Medicare Health Outcomes Survey Limited Data Sets
File Specifications

INTRODUCTION TO MEDICARE HOS

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by Medicare Advantage (MA) Plans. 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 Health Plan Employer 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.

The goal of the Medicare HOS program is to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, plan accountability, public reporting, and improving health. HOS results continue to be an important part of CMS' quality improvement activities, as current law authorizes Quality Improvement Organizations to ensure that medical care paid for under the Medicare program meets professionally recognized standards of health care. Section 722 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandates the collection, analysis, and reporting of health outcomes information. This legislation also specifies that data collected on quality, outcomes, and beneficiary satisfaction to facilitate consumer choice and program administration must utilize the types of data collected prior to November 1, 2003. Collected since 1998, the Medicare HOS is the only outcomes measure in Medicare managed care and therefore remains a critical part of assessing health plan quality.

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 of 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.

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[1] HEDIS[®] is a registered trademark of the Nation Committee for Quality Assurance

Traditionally, HEDIS contained "process" measures that assessed interventions such as mammograms for older women and retinal eye 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 a measure that would assess the physical functioning and mental well being of Medicare beneficiaries over time. It was decided that this measure 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 respondents are surveyed again (i.e., follow up measurement). The following cohorts have been completed: *Cohort I* (1998-2000)*, II* (1999-2001)*, III* (2000-2002)*, IV* (2001-2003)*, V* (2002-2004), and *VI* (2003-2005).

MEDICARE HOS LIMITED DATA SETS

HOS Limited Data Sets (LDS) are comprised of the entire national sample for a given cohort (including both respondents and non-respondents), and contain all of the HOS survey items. The HOS LDS files include plan identifiers as well as several additional fields describing plan characteristics. They also contain protected beneficiary-level health information such as date of birth; however, specific direct person identifiers (i.e., name and health insurance claim number) are not included in the LDS files. The files are SAS$^{®2}$ data files and are generated using SAS Version 9.1.3.

A signed Data Use Agreement with CMS is required to obtain an LDS data file. The Research Data Assistance Center (ResDAC) at the University of Minnesota is a CMS contractor that provides assistance to academic, government and non-profit researchers interested in using Medicare and/or Medicaid data. ResDAC is available to assist in the completion and/or review of data requisition forms for Medicare HOS research data files prior to their submission to CMS. For additional information and assistance with obtaining Medicare HOS LDS files, please visit the ResDAC Medicare HOS Web page (http://www.resdac.umn.edu/OtherDataSets/HOS.asp). ResDAC may also be contacted by calling 1-888-9RESDAC (1-888-973-7322) or by e-mailing resdac@umn.edu.

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

LIMITED DATA SET FILE SPECIