Beneficiary is in: 1 =Member specifically requested *Take me off of your list and never contact me again* 2 =Member did **not** requested *Take me off of your list and never contact me again*	N/A	N/A	N/A	N/A	✓	✓

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CXCHIN Baseline Chinese Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a Chinese plan at baseline 1 = Member of a Chinese plan at baseline	N/A	N/A	N/A	N/A	✔	✔
CXDISP Survey Response Indicator for Mail/Telephone Responses at Baseline	Num	3	Beneficiary completed a: 1 = Mail Survey at baseline 2 = Telephone Survey at baseline	✔	✔	✔	✔	✔	✔
CXPACE Baseline PACE Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of a PACE plan at baseline 1 = Member of a PACE plan at baseline	N/A	✔	✔	✔	✔	✔
CXEVER Baseline Evercare Protocol Indicator	Num	3	Beneficiary is: 0 = Not a member of an Evercare plan at baseline 1 = Member of an Evercare plan at baseline	N/A	✔	✔	✔	N/A	N/A
CXINVSRV Invalid Baseline Survey Indicator	Num	3	Baseline survey is: 0 = Valid 1 = Invalid (survey disposition equal to M20, M21, M22, M23, T20, T21, T22, T23, or T24)	✔	✔	✔	✔	✔	✔
CXPCTCMP Percent of Baseline Survey Completed	Num	8	Percent of the baseline survey that was completed	✔	✔	✔	✔	✔	✔
CXCMPSRV Complete Baseline Survey Indicator	Num	3	A flag created to indicate that 80% of the *Baseline* survey was completed 0 = Incomplete 1 = Complete	✔	✔	✔	✔	✔	✔
CXCMPFLG Name Provided in Q56 (or Q58) of Baseline Survey Indicator	Num	3	Indicator variable for name provided in question 56* (or 58**) of the baseline survey 0 = Name not provided 1 = Name provided * 56 in all other surveys ** 58 in *Cohort 1 Baseline* survey	✔	✔	✔	✔	✔	✔

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CXBDCNUM Mismatched Baseline Contract Number and Plan ID Indicator	Num	3	Indicator variable for mismatched baseline contract number and plan ID 0 = Contract number and first five characters of plan ID are identical 1 = Contract number and first five characters of plan ID are not identical	✔	✔	✔	✔	N/A	N/A
CXBDRACE Mismatched Baseline Race Indicator	Num	3	Indicator variable for mismatched baseline CMS race variable and survey race variable 0 = CMS and beneficiary provided race are equal 1 = CMS and beneficiary provided race are not equal	✔	✔	✔	✔	N/A	N/A
CXBDBRTH Mismatched Baseline Birth Year Indicator	Num	3	Indicator variable for mismatched baseline CMS year of birth and survey year of birth 0 = CMS and beneficiary provided year of birth are equal 1 = CMS and beneficiary provided year of birth are not equal	✔	✔	✔	✔	N/A	N/A
CXBDGNDR Mismatched Baseline Gender Indicator	Num	3	Indicator variable for mismatched baseline CMS gender and survey gender 0 = CMS and beneficiary provided gender are equal 1 = CMS and beneficiary provided gender are not equal	✔	✔	✔	✔	N/A	N/A
CXBDPRST Indicator for Female Reporting Prostate Cancer Treatment at Baseline	Num	3	Indicator variable for inconsistency between gender and current prostate cancer treatment 0 = Gender and current treatment for prostate cancer consistent 1 = Female reported current treatment for prostate cancer	✔	✔	✔	✔	N/A	N/A
CXBDACR Incorrect Date of Accretion into Plan at Baseline Indicator (*Cohort 1 Baseline* Only)	Num	3	Beneficiary's date of accretion into plan is: 0 = Correct 1 = Incorrect (century is incorrect)	✔	N/A	N/A	N/A	N/A	N/A

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CXBDATE Beneficiary's Corrected Baseline Date of Birth (*Cohort 1 Baseline* Only)	Num	8	Beneficiary's corrected date of birth (DOB) used in the *Cohort 1 Performance Measurement* analysis	✔	N/A	N/A	N/A	N/A	N/A
CXEDOB Beneficiary's Baseline Date of Birth (Elapsed SAS® Date Format)	Num	8	Beneficiary's date of birth (DOB) from the baseline member level record. This information is derived from CMS' EDB. MMDDYY10. format	✔	✔	✔	✔	✔	✔
CXEDOBNW Beneficiary's Corrected Baseline Date of Birth (Elapsed SAS® Date Format) (*Cohort 1 Baseline* Only)	Num	8	Beneficiary's corrected date of birth (DOB) used in the *Cohort 1 Performance Measurement* analysis MMDDYY10. format	✔	N/A	N/A	N/A	N/A	N/A
CXEACRDT Beneficiary's Baseline Date of Accretion into Plan (Elapsed SAS® Date Format)	Num	8	Beneficiary's accretion date into plan from the baseline member level record MMDDYY10. format	✔	✔	✔	✔	✔	✔
CXEACLMT	Num	8	Elapsed Date-Accretion Limit MMDDYY10. format	✔	✔	✔	✔	✔	✔
CXESVDAT Date Baseline Survey Completed (Elapsed SAS® Date Format)	Num	8	Elapsed Date of Survey MMDDYY10. format	N/A	✔	✔	✔	✔	✔
CXESVDT2 Date Baseline Survey Completed with Missing Values Imputed (Elapsed SAS® Date Format)	Num	8	Incorporates estimated values for missing survey dates by replacing the missing values with the mean survey date by vendor and mode of administration. This variable, in combination with date of birth (*CXEDOB*), was used to calculate age (*CXAGE*). MMDDYY10. format	✔	✔	✔	✔	✔	✔
CXAGE Beneficiary's Age at Baseline	Num	8	Beneficiary's age at baseline. This variable was calculated by subtracting the baseline date of birth (*CXEDOB*) from the date the baseline survey was completed (with missing values imputed, *CXESVDT2*), and dividing the result by 365.25.	✔	✔	✔	✔	✔	✔

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CXAGECAT Beneficiary's Baseline Age Group	Num	3	Beneficiary's age group at baseline 0 = Under 65 1 = 65 to 69 2 = 70 to 74 3 = 75 to 79 4 = 80 or older	✓	✓	✓	✓	✓	✓
CXAGE_1 Original Calculation of Beneficiary's Age at Baseline	Num	8	Original calculation of beneficiary's age at baseline. This is the age variable used in the *Cohort 1, 2, 3 and 4 Baseline* Report. Since the time of the baseline report, a more precise method of calculating age has been used to calculate a new age variable, *CXAGE*.	✓	✓	✓	✓	N/A	N/A
CXENRDUR Beneficiary's Enrollment Duration at Baseline	Num	8	Beneficiary's enrollment duration (in months) at the time of the baseline survey	✓	✓	✓	✓	✓	✓
CXENRCAT Beneficiary's Enrollment Duration Category at Baseline	Num	3	Beneficiary's enrollment duration category at the time of the baseline survey 1 = 0 to 5 months 2 = 6 to 12 months 3 = 13 to 36 months 4 = 37 or more months	✓	✓	✓	✓	✓	✓
CXRACEGP Beneficiary's Baseline Race Category	Num	3	Beneficiary's race category at baseline, created by combining categories of the *CXRACE* variable 1 = White 2 = Black 3 = Other	✓	✓	✓	✓	✓	✓
CXRAWPF Baseline Raw Physical Functioning (PF) Scale Score	Num	8	Beneficiary's baseline raw Physical Functioning (PF) Scale Score	✓	✓	✓	✓	✓	✓
CXRAWRP Baseline Raw Role-Physical (RP) Scale Score	Num	8	Beneficiary's baseline raw Role-Physical (RP) Scale Score	✓	✓	✓	✓	✓	✓

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXRAWBP Baseline Raw Bodily Pain (BP) Scale Score	Num	8	Beneficiary's baseline raw Bodily Pain (BP) Scale Score	✔	✔	✔	✔	✔	✔
CXRAWGH Baseline Raw General Health (GH) Scale Score	Num	8	Beneficiary's baseline raw General Health (GH) Scale Score	✔	✔	✔	✔	✔	✔
CXRAWVT Baseline Raw Vitality (VT) Scale Score	Num	8	Beneficiary's baseline raw Vitality (VT) Scale Score	✔	✔	✔	✔	✔	✔
CXRAWSF Baseline Raw Social Functioning (SF) Scale Score	Num	8	Beneficiary's baseline raw Social Functioning (SF) Scale Score	✔	✔	✔	✔	✔	✔
CXRAWRE Baseline Raw Role-Emotional (RE) Scale Score	Num	8	Beneficiary's baseline raw Role-Emotional (RE) Scale Score	✔	✔	✔	✔	✔	✔
CXRAWMH Baseline Raw Mental Health (MH) Scale Score	Num	8	Beneficiary's baseline raw Mental Health (MH) Scale Score	✔	✔	✔	✔	✔	✔
CXPF Baseline Transformed Physical Functioning (PF) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Physical Functioning (PF) Scale Score	✔	✔	✔	✔	✔	✔
CXRP Baseline Transformed Role-Physical (RP) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Role-Physical (RP) Scale Score	✔	✔	✔	✔	✔	✔
CXBP Baseline Transformed Bodily Pain (BP) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Bodily Pain (BP) Scale Score	✔	✔	✔	✔	✔	✔
CXGH Baseline Transformed General Health (GH) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 General Health (GH) Scale Score	✔	✔	✔	✔	✔	✔
CXVT Baseline Transformed Vitality (VT) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Vitality (VT) Scale Score	✔	✔	✔	✔	✔	✔

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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXSF Baseline Transformed Social Functioning (SF) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Social Functioning (SF) Scale Score	✓	✓	✓	✓	✓	✓
CXRE Baseline Transformed Role-Emotional (RE) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Role-Emotional (RE) Scale Score	✓	✓	✓	✓	✓	✓
CXMH Baseline Transformed Mental Health (MH) Scale Score	Num	8	Beneficiary's baseline transformed 0-100 Mental Health (MH) Scale Score	✓	✓	✓	✓	✓	✓
CXPF_Z90 Baseline Physical Functioning (PF) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXRP_Z90 Baseline Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXBP_Z90 Baseline Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXGH_Z90 Baseline General Health (GH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXVT_Z90 Baseline Vitality (VT) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXSF_Z90 Baseline Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXRE_Z90 Baseline Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXMH_Z90 Baseline Mental Health (MH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	✓	✓	N/A	N/A	N/A
CXPRAW90 Baseline Raw PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline raw PCS Score (1990), computed by multiplying each scale z-score by its respective physical factor score coefficient and summing the eight products	✓	✓	✓	N/A	N/A	N/A
CXMRAW90 Baseline Raw MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline raw MCS Score (1990), computed by multiplying each scale z-score by its respective mental factor score coefficient and summing the eight products	✓	✓	✓	N/A	N/A	N/A
CXPCS90 Baseline PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline PCS Score. This is the norm-based transformation of the 1990 raw PCS Score (CXPRAW90)	✓	✓	✓	N/A	N/A	N/A
CXMCS90 Baseline MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline MCS Score. This is the norm-based transformation of the 1990 raw PCS Score (CXMRAW90)	✓	✓	✓	N/A	N/A	N/A
CXPFS90 Baseline Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) Scale Score. This is the norm-based transformation of the 1990 PF z-score	✓	✓	✓	N/A	N/A	N/A
CXRPS90 Baseline Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) Scale Score. This is the norm-based transformation of the 1990 RP z-score	✓	✓	✓	N/A	N/A	N/A

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXBPS90 Baseline Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) Scale Score. This is the norm-based transformation of the 1990 BP z-score	✓	✓	✓	N/A	N/A	N/A
CXGHS90 Baseline General Health (GH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) Scale Score. This is the norm-based transformation of the 1990 GH z-score	✓	✓	✓	N/A	N/A	N/A
CXVTS90 Baseline Vitality (VT) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) Scale Score. This is the norm-based transformation of the 1990 VT z-score	✓	✓	✓	N/A	N/A	N/A
CXSFS90 Baseline Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) Scale Score. This is the norm-based transformation of the 1990 SF z-score	✓	✓	✓	N/A	N/A	N/A
CXRES90 Baseline Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) Scale Score. This is the norm-based transformation of the 1990 RE z-score	✓	✓	✓	N/A	N/A	N/A
CXMHS90 Baseline Mental Health (MH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) Scale Score. This is the norm-based transformation of the 1990 MH z-score	✓	✓	✓	N/A	N/A	N/A
CXPF_Z98 Baseline Physical Functioning (PF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓	✓	✓	✓	✓
CXRP_Z98 Baseline Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓	✓	✓	✓	✓

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXBP_Z98 Baseline Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXGH_Z98 Baseline General Health (GH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXVT_Z98 Baseline Vitality (VT) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXSF_Z98 Baseline Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXRE_Z98 Baseline Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXMH_Z98 Baseline Mental Health (MH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
CXPRAW98 Baseline Raw PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline raw PCS Score (1998), computed by multiplying each scale z-score by its respective physical factor score coefficient and summing the eight products	✔	✔	✔	✔	✔	✔
CXMRAW98 Baseline Raw MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline raw MCS Score (1998), computed by multiplying each scale z-score by its respective mental factor score coefficient and summing the eight products	✔	✔	✔	✔	✔	✔

Field Name / Description C = Baseline R = Follow Up P = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	Fields in C1R1*	Fields in C2R2†	Fields in C3R3‡	Fields in C4R4§	Fields in C5R5‖	Fields in C6R6#
CXPCS98 Baseline PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline PCS Score. This is the norm-based transformation of the 1998 raw PCS Score (*CXPRAW98*).	✓	✓	✓	✓	✓	✓
CXMCS98 Baseline MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline MCS Score. This is the norm-based transformation of the 1998 raw MCS Score (*CXMRAW98*).	✓	✓	✓	✓	✓	✓
CXPFS98 Baseline Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Physical Functioning (PF) Scale Score. This is the norm-based transformation of the 1998 PF z-score.	✓	✓	✓	✓	✓	✓
CXRPS98 Baseline Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Physical (RP) Scale Score. This is the norm-based transformation of the 1998 RP z-score.	✓	✓	✓	✓	✓	✓
CXBPS98 Baseline Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Bodily Pain (BP) Scale Score. This is the norm-based transformation of the 1998 BP z-score.	✓	✓	✓	✓	✓	✓
CXGHS98 Baseline General Health (GH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline General Health (GH) Scale Score. This is the norm-based transformation of the 1998 GH z-score.	✓	✓	✓	✓	✓	✓
CXVTS98 Baseline Vitality (VT) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Vitality (VT) Scale Score. This is the norm-based transformation of the 1998 VT z-score.	✓	✓	✓	✓	✓	✓
CXSFS98 Baseline Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Social Functioning (SF) Scale Score. This is the norm-based transformation of the 1998 SF z-score.	✓	✓	✓	✓	✓	✓
CXRES98 Baseline Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Role-Emotional (RE) Scale Score. This is the norm-based transformation of the 1998 RE z-score.	✓	✓	✓	✓	✓	✓

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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

Field Name / Description C = Baseline R = Follow Up P = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	Fields in C1R1*	Fields in C2R2†	Fields in C3R3‡	Fields in C4R4§	Fields in C5R5‖	Fields in C6R6#
CXMHS98 Baseline Mental Health (MH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's baseline Mental Health (MH) Scale Score. This is the norm-based transformation of the 1998 MH z-score.	✓	✓	✓	✓	✓	✓
CXPCSMDE Baseline PCS Score Calculated Utilizing the Missing Data Estimation (MDE) Scoring Algorithm	Num	8	Beneficiary's baseline PCS Score calculated utilizing the Missing Data Estimation (MDE) scoring algorithm	✓	✓	N/A	✓	N/A	N/A
CXMCSMDE Baseline MCS Score Calculated Utilizing the Missing Data Estimation (MDE) Scoring Algorithm	Num	8	Beneficiary's baseline MCS Score calculated utilizing the Missing Data Estimation (MDE) scoring algorithm	✓	✓	N/A	✓	N/A	N/A
CXRPT_CN Reporting Contract Number at Baseline	Char	5	Reporting Contract Number	N/A	N/A	N/A	✓	✓	N/A
CXRPTUNT Reporting Unit at Baseline	Char	6	Report Unit – Market Area Specific	N/A	N/A	N/A	✓	✓	N/A
CXRPT_MA Reporting Market Area at Baseline	Char	1	Reporting Market Area	N/A	N/A	N/A	✓	✓	N/A
RXPATID Anonymous Patient ID at Follow Up	Num	8	Unique number assigned to each beneficiary in the follow up sample	✓	✓	✓	✓	✓	✓
RXPLAN Plan Identification Number at Follow Up	Num	8	Anonymous plan identification number assigned to each plan at the time of follow up sampling	✓	✓	✓	✓	✓	✓
RXRECID Record Identifier at Follow Up	Char	1	Follow up record identifier	✓	✓	✓	✓	✓	✓
RXRPTYR Follow Up Reporting Year	Num	8	Reporting year for the follow up survey	✓	✓	✓	✓	✓	✓
RXCNTRNM Plan Contract Number at Follow Up	Char	5	Unique contract number at the time of follow up sampling	✓	✓	✓	✓	✓	✓

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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RxCONT_ID **Blinded Plan Contract Number at Follow Up**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of the follow up sampling. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓	✓	✓	✓	✓
RXPLANNM Plan Name at Follow Up	Char	50	Plan name at the time of follow up sampling	✓	✓	✓	✓	✓	✓
RXLNBUSS Line of Business at Follow Up	Num	3	Line of business at the time of follow up sampling 1 = Health Maintenance Organizations (HMO) 2 = Point Of Service plans (POS) 3 = Preferred Provider Organizations (PPO)	✓	✓	✓	✓	✓	✓
RXMODEL Model Type at Follow Up	Num	3	Model type at the time of follow up sampling 1 = Group Practice Model (Group) 2 = Individual Practice Association (IPA) 3 = Mixed 4 = Network 5 = Staff Model (Staff) 6 = Other	✓	✓	✓	✓	✓	✓
RXDFTYPE Data File Type (*Cohort 1 Follow Up* Only)	Char	2	Data file type 1F = *Cohort 1 Follow Up* 3B = *Cohort 3 Baseline*	✓	N/A	N/A	N/A	N/A	N/A
RXMARKET Plan Market Area Code/Indicator at Follow Up	Char	2	CMS market area code/indicator at the time of follow up sampling	✓	✓	✓	✓	✓	✓
RXMANAME Plan Market Area Name at Follow Up	Char	30	CMS market area name at the time of follow up sampling	✓	✓	✓	N/A	N/A	N/A

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RXVENDOR Follow Up Survey: Survey Vendor	Num	3	Follow up Survey Vendor: 1 = DSS 2 = GHS 3 = Solucient (formerly HCIA) 4 = Synovate (formerly Market Facts) 5 = NRC or DataStat, Inc.* 6 = Roper Starch (formerly Response Analysis)** * NRC for *Cohort 1 Follow Up* survey, DataStat for *Cohorts 3, 4, 5,* and *6 Follow Up* surveys ** Roper Starch for *Cohort 1 Follow Up* survey	✔	✔	✔	✔	✔	✔
RXHTHID NCQA Healthcare Organization ID at Follow Up	Char	7	Organization ID supplied by NCQA at the time of follow up sampling	✔	✔	✔	✔	✔	✔
RXSUBID NCQA Submission ID at Follow Up	Char	6	Submission ID supplied by NCQA at the time of follow up sampling	✔	✔	✔	✔	✔	✔
RXSPECID NCQA Special Area ID at Follow Up	Char	10	Special area ID supplied by NCQA at the time of follow up sampling	✔	✔	✔	✔	✔	✔
RXPLANID Plan Identification Number at Follow Up	Char	6	Plan identification number at the time of follow up sampling	✔	✔	✔	✔	✔	✔
RXSTATE Beneficiary's Follow Up SSA State Code	Char	2	Beneficiary's SSA state code from the follow up member level record	✔	✔	✔	✔	✔	✔
RXSTABV Beneficiary's Follow Up SSA State Two Letter Abbreviation	Char	2	Beneficiary's two letter state abbreviation based on the follow up SSA state code	✔	✔	✔	✔	✔	✔
RXSTNAME Beneficiary's Follow Up SSA State Name	Char	20	Beneficiary's state name based on the follow up SSA state code	✔	✔	✔	✔	✔	✔
RXCOUNTY Beneficiary's Follow Up SSA County Code	Char	3	Beneficiary's SSA county code from the follow up member level record	✔	✔	✔	✔	✔	✔
RXCTNAME Beneficiary's Follow Up SSA County Name	Char	25	Beneficiary's county name based on the follow up SSA county code	✔	✔	✔	✔	✔	✔

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXZIPCOD Beneficiary's Follow Up ZIP Code	Char	9	Beneficiary's ZIP code from the follow up member level record	✔	✔	✔	✔	✔	✔
RXRACE Beneficiary's Follow Up Race (CMS)	Num	3	Beneficiary's race from the follow up member level record. This information is derived from CMS' EDB. 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native	✔	✔	✔	✔	✔	✔
RXGENDER Beneficiary's Follow Up Gender (CMS)	Num	3	Beneficiary's gender from the follow up member level record. This information is derived from CMS' EDB. 1 = Male 2 = Female	✔	✔	✔	✔	✔	✔
RXDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS' EDB.	✔	✔	✔	✔	✔	✔
RXDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD) from the follow up member level record. This information is derived from CMS' EDB.	✔	✔	✔	✔	✔	✔
RXACCRDT Beneficiary's Follow Up Accretion Date into Plan	Char	8	Beneficiary's accretion date into plan from the follow up member level record	✔	✔	✔	✔	✔	✔
RXTERMDT Beneficiary's Follow Up Termination Date from Plan	Char	8	Beneficiary's termination date from plan from the follow up member level record	✔	✔	✔	✔	✔	✔
RXESRDID Beneficiary's Follow Up ESRD Status	Num	3	Beneficiary's ESRD status at follow up. This information is derived from CMS' EDB. 0 = No ESRD 1 = ESRD	✔	✔	✔	✔	✔	✔

Field Name / Description C = Baseline R = Follow Up P = Performance Measurement	Field Type	Field Length	Additional Information and Valid Values	Fields in C1R1*	Fields in C2R2†	Fields in C3R3‡	Fields in C4R4§	Fields in C5R5‖	Fields in C6R6#
RXINSTUT Beneficiary's Follow Up Institutional Status	Num	3	Beneficiary's institutional status at follow up. This information is derived from CMS' EDB. 0 = Out of institution 1 = Institutionalized 2 = Eligible for nursing home care	✔	✔	✔	✔	✔	✔
RXHOSPIC Beneficiary's Follow Up Hospice Status	Num	3	Beneficiary's hospice status at follow up. This information is derived from CMS' EDB. 0 = No hospice start date present 1 = Hospice start date present	✔	✔	✔	✔	✔	✔
RXMEDICD Beneficiary's Follow Up Medicaid Status	Num	3	Beneficiary's Medicaid status at follow up. This information is derived from CMS' EDB. 0 = Out of Medicaid 1 = In Medicaid	✔	✔	✔	✔	✔	✔
RXRSENT Beneficiary's Follow Up Reason for Entitlement	Num	3	Beneficiary's reason for entitlement at follow up. This information is derived from CMS' EDB. 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only	✔	✔	✔	✔	✔	✔
RXPROTIF Protocol Identifier Flag	Num	3	Beneficiary's survey protocol from the follow up member level record 1 = Follow up – no proxy at baseline 2 = Follow up – proxy at baseline 3 = Baseline 4 = Spanish 5 = PACE 6 = Chinese	N/A	✔	✔	✔	✔	✔
RXSURIND Survey Indicator Variable	Num	3	Beneficiary was sampled for inclusion in: 1 = Baseline survey only 2 = Follow up survey only 3 = Both baseline and follow up surveys	N/A	N/A	✔	✔	✔	✔

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXGENHTH Follow Up Survey: General Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q1	Q1	Q1	Q1	Q1	Q1
RXHTHTRN Follow Up Survey: Health Transition Question	Num	3	Beneficiary's response from the follow up survey: **Compared to one year ago**, *how would you rate your health in general* **now?** 1 = Much better now than one year ago 2 = Somewhat better now than one year ago 3 = About the same as one year ago 4 = Somewhat worse now than one year ago 5 = Much worse now than one year ago	Q2	Q2	Q2	Q2	Q2	Q2
RXVIGACT Follow Up Survey: Vigorous Activities Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does* **your health now limit you** *in these activities? If so, how much?* **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3a	Q3a	Q3a	Q3a	Q3a	Q3a

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXMODACT Follow Up Survey: Moderate Activities Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3b	Q3b	Q3b	Q3b	Q3b	Q3b
RXLIFT Follow Up Survey: Lifting Groceries Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* Lifting or carrying groceries 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3c	Q3c	Q3c	Q3c	Q3c	Q3c
RXCLMBSV Follow Up Survey: Climbing Several Flights of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* Climbing **several** flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3d	Q3d	Q3d	Q3d	Q3d	Q3d

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXCLMBON Follow Up Survey: Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?* <u>Climbing **one** flight of stairs</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3e	Q3e	Q3e	Q3e	Q3e	Q3e
RXBEND Follow Up Survey: Bending, Kneeling, or Stooping Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?* <u>Bending, kneeling, or stooping</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3f	Q3f	Q3f	Q3f	Q3f	Q3f
RXWLKMI Follow Up Survey: Walking More than a Mile Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?* <u>Walking **more than a mile**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3g	Q3g	Q3g	Q3g	Q3g	Q3g

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXWLKBKS Follow Up Survey: Walking Several Blocks Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **several blocks**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3h	Q3h	Q3h	Q3h	Q3h	Q3h
RXWLK1BK Follow Up Survey: Walking One Block Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Walking **one block**</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3i	Q3i	Q3i	Q3i	Q3i	Q3i
RXBATHDR Follow Up Survey: Bathing and Dressing Question	Num	3	Beneficiary's response from the follow up survey: *The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?* <u>Bathing or dressing yourself</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3j	Q3j	Q3j	Q3j	Q3j	Q3j

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPCUTTM Follow Up Survey: Physical Health Limiting Time Spent on Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* <u>Cut down on the **amount of time** you spent on work or other activities</u> 1 = Yes 2 = No	Q4a	Q4a	Q4a	Q4a	Q4a	Q4a
RXPACMPL Follow Up Survey: Physical Health Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* **Accomplished less** <u>than you would like</u> 1 = Yes 2 = No	Q4b	Q4b	Q4b	Q4b	Q4b	Q4b
RXPLMTKW Follow Up Survey: Physical Health Limiting the Kind of Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?* <u>Were limited in the **kind** of work or other activities</u> 1 = Yes 2 = No	Q4c	Q4c	Q4c	Q4c	Q4c	Q4c

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPDIFWK Follow Up Survey: Physical Health Causing Difficulty Performing Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had problems with your work or other regular daily **activities as a result of your physical health**?* <u>Had **difficulty** performing the work or other activities</u>(*for example*, it took extra effort) 1 = Yes 2 = No	Q4d	Q4d	Q4d	Q4d	Q4d	Q4d
RXECUTTM Follow Up Survey: Emotional Problems Limiting Time Spent on Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* <u>Cut down on the **amount of time** you spent on work or other activities</u> 1 = Yes 2 = No	Q5a	Q5a	Q5a	Q5a	Q5a	Q5a
RXEACMPL Follow Up Survey: Emotional Problems Limiting Amount Accomplished Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?* **<u>Accomplished less</u>** <u>than you would like</u> 1 = Yes 2 = No	Q5b	Q5b	Q5b	Q5b	Q5b	Q5b

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXENTCRF Follow Up Survey: Emotional Problems Limiting Carefulness Question	Num	3	Beneficiary's response from the follow up survey: *During the* **past 4 weeks**, *have you had any of the following problems with your work or other regular daily activities* ***as a result of any emotional problems*** *(such as feeling depressed or anxious)?* <u>Didn't do work or other</u> <u>activities as **carefully** as usual</u> 1 = Yes 2 = No	Q5c	Q5c	Q5c	Q5c	Q5c	Q5c
RXSOCLMT Follow Up Survey: Extent Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the* **past 4 weeks**, *to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?* 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely	Q6	Q6	Q6	Q6	Q6	Q6
RXPNMAGT Follow Up Survey: Bodily Pain Question	Num	3	Beneficiary's response from the follow up survey: *How much* **bodily** *pain have you had during the* **past 4 weeks***?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very severe	Q7	Q7	Q7	Q7	Q7	Q7

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPNINTF Follow Up Survey: Pain Interfering with Work Question	Num	3	Beneficiary's response from the follow up survey: *During the* **past 4 weeks**, *how much did* **pain** *interfere with your normal work (including both work outside the home and housework)?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely	Q8	Q8	Q8	Q8	Q8	Q8
RXFULPEP Follow Up Survey: Full of Pep Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the* **past 4 weeks.** *For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the* **past 4 weeks**… Did you feel full of pep? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9a	Q9a	Q9a	Q9a	Q9a	Q9a

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXNERVS Follow Up Survey: Nervous Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks**…* Have you been a very nervous person? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9b	Q9b	Q9b	Q9b	Q9b	Q9b
RXDNDMPS Follow Up Survey: Down in the Dumps Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks.** For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks**…* Have you felt so down in the dumps that nothing could cheer you up? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9c	Q9c	Q9c	Q9c	Q9c	Q9c

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

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

RXENERGY
Follow Up Survey:
Lots of Energy Question
	Num	3	Beneficiary's response from the follow up survey:
			*These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.*
			*How much of the time during the **past 4 weeks**…*
			    <u>Did you have a lot of energy</u>?
			    1 = All of the time
			    2 = Most of the time
			    3 = A good bit of the time
			    4 = Some of the time
			    5 = A little of the time
			    6 = None of the time
				Q9e	Q9e	Q9e	Q9e	Q9e	Q9e

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXBLSAD Follow Up Survey: Downhearted and Blue Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks**…* <u>Have you felt downhearted and blue</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9f	Q9f	Q9f	Q9f	Q9f	Q9f
RXWRNOUT Follow Up Survey: Feeling Worn Out Question	Num	3	Beneficiary's response from the follow up survey: *These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.* *How much of the time during the **past 4 weeks**…* <u>Did you feel worn out</u>? 1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time	Q9g	Q9g	Q9g	Q9g	Q9g	Q9g

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

RXHAPPY
Follow Up Survey:
Happy Question
	Num	3	Beneficiary's response from the follow up survey:
			These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.
			How much of the time during the past 4 weeks…
			    <u>Have you been a happy person</u>?
			    1 = All of the time
			    2 = Most of the time
			    3 = A good bit of the time
			    4 = Some of the time
			    5 = A little of the time
			    6 = None of the time
				Q9h	Q9h	Q9h	Q9h	Q9h	Q9h

RXTIRED
Follow Up Survey:
Feeling Tired Question
	Num	3	Beneficiary's response from the follow up survey:
			These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.
			How much of the time during the past 4 weeks…
			    <u>Did you feel tired</u>?
			    1 = All of the time
			    2 = Most of the time
			    3 = A good bit of the time
			    4 = Some of the time
			    5 = A little of the time
			    6 = None of the time
				Q9i	Q9i	Q9i	Q9i	Q9i	Q9i

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXSCLACT Follow Up Survey: Amount of Time Health Interfering with Social Activities Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks,** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?* 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q10	Q10	Q10	Q10	Q10	Q10
RXSCKESY Follow Up Survey: Sick Easier Question	Num	3	Beneficiary's response from the follow up survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I seem to get sick a little easier than other people</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11a	Q11a	Q11a	Q11a	Q11a	Q11a
RXASHLTH Follow Up Survey: As Healthy Question	Num	3	Beneficiary's response from the follow up survey: *How TRUE or FALSE is **each** of the following statements for you?* <u>I am as healthy as anybody I know</u> 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11b	Q11b	Q11b	Q11b	Q11b	Q11b

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXHTHWSE Follow Up Survey: Future Health Question	Num	3	Beneficiary's response from the follow up survey: *How TRUE or FALSE is **each** of the following statements for you?* I expect my health to get worse 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11c	Q11c	Q11c	Q11c	Q11c	Q11c
RXHTHEXT Follow Up Survey: Excellent Health Question	Num	3	Beneficiary's response from the follow up survey: *How TRUE or FALSE is **each** of the following statements for you?* My health is excellent 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11d	Q11d	Q11d	Q11d	Q11d	Q11d
RXDIFBTH Follow Up Survey: Bathing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Bathing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12a	Q12a	Q12a	Q12a	Q12a	Q12a

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
RXDIFDRS Follow Up Survey: Dressing Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Dressing</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12b	Q12b	Q12b	Q12b	Q12b	Q12b
RXDIFEAT Follow Up Survey: Eating Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Eating</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12c	Q12c	Q12c	Q12c	Q12c	Q12c
RXDIFCHR Follow Up Survey: Getting In/Out of Chairs Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Getting in or out of chairs</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12d	Q12d	Q12d	Q12d	Q12d	Q12d

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[‡] C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS
[§] C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
[‖] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
[#] C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXDIFWLK Follow Up Survey: Walking Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Walking</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12e	Q12e	Q12e	Q12e	Q12e	Q12e
RXDIFTOL Follow Up Survey: Using the Toilet Question	Num	3	Beneficiary's response from the follow up survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* <u>Using the toilet</u> 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty	Q12f	Q12f	Q12f	Q12f	Q12f	Q12f
RXPHYHTH Follow Up Survey: Number of Days Physical Health Not Good Question	Char or Num	2 or 3	Beneficiary's response from the follow up survey: *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?* *In Cohort 4 Follow Up survey, this field is character length of 2; In Cohorts 5 and 6 Follow Up survey, this field is numeric length of 3*	N/A	N/A	N/A	Q13	Q13	Q13

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS   # C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXMENHTH Follow Up Survey: Number of Days Mental Health Not Good Question	Char or Num	2 or 3	Beneficiary's response from the follow up survey: *Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good?* * In *Cohort 4 Follow Up* survey, this field is character of length 2; In *Cohorts 5* and *6 Follow Up* survey, this field is numeric of length 3	N/A	N/A	N/A	Q14	Q14	Q14
RXPORHTH Follow Up Survey: Number of Days Health Interfered with Daily Activity Question	Char or Num	2 or 3	Beneficiary's response from the follow up survey: *During the **past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?* * In *Cohort 4 Follow Up* survey, this field is character of length 2; In *Cohorts 5* and *6 Follow Up* survey, this field is numeric of length 3	N/A	N/A	N/A	Q15	Q15	Q15
RXCPNEXR Follow Up Survey: Chest Pain/Pressure on Exertion Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you had any of the following problems?* <u>Chest pain or pressure when you exercise</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q13a	Q13a	Q13a	Q16a	Q16a	Q16a

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
RXCPNRST Follow Up Survey: Chest Pain/Pressure at Rest Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you had any of the following problems?* <u>Chest pain or pressure when resting</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q13b	Q13b	Q13b	Q16b	Q16b	Q16b
RXSOBFLT Follow Up Survey: Orthopnea Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When lying down flat</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14a	Q14a	Q14a	Q17a	Q17a	Q17a
RXSOBSIT Follow Up Survey: Dyspnea while Sitting/Resting Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* <u>When sitting or resting</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14b	Q14b	Q14b	Q17b	Q17b	Q17b

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[§] C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
[‖] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
[#] C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXSOBWLK Follow Up Survey: Dyspnea when Walking Less than One Block Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When walking less than one block 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14c	Q14c	Q14c	Q17c	Q17c	Q17c
RXSOBSTR Follow Up Survey: Dyspnea when Climbing One Flight of Stairs Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how often have you felt short of breath under the following conditions?* When climbing one flight of stairs 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q14d	Q14d	Q14d	Q17d	Q17d	Q17d
RXNMBFET Follow Up Survey: Numbness in Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Numbness or loss of feeling in your feet 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15a	Q15a	Q15a	Q18a	Q18a	Q18a

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXANKSWL Follow Up Survey: Ankle/Leg Edema Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Ankles or legs that swell as the day goes on 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15b	Q15b	Q15b	N/A	N/A	N/A
RXTINGFT Follow Up Survey: Foot Tingling/Burning Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Tingling or burning sensation in your feet especially at night 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15c	Q15c	Q15c	Q18b	Q18b	Q18b
RXDECSNS Follow Up Survey: Decreased Temperature Sensation in Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* Decreased ability to feel hot or cold with your feet 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15d	Q15d	Q15d	Q18c	Q18c	Q18c

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXDECHEL Follow Up Survey: Sores/Wounds on Feet Question	Num	3	Beneficiary's response from the follow up survey: *During the **past 4 weeks**, how much of the time have you had any of the following problems with your legs and feet?* <u>Sores or wounds on your feet that did not heal</u> 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time	Q15e	Q15e	Q15e	Q18d	Q18d	Q18d
RXPARLYS Follow Up Survey: Hemiparalysis/Weakness Question	Num	3	Beneficiary's response from the follow up survey: *Have you **ever** had paralysis or weakness on one side of the body?* 1 = Yes, I have it 2 = Yes, but it went away 3 = No	Q16a	Q16a	Q16a	Q19a	Q19a	Q19a
RXLSTTLK Follow Up Survey: Lost Ability to Talk Question	Num	3	Beneficiary's response from the follow up survey: *Have you **ever** lost the ability to talk?* 1 = Yes, I have lost it 2 = Yes, but it returned 3 = No	Q16b	Q16b	Q16b	Q19b	Q19b	Q19b
RXRDNEWP Follow Up Survey: Vision Question	Num	3	Beneficiary's response from the follow up survey: *Can you see well enough to read newspaper print (with your glasses or contacts if that's how you see best)?* 1 = Yes 2 = No	Q17	Q17	Q17	Q20	Q20	Q20

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXHRMOST Follow Up Survey: Hearing Question	Num	3	Beneficiary's response from the follow up survey: *Can you hear **most** of the things people say (with a hearing aid if that's how you hear best)?* 1 = Yes 2 = No	Q18	Q18	Q18	Q21	Q21	Q21
RXACDING Follow Up Survey: Acid Indigestion Question	Num	3	Beneficiary's response from the follow up survey: *Do you now have acid indigestion or heartburn?* 1 = Yes 2 = No	Q19	Q19	Q19	N/A	N/A	N/A
RXCTRURN Follow Up Survey: Difficulty Controlling Urination Question	Num	3	Beneficiary's response from the follow up survey: *Do you have difficulty controlling urination?* 1 = Yes 2 = No	Q20	Q20	Q20	Q22	Q22	Q22
RXHIGHBP Follow Up Survey: Hypertension Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No	Q21	Q21	Q21	Q23	Q23	Q23
RXANGCAD Follow Up Survey: Angina/Coronary Artery Disease Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Angina or coronary artery disease 1 = Yes 2 = No	Q22	Q22	Q22	Q24	Q24	Q24

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXCHF Follow Up Survey: Congestive Heart Failure Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No	Q23	Q23	Q23	Q25	Q25	Q25
RXAMI Follow Up Survey: Myocardial Infarction Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No	Q24	Q24	Q24	Q26	Q26	Q26
RXOTHHRT Follow Up Survey: Other Heart Conditions Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat 1 = Yes 2 = No	Q25	Q25	Q25	Q27	Q27	Q27
RXSTROKE Follow Up Survey: Stroke Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* A Stroke 1 = Yes 2 = No	Q26	Q26	Q26	Q28	Q28	Q28
RXCOPD_E Follow Up Survey: COPD Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD 1 = Yes 2 = No	Q27	Q27	Q27	Q29	Q29	Q29

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

RXGI_ETC
Follow Up Survey:
Inflammatory Bowel Disease Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Crohn's disease, ulcerative colitis,
			    or inflammatory bowel disease
			    1 = Yes
			    2 = No
				Q28	Q28	Q28	Q30	Q30	Q30

RXATHHIP
Follow Up Survey:
Arthritis of Hip/Knee Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Arthritis of the hip or knee
			    1 = Yes
			    2 = No
				Q29	Q29	Q29	Q31	Q31	Q31

RXATHHAN
Follow Up Survey:
Arthritis of Hand/Wrist Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Arthritis of the hand or wrist
			    1 = Yes
			    2 = No
				Q30	Q30	Q30	Q32	Q32	Q32

RXSCIATC
Follow Up Survey:
Sciatica Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Sciatica
			    1 = Yes
			    2 = No
				Q31	Q31	Q31	Q33	Q33	Q33

RXDIABET
Follow Up Survey:
Diabetes Question
	Num	3	Beneficiary's response from the follow up survey:
			Has a doctor ever told you that you had:
			    Diabetes, high blood sugar,
			    or sugar in the urine
			    1 = Yes
			    2 = No
				Q32	Q32	Q32	Q34	Q34	Q34

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RXANYCAN Follow Up Survey: Any Cancer Question	Num	3	Beneficiary's response from the follow up survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No	Q33	Q33	Q33	Q35	Q35	Q35
RXARTHPN Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to either of the arthritis questions above),*** *During the **past 4 weeks**, how would you describe the arthritis pain you usually had?* 1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe	Q34	Q34	Q34	Q36	Q36	Q36
RXCOLNCA Follow Up Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to the "Any cancer" question above,*** *Are you currently under treatment for:* Colon or rectal cancer 1 = Yes 2 = No	Q35a	Q35a	Q35a	Q37a	Q37a	Q37a
RXLUNGCA Follow Up Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to the "Any cancer" question above,*** *Are you currently under treatment for:* Lung cancer 1 = Yes 2 = No	Q35b	Q35b	Q35b	Q37b	Q37b	Q37b

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

RXBRSTCA
Follow Up Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to the "Any cancer" question above,
			Are you currently under treatment for:
			  Breast cancer
			  1 = Yes
			  2 = No
				Q35c	Q35c	Q35c	Q37c	Q37c	Q37c

RXPROSCA
Follow Up Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to the "Any cancer" question above,
			Are you currently under treatment for:
			  Prostate cancer
			  1 = Yes
			  2 = No
				Q35d	Q35d	Q35d	Q37d	Q37d	Q37d

RXBACKPN
Follow Up Survey:
Low Back Pain Question
	Num	3	Beneficiary's response from the follow up survey:
			*In the **past 4 weeks**, how often has low back pain interfered with your usual daily activities (work, school or housework)?*
			  1 = All of the time
			  2 = Most of the time
			  3 = Some of the time
			  4 = A little of the time
			  5 = None of the time
				Q36	Q36	Q36	Q38	Q38	Q38

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
RXNUMBLG Follow Up Survey: Pain, Numbness, Tingling Down Leg Question	Num	3	Beneficiary's response from the follow up survey: *In the **past 4 weeks**, how often did you have pain, numbness or tingling that travels down your leg and below your knee?* 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	Q37	Q37	Q37	N/A	N/A	N/A
RXFELTSD Follow Up Survey: Two Weeks of Depression Question	Num	3	Beneficiary's response from the follow up survey: *In the past **year**, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost interest or pleasure in things that you usually cared about or enjoyed?* 1 = Yes 2 = No	Q38	Q38	Q38	Q39	Q39	Q39
RXDEPMCH Follow Up Survey: Depression Much of the Time Question	Num	3	Beneficiary's response from the follow up survey: *In the past **year**, have you felt depressed or sad much of the time?* 1 = Yes 2 = No	Q39	Q39	Q39	Q40	Q40	Q40
RXDEP2YR Follow Up Survey: Depression Most of the Time Question	Num	3	Beneficiary's response from the follow up survey: *Have you ever had **2 years or more** in your life when you felt depressed or sad most days, even if you felt okay sometimes?* 1 = Yes 2 = No	Q40	Q40	Q40	Q41	Q41	Q41

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[†] C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
[‡] C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS
[§] C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
[‖] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
[#] C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXCMPHTH Follow Up Survey: Comparative Health Question	Num	3	Beneficiary's response from the follow up survey: *In general, compared to other people your age, would you say that your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor	Q41	Q41	Q41	Q42	Q42	Q42
RXSMK100 Follow Up Survey: Smoked 100 Cigarettes Question	Num	3	Beneficiary's response from the follow up survey: *Have you ever <u>smoked</u> at least 100 cigarettes in your entire life?* 1 = Yes　　　(Go to Q43) 2 = No　　　(Go to Q46) 3 = Don't know　(Go to Q46)	Q42	Q42	Q42	N/A	N/A	N/A
RXSMKFRQ Follow Up Survey: Current Smoker Question	Num	3	Beneficiary's response from the follow up survey: *Do you now smoke every day, some days, or not at all?* 1 = Every day　　(Go to Q45)* 2 = Some days　　(Go to Q45)* 3 = Not at all　　(Go to Q44)* 4 = Don't know　　(Go to Q46)* * This skip pattern (Go to Q--) applies only to *Cohorts 1-3 Follow Up* surveys	Q43	Q43	Q43	Q43	Q43	Q43
RXDRSQT Follow Up Survey: Quit Smoking Question	Num	3	Beneficiary's response from the follow up survey: *How long has it been since you <u>quit</u> <u>smoking</u> cigarettes?* 1 = Less than 6 months　(Go to Q45) 2 = 6 months or more　(Go to Q46) 3 = Don't know　　　(Go to Q46)	Q44	Q44	Q44	N/A	N/A	N/A

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXQSMKAD Follow Up Survey: Smoking Advice Question	Num	3	Beneficiary's response from the follow up survey: *In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?* 1 = None 2 = 1 visit 3 = 2 to 4 visits 4 = 5 to 9 visits 5 = 10 or more visits 6 = I had no visits in the last 6 months	Q45	Q45	Q45	N/A	N/A	N/A
RXURNLKG Follow Up Survey: Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Many people experience problems with urinary incontinence, the leakage of urine. In the last 6 months, have you accidentally leaked urine?* 1 = Yes (Go to Q45) 2 = No (Go to Q48)	N/A	N/A	N/A	Q44	Q44	Q44
RXURNMAG Follow Up Survey: Magnitude of Urine Leakage Problem Question	Num	3	Beneficiary's response from the follow up survey: *How much of a problem, if any, was the urine leakage for you?* 1 = A big problem (Go to Q46) 2 = A small problem (Go to Q46) 3 = Not a problem (Go to Q48)	N/A	N/A	N/A	Q45	Q45	Q45

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RXURNDOC Follow Up Survey: Talked with Doctor about Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *Have you talked with your current doctor or other health provider about your urine leakage problem?* 1 = Yes (Go to Q47)* 2 = No (Go to Q48)* * This skip pattern was omitted in the *Cohort 6 Follow Up* survey.	N/A	N/A	N/A	Q46	Q46	Q46
RXURNTRT Follow Up Survey: Received Treatment for Urine Leakage Question	Num	3	Beneficiary's response from the follow up survey: *There are many ways to treat urinary incontinence including bladder training, exercises, medication and surgery. Have you received these or any other treatments for your current urine leakage problem?* 1 = Yes 2 = No	N/A	N/A	N/A	Q47	Q47	Q47
RXACTDOC Follow Up Survey: Talked with Doctor About Physical Activities	Num	3	Beneficiary's response from the *Cohort 6 Follow Up* survey: *In the **last 12 months**, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.* 1 = Yes *(Go to Q49)* 2 = No *(Go to Q49)* 3 = I had no visits in the last 12 months *(Go to Q50)*	N/A	N/A	N/A	N/A	N/A	Q48

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXACTADV Follow Up Survey: Advised to Increase or Maintain Activities	Num	3	Beneficiary's response from the *Cohort 6 Follow Up* survey: *In the **last 12 months,** did a doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or to maintain your current exercise program.* 1 = Yes 2 = No	N/A	N/A	N/A	N/A	N/A	Q49
RXBRTHYR Follow Up Survey: Survey Reported Year of Birth Question	Char	4	Beneficiary's response from the follow up survey: *In what **year** were you born?*	Q46	Q46	Q46	Q48	Q48	Q50
RXSV_GND Follow Up Survey: Survey Reported Gender Question	Num	3	Beneficiary's response from the follow up survey: *Are you male or female?* 1 = Male 2 = Female	Q47	Q47	Q47	Q49	Q49	Q51
RXHISPAN Follow Up Survey: Hispanic Question	Num	3	Beneficiary's response from the follow up survey: *Are you of Hispanic or Spanish family background?* 1 = Yes 2 = No	Q48	Q48	Q48	Q50	Q50	Q52
RXSV_RAC Follow Up Survey: Survey Reported Race Question	Num	3	Beneficiary's response from the follow up survey: *How would you describe your race?* 1 = American Indian or Alaskan Native 2 = Asian or Pacific Islander 3 = Black or African American 4 = White 5 = Another race or multiracial	Q49	Q49	Q49	Q51	Q51	Q53

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXMARITL Follow Up Survey: Marital Status Question	Num	3	Beneficiary's response from the follow up survey: *What is your current marital status?* 1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married	Q50	Q50	Q50	Q52	Q52	Q54
RXEDUC Follow Up Survey: Education Question	Num	3	Beneficiary's response from the follow up survey: *What is the highest grade or level of school that you have completed?* 1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2 year degree 5 = 4 year college graduate 6 = More than a 4 year college degree	Q51	Q51	Q51	Q53	Q53	Q55
RXHMOWN Follow Up Survey: Housing Question	Num	3	Beneficiary's response from the follow up survey: *Is the house or apartment you currently live in:* 1 = Owned or being bought by you 2 = Owned or being bought by someone in your family other than you 3 = Rented for money 4 = Not owned and one in which you live without payment of rent 5 = None of the above	Q52	Q52	Q52	Q54	Q54	Q56
RXRTRCOM Follow Up Survey: Retirement Community Question	Num	3	Beneficiary's response from the follow up survey: *Is this house or apartment in a retirement community, building or complex?* 1 = Yes 2 = No	Q53	Q53	Q53	N/A	N/A	N/A

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXMDSVPV Follow Up Survey: Retirement Community Medical Services Question	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to question 53 above,*** *Does this retirement community/building/ facility provide medical services?* 1 = Yes 2 = No	Q54	Q54	Q54	N/A	N/A	N/A
RXWHOCMP Follow Up Survey: Who Completed this Survey Question	Num	3	Beneficiary's response from the follow up survey: *Who completed this survey form?* 1 = Person to whom survey was addressed (Go to Q57)* 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 * (Go to Q57) applies to *Cohorts 1-5* For *Cohort 6,* (Go to Q59) applies.	Q55	Q55	Q55	Q55	Q55	Q57

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RXHHINC Follow Up Survey: Household Income Question	Num	3	Beneficiary's response from the follow up survey: *Which of the following categories best represents the* **combined income for all family members in your household** *for the past 12 months?* 1 = Less than $5,000 2 = $5,000 - $9,999 3 = $10,000 - $19,999 4 = $20,000 - $29,999 5 = $30,000 - $39,999 6 = $40,000 - $49,999 7 = $50,000 - $79,999 8 = $80,000 - $99,999 9 = $100,000 or more 10 = Don't know	Q57	Q57	Q57	Q57	Q57	Q59

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

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

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS   # C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXRNDNUM Round Completed Follow Up Survey Obtained	Char	2	Round in which the completed survey was obtained: M1 = 1st mailing M2 = 2nd mailing T1 = 1st telephone T2 = 2nd telephone T3 = 3rd telephone T4 = 4th telephone T5 = 5th telephone T6 = 6th telephone T7 = 7th telephone* T8 = 8th telephone* T9 = 9th telephone* MT = Partially completed by mail and converted to complete by telephone MM = Partially completed by mail and converted to complete by mail recontact NC = Not completed (used for members with disposition codes NOT equal to M10 or T10) * Applies to *Cohort 6* only.	✓	✓	✓	✓	✓	✓
RXSVLANG Survey Language at Follow Up	Num	3	Follow up Survey Language 1 = English 2 = Spanish 3 = Not Applicable 4 = Chinese	✓	✓	✓	✓	✓	✓
RXVUCATI Vendor's Follow Up Unique Computer Assisted Telephone Interview (CATI) Interviewer ID	Char	8	Vendor's 8-digit unique CATI interview ID at follow up	N/A	✓	✓	✓	✓	✓
RXSVDATE Date Follow Up Survey Completed	Char	8	Date the follow up survey was completed (date the mail survey was received by the vendor or date the telephone interview was conducted)	✓	✓	✓	✓	✓	✓

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RXPROXST Follow Up Survey: Proxy Status Indicator that Combines Baseline and Follow Up Information on Who Completed the Surveys	Num	3 or 8	Follow up proxy status: 1 = Member at baseline and Member at follow up 2 = Member at baseline and Proxy at follow up 3 = Proxy at baseline and Member at follow up 4 = Proxy at baseline and Same Proxy at follow up 5 = Proxy at baseline and Different Proxy at follow up 6 = Not Enough Information at baseline 7 = Not Enough Information at follow up * In *Cohorts 1, 2, 3* and *4 Follow Up* surveys, the field length is 3; In *Cohorts 5* and *6 Follow Up* surveys, the field length is 8.	✔	✔	✔	✔	✔	✔
RXMCONUM MCO Provided Beneficiary's Phone Number at Follow Up	Num	3	Did the MCO provide a phone number for the member at follow up? 1 = Yes 2 = No	✔	✔	✔	✔	✔	✔
RXCOHORT Beneficiary's Cohort Status and Survey Identifier *(Cohort 1 Follow Up* Only)	Num	3	Beneficiary's cohort status and survey identifier 1 = *Cohort 1* only. Receives *Cohort 1 Follow Up* survey. 2 = *Cohort 2* and *Cohort 3*. Receives *Cohort 3* survey. 3 = *Cohort 3* only. Receives *Cohort 3* survey. 8 = *Cohorts 1, 2* and *3*. Receives *Cohort 3* survey. 9 = *Cohort 1* and *Cohort 3*. Receives *Cohort 3* survey.	✔	N/A	N/A	N/A	N/A	N/A

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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

RXSPANFL
Follow Up Spanish Materials Flag
	Num	3	Was the member ever sent the Spanish version of the HOS mail questionnaire during survey administration?
			    1 = Yes
			    2 = No
			
			*Note: This flag is **not** an indicator of whether the Spanish survey was completed.*
				N/A	✓	✓	✓	✓	✓

RXROUND
Round Follow Up Data Submitted (*Cohort 2 Follow Up* Only)
	Num	8	Follow up data was submitted in:
			    1 = Round 1
			    2 = Round 2
				N/A	✓	N/A	N/A	N/A	N/A

RXDBLDTY
Double Duty Flag
(*Cohort 2 Follow Up* Only)
	Num	3	Beneficiary is in:
			    0 = *Cohort 2 Follow Up* only
			    1 = *Cohort 4 Baseline* <u>and</u> *Cohort 2 Follow Up*
				N/A	✓	N/A	N/A	N/A	N/A

RXEXCLUD
Follow Up Exclude from Future Survey Samples Flag
	Num	3	Beneficiary is in:
			    1 = Member specifically requested *Take me off of your list and never contact me again*
			    2 = Member did **not** requested *Take me off of your list and never contact me again*
				N/A	N/A	✓	✓	✓	✓

RXCHIN
Follow Up Chinese Protocol Indicator
	Num	3	Beneficiary is:
			    0 = Not a member of a Chinese plan at follow up
			    1 = Member of a Chinese plan at follow up
				N/A	N/A	✓	✓	✓	✓

RXDISP
Survey Response Indicator for Mail/Telephone Responses at Follow Up
	Num	3	Beneficiary completed a:
			    1 = Mail survey at follow up
			    2 = Telephone survey at follow up
				✓	✓	✓	✓	✓	✓

RXPACE
Follow Up PACE Protocol Indicator
	Num	3	Beneficiary is:
			    0 = Not a member of a PACE plan at follow up
			    1 = Member of a PACE plan at follow up
				N/A	✓	✓	✓	✓	✓

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RXEVER Baseline Evercare Protocol Indicator (*Cohort 2 Follow Up* Only)	Num	3	Beneficiary is: 0 = Not a member of an Evercare plan at follow up 1 = Member of an Evercare plan at follow up	N/A	✓	N/A	N/A	N/A	N/A
RXINVSRV Invalid Follow Up Survey Indicator	Num	3	Follow up survey is: 0 = Valid 1 = Invalid (survey disposition equal to M20, M21, M22, M23, T20, T21, T22, T23, or T24)	✓	✓	✓	✓	✓	✓
RXPCTCMP Percent of Follow Up Survey Completed	Num	8	Percent of the follow up survey that was completed	✓	✓	✓	✓	✓	✓
RXCMPSRV Complete Follow Up Survey Indicator	Num	3	A flag created to indicate that 80% of the *Follow up* survey was completed 0 = Incomplete 1 = Complete	✓	✓	✓	✓	✓	✓
RXCMPFLG Name Provided in Q56 of Follow Up Survey Indicator	Num	3	Indicator variable for name provided in question 56 (*Cohorts 1-5*) or question 58 (*Cohort 6*) of the follow up survey 0 = Name not provided 1 = Name provided	✓	✓	✓	✓	✓	✓
RXBDCNUM Mismatched Follow Up Contract Number and Plan ID Indicator	Num	3	Indicator variable for mismatched follow up contract number and plan ID 0 = Contract number and first five characters of plan ID are identical 1 = Contract number and first five characters of plan ID are not identical	✓	✓	✓	✓	N/A	N/A
RXBDRACE Mismatched Follow Up Race Indicator	Num	3	Indicator variable for mismatched follow up CMS race variable and survey race variable 0 = CMS and beneficiary provided race are equal 1 = CMS and beneficiary provided race are not equal	✓	✓	✓	✓	N/A	N/A

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§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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RXBDBRTH Mismatched Follow Up Birth Year Indicator	Num	3	Indicator variable for mismatched follow up CMS year of birth and survey year of birth 0 = CMS and beneficiary provided year of birth are equal 1 = CMS and beneficiary provided year of birth are not equal	✔	✔	✔	✔	N/A	N/A
RXBDGNDR Mismatched Follow Up Gender Indicator	Num	3	Indicator variable for mismatched follow up CMS gender and survey gender 0 = CMS and beneficiary provided gender are equal 1 = CMS and beneficiary provided gender are not equal	✔	✔	✔	✔	N/A	N/A
RXBDPRST Indicator for Female Reporting Prostate Cancer Treatment at Follow Up	Num	3	Indicator variable for inconsistency between gender and current prostate cancer treatment 0 = Gender and current treatment for prostate cancer consistent 1 = Female reported current treatment for prostate cancer	✔	✔	✔	✔	N/A	N/A
RXEDOB Beneficiary's Follow Up Date of Birth (Elapsed SAS® Date Format)	Num	8	Beneficiary's date of birth (DOB) from the follow up member level record. This information is derived from CMS' EDB. MMDDYY10. format	✔	✔	✔	✔	✔	✔
RXEACRDT Beneficiary's Follow Up Date of Accretion into Plan (Elapsed SAS® Date Format)	Num	8	Beneficiary's accretion date into plan from the follow up member level record MMDDYY10. format	✔	✔	✔	✔	✔	✔
RXEACLMT Beneficiary's Follow Up Elapsed Date - Accretion Limit	Num	8	Beneficiary's Elapsed Date-Accretion Limit MMDDYY10. format	✔	✔	✔	✔	✔	✔
RXESVDAT Date Follow Up Survey Completed (Elapsed SAS® Date Format)	Num	8	Beneficiary's Elapsed Date of Survey MMDDYY10. format	✔	✔	✔	✔	✔	✔

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§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXESVDT2 Date Follow Up Survey Completed with Missing Values Imputed (Elapsed SAS® Date Format)	Num	8	Incorporates estimated values for missing survey dates by replacing the missing values with the mean survey date by vendor and mode of administration. This variable, in combination with date of birth (*RXEDOB*), was used to calculate age (*RXAGE*). MMDDYY10. format	✓	✓	✓	✓	✓	✓
RXAGE Beneficiary's Age at Follow Up	Num	8	Beneficiary's age at follow up. This variable was calculated by subtracting the follow up date of birth (*RXEDOB*) from the date the follow up survey was completed (with missing values imputed, *RXESVDT2*), and dividing the result by 365.25.	✓	✓	✓	✓	✓	✓

RXAGECAT
Beneficiary's Follow Up Age Group
	Num	3	Beneficiary's age group at follow up
			  0 = Under 65
			  1 = 65 to 69
			  2 = 70 to 74
			  3 = 75 to 79
			  4 = 80 or older
				✓	✓	✓	✓	✓	✓

RXAGE_1 Original Calculation of Beneficiary's Age at Follow Up	Num	8	Original calculation of beneficiary's age at follow up. A more precise method of calculating age has been used to calculate a new age variable, *RXAGE*.	✓	✓	N/A	N/A	N/A	N/A
RXENRDUR Beneficiary's Enrollment Duration at Follow Up	Num	8	Beneficiary's enrollment duration (in months) at the time of the follow up survey	✓	✓	✓	✓	✓	✓

RXENRCAT
Beneficiary's Enrollment Duration Category at Follow Up
	Num	3	Beneficiary's enrollment duration category at the time of the follow up survey
			  1 = 0 to 5 months
			  2 = 6 to 12 months
			  3 = 13 to 36 months
			  4 = 37 or more months
				✓	✓	✓	✓	✓	✓

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RXRACEGP Beneficiary's Follow Up Race Category	Num	3	Beneficiary's race category at follow up, created by combining categories of the *RXRACE* variable 1 = White 2 = Black 3 = Other	✓	✓	✓	✓	✓	✓
RXRAWPF Follow Up Raw Physical Functioning (PF) Scale Score	Num	8	Beneficiary's follow up raw Physical Functioning (PF) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWRP Follow Up Raw Role-Physical (RP) Scale Score	Num	8	Beneficiary's follow up raw Role-Physical (RP) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWBP Follow Up Raw Bodily Pain (BP) Scale Score	Num	8	Beneficiary's follow up raw Bodily Pain (BP) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWGH Follow Up Raw General Health (GH) Scale Score	Num	8	Beneficiary's follow up raw General Health (GH) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWVT Follow Up Raw Vitality (VT) Scale Score	Num	8	Beneficiary's follow up raw Vitality (VT) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWSF Follow Up Raw Social Functioning (SF) Scale Score	Num	8	Beneficiary's follow up raw Social Functioning (SF) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWRE Follow Up Raw Role-Emotional (RE) Scale Score	Num	8	Beneficiary's follow up raw Role-Emotional (RE) Scale Score	✓	✓	✓	✓	✓	✓
RXRAWMH Follow Up Raw Mental Health (MH) Scale Score	Num	8	Beneficiary's follow up raw Mental Health (MH) Scale Score	✓	✓	✓	✓	✓	✓
RXPF Follow Up Transformed Physical Functioning (PF) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Physical Functioning (PF) Scale Score	✓	✓	✓	✓	✓	✓

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§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
RXRP Follow Up Transformed Role-Physical (RP) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Role-Physical (RP) Scale Score	✓	✓	✓	✓	✓	✓
RXBP Follow Up Transformed Bodily Pain (BP) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Bodily Pain (BP) Scale Score	✓	✓	✓	✓	✓	✓
RXGH Follow Up Transformed General Health (GH) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 General Health (GH) Scale Score	✓	✓	✓	✓	✓	✓
RXVT Follow Up Transformed Vitality (VT) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Vitality (VT) Scale Score	✓	✓	✓	✓	✓	✓
RXSF Follow Up Transformed Social Functioning (SF) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Social Functioning (SF) Scale Score	✓	✓	✓	✓	✓	✓
RXRE Follow Up Transformed Role-Emotional (RE) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Role-Emotional (RE) Scale Score	✓	✓	✓	✓	✓	✓
RXMH Follow Up Transformed Mental Health (MH) Scale Score	Num	8	Beneficiary's follow up transformed 0-100 Mental Health (MH) Scale Score	✓	✓	✓	✓	✓	✓
RXPF_Z90 Follow Up Physical Functioning (PF) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Physical Functioning (PF) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	N/A	N/A	N/A	N/A	N/A
RXRP_Z90 Follow Up Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Role-Physical (RP) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✓	N/A	N/A	N/A	N/A	N/A

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RXBP_Z90 Follow Up Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Bodily Pain (BP) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A
RXGH_Z90 Follow Up General Health (GH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up General Health (GH) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A
RXVT_Z90 Follow Up Vitality (VT) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Vitality (VT) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A
RXSF_Z90 Follow Up Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Social Functioning (SF) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A
RXRE_Z90 Follow Up Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Role-Emotional (RE) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A
RXMH_Z90 Follow Up Mental Health (MH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Mental Health (MH) z-score, computed utilizing the 1990 general U.S. population mean and standard deviation	✔	N/A	N/A	N/A	N/A	N/A

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPRAW90 Follow Up Raw PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up raw PCS Score (1990), computed by multiplying each scale z-score by its respective physical factor score coefficient and summing the eight products	✔	N/A	N/A	N/A	N/A	N/A
RXMRAW90 Follow Up Raw MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up raw MCS Score (1990), computed by multiplying each scale z-score by its respective mental factor score coefficient and summing the eight products	✔	N/A	N/A	N/A	N/A	N/A
RXPCS90 Follow Up PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up PCS Score. This is the norm-based transformation of the 1990 raw PCS Score (*RXPRAW90*).	✔	N/A	N/A	N/A	N/A	N/A
RXMCS90 Follow Up MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up MCS Score. This is the norm-based transformation of the 1990 raw MCS Score (*RXMRAW90*).	✔	N/A	N/A	N/A	N/A	N/A
RXPFS90 Follow Up Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Physical Functioning (PF) Scale Score. This is the norm-based transformation of the 1990 PF z-score.	✔	N/A	N/A	N/A	N/A	N/A
RXRPS90 Follow Up Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Role-Physical (RP) Scale Score. This is the norm-based transformation of the 1990 RP z-score.	✔	N/A	N/A	N/A	N/A	N/A
RXBPS90 Follow Up Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Bodily Pain (BP) Scale Score. This is the norm-based transformation of the 1990 BP z-score.	✔	N/A	N/A	N/A	N/A	N/A

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RXGHS90 Follow Up General Health (GH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up General Health (GH) Scale Score. This is the norm-based transformation of the 1990 GH z-score.	✓	N/A	N/A	N/A	N/A	N/A
RXVTS90 Follow Up Vitality (VT) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Vitality (VT) Scale Score. This is the norm-based transformation of the 1990 VT z-score.	✓	N/A	N/A	N/A	N/A	N/A
RXSFS90 Follow Up Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Social Functioning (SF) Scale Score. This is the norm-based transformation of the 1990 SF z-score.	✓	N/A	N/A	N/A	N/A	N/A
RXRES90 Follow Up Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Role-Emotional (RE) Scale Score. This is the norm-based transformation of the 1990 RE z-score.	✓	N/A	N/A	N/A	N/A	N/A
RXMHS90 Follow Up Mental Health (MH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (*Cohort 1 Follow Up* Only)	Num	8	Beneficiary's follow up Mental Health (MH) Scale Score. This is the norm-based transformation of the 1990 MH z-score.	✓	N/A	N/A	N/A	N/A	N/A
RXPF_Z98 Follow Up Physical Functioning (PF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Physical Functioning (PF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓	✓	✓	✓	✓
RXRP_Z98 Follow Up Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Role-Physical (RP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✓	✓	✓	✓	✓	✓

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RXBP_Z98 Follow Up Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Bodily Pain (BP) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXGH_Z98 Follow Up General Health (GH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up General Health (GH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXVT_Z98 Follow Up Vitality (VT) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Vitality (VT) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXSF_Z98 Follow Up Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Social Functioning (SF) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXRE_Z98 Follow Up Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Role-Emotional (RE) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXMH_Z98 Follow Up Mental Health (MH) Z-Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Mental Health (MH) z-score, computed utilizing the 1998 general U.S. population mean and standard deviation	✔	✔	✔	✔	✔	✔
RXPRAW98 Follow Up Raw PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up raw PCS Score (1998), computed by multiplying each scale z-score by its respective physical factor score coefficient and summing the eight products	✔	✔	✔	✔	✔	✔
RXMRAW98 Follow Up Raw MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up raw MCS Score (1998), computed by multiplying each scale z-score by its respective mental factor score coefficient and summing the eight products	✔	✔	✔	✔	✔	✔

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RXPCS98 Follow Up PCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up PCS Score. This is the norm-based transformation of the 1998 raw PCS Score (RXPRAW98)	✓	✓	✓	✓	✓	✓
RXMCS98 Follow Up MCS Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up MCS Score. This is the norm-based transformation of the 1998 raw MCS Score (RXMRAW98)	✓	✓	✓	✓	✓	✓
RXPFS98 Follow Up Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Physical Functioning (PF) Scale Score. This is the norm-based transformation of the 1998 PF z-score	✓	✓	✓	✓	✓	✓
RXRPS98 Follow Up Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Role-Physical (RP) Scale Score. This is the norm-based transformation of the 1998 RP z-score	✓	✓	✓	✓	✓	✓
RXBPS98 Follow Up Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Bodily Pain (BP) Scale Score. This is the norm-based transformation of the 1998 BP z-score	✓	✓	✓	✓	✓	✓
RXGHS98 Follow Up General Health (GH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up General Health (GH) Scale Score. This is the norm-based transformation of the 1998 GH z-score	✓	✓	✓	✓	✓	✓
RXVTS98 Follow Up Vitality (VT) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Vitality (VT) Scale Score. This is the norm-based transformation of the 1998 VT z-score	✓	✓	✓	✓	✓	✓
RXSFS98 Follow Up Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Social Functioning (SF) Scale Score. This is the norm-based transformation of the 1998 SF z-score	✓	✓	✓	✓	✓	✓

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§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[‖]	FIELDS IN C6R6[#]
RXRES98 Follow Up Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Role-Emotional (RE) Scale Score. This is the norm-based transformation of the 1998 RE z-score	✓	✓	✓	✓	✓	✓
RXMHS98 Follow Up Mental Health (MH) Scale Score Calculated Utilizing the Standard 1998 Scoring Algorithm	Num	8	Beneficiary's follow up Mental Health (MH) Scale Score. This is the norm-based transformation of the 1998 MH z-score	✓	✓	✓	✓	✓	✓
RXPCSMDE Follow Up PCS Score Calculated Utilizing the Missing Data Estimation (MDE) Scoring Algorithm	Num	8	Beneficiary's follow up PCS Score calculated utilizing the Missing Data Estimation (MDE) scoring algorithm	✓	✓	N/A	N/A	N/A	N/A
RXMCSMDE Follow Up MCS Score Calculated Utilizing the Missing Data Estimation (MDE) Scoring Algorithm	Num	8	Beneficiary's follow up MCS Score calculated utilizing the Missing Data Estimation (MDE) scoring algorithm	✓	✓	N/A	N/A	N/A	N/A
PXRPT_CN Plan Contract Number at the Time of Performance Measurement Reporting for *Cohorts 1* and *2*	Char	5	Unique contract number at the time of *Cohorts 1* and *2* performance measurement reporting. For *Cohort 3*, the unique plan contract number at the time of performance measurement reporting was *PXCNTRNM*	✓	✓	N/A	N/A	N/A	N/A
PXRPTUNT Plan Reporting Unit at the Time of Performance Measurement Reporting	Char	6	Unique identifier used to identify each M+CO at the time of performance measurement reporting. This was the plan level unit of analysis for the *Cohorts 1* and *2* Performance Measurement reports. For the *Cohort 3* Performance Measurement report, the plan level unit of analysis was *PXCNTRNM*	✓	✓	N/A	N/A	N/A	N/A
PXRPT_MA Performance Measurement Reporting Market Area	Char	1	Market area utilized for performance measurement reporting. Beginning at the time of *Cohort 3* performance measurement reporting, market areas were no longer utilized	✓	✓	N/A	N/A	N/A	N/A

[*] C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS
[†] C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
[‡] C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS
[§] C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
[‖] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
[#] C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
PXFLAG Random Assignment of Reporting Unit at the Time of Performance Measurement Reporting Flag	Num	3	Reporting unit at the time of performance measurement reporting was: 1 = Randomly assigned 0 = Not randomly assigned	✔	✔	N/A	N/A	N/A	N/A
PXCNTRNM Plan Contract Number at the Time of Performance Measurement Reporting for *Cohort 3*	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the *Cohort 3* Performance Measurement report. The plan level unit of analysis for *Cohorts 1* and *2* was *PXRPT_CN*.	N/A	N/A	✔	✔	✔	✔
PXHDOB Beneficiary's Date of Birth	Char	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting	N/A	✔	✔	✔	✔	✔
PXEHDOB Beneficiary's Date of Birth (Elapsed SAS® Date Format)	Num	8	Beneficiary's date of birth (DOB). This information was obtained from CMS at the time of performance measurement reporting MMDDYY10. format	N/A	✔	✔	✔	✔	✔
PXHDOD Beneficiary's Date of Death	Char	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting	✔	✔	✔	✔	✔	✔
PXEHDOD Beneficiary's Date of Death (Elapsed SAS® Date Format)	Num	8	Beneficiary's date of death (DOD). This information was obtained from CMS at the time of performance measurement reporting MMDDYY10. format	✔	✔	✔	✔	✔	✔
PXACTDTH Beneficiary's death within 2 year window indicator	Num	3	Beneficiary's death within 2 year window indicator	✔	✔	✔	✔	✔	✔

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

PXGROUP
Three-Level Baseline Status Indicator
	Char	6	Three-level status indicator for all members of the baseline sample
			    Group1 = baseline members that were in plans not existing at the time of follow up
			    Group2 = baseline members in plans still existing at follow up, but who were excluded from follow up because they met one or more of the following criteria: they were under the age of 65, they were non-responders to the baseline survey, they disenrolled from their plan, or they were deceased subsequent to the baseline survey
			    Group3 = baseline members in plans still existing at follow up and who were part of follow up
				✓	✓	✓	✓	✓	✓

PXSTATUS
Nine-Level Status Indicator for Entire Sample
	Num	3	Nine-level status indicator for the entire sample*
			    1 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition
			    2 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition
			    3 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition
			
			    * (To be continued on the next page)
				✓	✓	✓	✓	✓	✓

* C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS   § C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
† C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS   ‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS   # C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
PXSTATUS Nine-Level Status Indicator for Entire Sample	Num	3	Nine-level status indicator for the entire sample* 4 = Beneficiary's plan is no longer a part of HOS at the time of follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 5 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is under the age of 65, has a complete baseline survey, and has a valid baseline survey disposition 6 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is under the age of 65, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 7 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is age 65 or older, has a complete baseline survey, and has a valid baseline survey disposition 8 = Beneficiary's plan is part of HOS at the time of follow up, beneficiary is age 65 or older, and either does not have a complete baseline survey or does not have a valid baseline survey disposition 9 = Beneficiary had ineligible baseline survey disposition * (Continued from the previous page)	✔	✔	✔	✔	✔	✔

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
PXANALYT Performance Measurement Analytic Sample Indicator	Num	3	Indicator for performance measurement analytic sample 0 = Not included in performance measurement analytic sample 1 = Included in performance measurement analytic sample	✓	✓	✓	✓	✓	✓
PXPMRIND Performance Measurement Sample Distribution Indicator	Num	3	Indicates status of the record in the performance measurement analytic sample 1 = Respondent 2 = Non-Respondent 3 = Invalid 4 = Dead 5 = Disenrolled	✓	✓	✓	✓	✓	✓
PXPHOUT Plan Level Physical Health Performance Measurement Results Indicator	Num	3	Plan level physical health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"	✓	✓	✓	✓	✓	✓
PXMHOUT Plan Level Mental Health Performance Measurement Results Indicator	Num	3	Plan level mental health performance measurement results 1 = Plan performed "worse than expected" 2 = Plan performed the "same as expected" 3 = Plan performed "better than expected"	✓	✓	✓	✓	✓	✓
CXMONRPT CMS Monthly Report of Managed Care Health Plans Utilized at Baseline (Elapsed SAS® Date Format)	Num	8	CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the baseline survey administration MMDDYY10. format	✓	✓	✓	✓	✓	✓
CXPLTYPE Plan Type at Baseline	Char	3	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration CMP = Competitive Medical Plan HMO = Health Maintenance Organization OTH = Other N/A = Not Available	✓	✓	✓	✓	✓	✓

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† C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXPLMODL Plan Model Type at Baseline	Char	5	Plan model type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration GROUP = Group Practice Model IPA = Individual Practice Association Model STAFF = Staff Model OTHER = Other /Mixed Type Model N/A = Not Available	✓	✓	✓	✓	✓	✓
CXPLPOP Number Enrolled in Plan at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓	✓	✓	✓	✓
CXPLDESC Plan Description at Baseline	Char	10	Plan description as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓	✓	✓	✓	✓
CXPLANST Plan State at Baseline	Char	2	Two letter state abbreviation as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✓	✓	✓	✓	✓	✓
CXPLTXST Plan Tax Status at Baseline	Char	3	Plan tax status as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration PRO = For profit NON = Not for profit N/A = Not Available	✓	✓	✓	✓	✓	✓

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
CXPLREG Plan's CMS Regional Office at Baseline	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	✔	✔	✔	✔	✔	✔
CXPLSTDT Plan Contract Start Date at Baseline	Num	8	Plan contract start date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration MMDDYY10. format	✔	✔	✔	✔	✔	✔
CXPLDUR Duration of Plan Contract at Baseline	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration	✔	✔	✔	✔	✔	✔
CXPLNDCT Duration of Plan Contract Categories at Baseline	Num	8	Duration of plan contract categories at the time of the baseline survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✔	✔	✔	✔	✔	✔
RXMONRPT CMS Monthly Report of Managed Care Health Plans Utilized at Follow Up (Elapsed SAS® Date Format)	Num	8	CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of the follow up survey administration MMDDYY10. format	✔	✔	✔	✔	✔	✔

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPLTYPE Plan Type at Follow Up	Char	3	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration CMP = Competitive Medical Plan HMO = Health Maintenance Organization OTH = Other N/A = Not Available	✓	✓	✓	✓	✓	✓
RXPLMODL Plan Model Type at Follow Up	Char	5	Plan model type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration GROUP = Group Practice Model IPA = Individual Practice Association Model STAFF = Staff Model OTHER = Other /Mixed Type Model N/A = Not Available	✓	✓	✓	✓	✓	✓
RXPLPOP Number Enrolled in Plan at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓	✓
RXPLDESC Plan Description at Follow Up	Char	10	Plan description as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓	✓
RXPLANST Plan State at Follow Up	Char	2	Two letter state abbreviation as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓	✓

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
‖ C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXPLTXST Plan Tax Status at Follow Up	Char	3	Plan tax status as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration PRO = For profit NON = Not for profit N/A = Not Available	✓	✓	✓	✓	✓	✓
RXPLREG Plan's CMS Regional Office at Follow Up	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration 1 = Boston 2 = New York 3 = Philadelphia 4 = Atlanta 5 = Chicago 6 = Dallas 7 = Kansas City 8 = Denver 9 = San Francisco 10 = Seattle	✓	✓	✓	✓	✓	✓
RXPLSTDT Plan Contract Start Date at Follow Up	Num	8	Plan contract start date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration MMDDYY10. format	✓	✓	✓	✓	✓	✓
RXPLDUR Duration of Plan Contract at Follow Up	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration	✓	✓	✓	✓	✓	✓
RXPLNDCT Duration of Plan Contract Categories at Follow Up	Num	8	Duration of plan contract categories at the time of the follow up survey administration 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✓	✓	✓	✓	✓	✓

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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS
§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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C6R6 = *2003-2005 Cohort 6 Merged Baseline* and *Follow Up* LDS

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RXRPTST Reporting Plan State	Char	2	DO NOT USE. Field PXRPTST should be used as the state level unit of analysis for the *Follow up* report.	N/A	N/A	N/A	N/A	✓	✓
PXMONRPT CMS Monthly Report of Managed Care Health Plans Utilized for Performance Measurement (Elapsed SAS® Date Format)	Num	8	CMS Monthly Report of Managed Care Health Plans used to obtain plan characteristics at the time of performance measurement reporting MMDDYY10. format	✓	✓	✓	✓	✓	✓
PXPLTYPE Plan Type at the Time of Performance Measurement Reporting	Char	3	Plan type as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓
PXPLMODL Plan Model at the Time of Performance Measurement Reporting	Char	5	Plan model as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓
PXPLPOP Plan Population at the Time of Performance Measurement Reporting	Num	8	Plan population as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓
PXPLDESC Plan Description at the Time of Performance Measurement Reporting	Char	10	Plan description as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓
PXPLANST Plan State at the Time of Performance Measurement Reporting	Char	2	Two letter state abbreviation as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting. This was the state level unit of analysis for the performance measurement report.	✓	✓	✓	✓	✓	✓
PXPLTXST Plan Tax Status at the Time of Performance Measurement Reporting	Char	3	Plan tax status as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#

PXPLREG
Plan's CMS Regional Office at the Time of Performance Measurement Reporting
	Num	3	Plan's regional office as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting
			    1 = Boston
			    2 = New York
			    3 = Philadelphia
			    4 = Atlanta
			    5 = Chicago
			    6 = Dallas
			    7 = Kansas City
			    8 = Denver
			    9 = San Francisco
			    10 = Seattle
				✓	✓	✓	✓	✓	✓

PXPLSTDT Plan Contract Start Date at the Time of Performance Measurement Reporting	Num	8	Plan contract start date as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration MMDDYY10. format	✓	✓	✓	✓	✓	✓
PXPLANNM Plan Name at the Time of Performance Measurement Reporting	Char	50	Plan name as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	N/A	✓	✓	✓	✓	✓
PxCONT_ID **Blinded Plan Contract Number at the Time of Performance Measurement Reporting**	**Char**	**5**	**Blinded plan contract number representing the beneficiary's plan assignment at the time of the Performance Measurement Reporting. The original contract number was replaced with a 5-character alphanumeric value which is consistent within and across HOS cohorts.**	✓	✓	✓	✓	✓	✓
PXPLMCPR Plan Organization Name	Char	55	Plan Organization name obtained in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	N/A	N/A	N/A	✓	✓	✓

FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1[*]	FIELDS IN C2R2[†]	FIELDS IN C3R3[‡]	FIELDS IN C4R4[§]	FIELDS IN C5R5[∥]	FIELDS IN C6R6[#]
PXPLDUR Duration of Plan Contract at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract, in years, as listed in the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting	✓	✓	✓	✓	✓	✓
PXPLNDCT Duration of Plan Contract Categories at the Time of Performance Measurement Reporting	Num	8	Duration of plan contract categories at the time of performance measurement reporting 1 = Less than 1 year 2 = 1.0 to 4.9 years 3 = 5.0 to 9.9 years 4 = 10 or more years	✓	✓	✓	✓	✓	✓
PXRPTST Reporting Plan State	Char	2	Reporting Plan State is the designated plan state obtained from the CMS Monthly Report of Managed Care Health Plans at the time of performance measurement reporting, and was the state level unit of analysis for the *Follow up* report. Unique fictitious state names were created for certain national plans whose members resided in various states.	N/A	N/A	N/A	N/A	✓	✓
CxPOPCAT Number Enrolled in Plan Category at Baseline	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the baseline survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓	✓	✓	✓	✓

[*] C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS
[†] C2R2 = *1999-2001 Cohort 2 Merged Baseline* and *Follow Up* LDS
[‡] C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

[§] C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
[∥] C5R5 = *2002-2004 Cohort 5 Merged Baseline* and *Follow Up* LDS
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FIELD NAME / DESCRIPTION C = BASELINE R = FOLLOW UP P = PERFORMANCE MEASUREMENT	FIELD TYPE	FIELD LENGTH	ADDITIONAL INFORMATION AND VALID VALUES	FIELDS IN C1R1*	FIELDS IN C2R2†	FIELDS IN C3R3‡	FIELDS IN C4R4§	FIELDS IN C5R5‖	FIELDS IN C6R6#
RxPOPCAT Number Enrolled in Plan Category at Follow Up	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of the follow up survey administration 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓	✓	✓	✓	✓
PxPOPCAT Number Enrolled in Plan Category at Time of Performance Measurement Reporting	Num	8	Plan's total enrollment as listed in the CMS Monthly Report of Managed Care Health Plans at the time of Performance Measurement reporting 1 = 1,200 or less 2 = 1,201 - 3,000 3 = 3,001 - 5,000 4 = 5,001 - 10,000 5 = 10,001 - 15,000 6 = 15,001 - 25,000 7 = 25,001 - 50,000 8 = 50,001 - 100,000 9 = 100,001 or more	✓	✓	✓	✓	✓	✓

* C1R1 = *1998-2000 Cohort 1 Merged Baseline* and *Follow Up* LDS
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‡ C3R3 = *2000-2002 Cohort 3 Merged Baseline* and *Follow Up* LDS

§ C4R4 = *2001-2003 Cohort 4 Merged Baseline* and *Follow Up* LDS
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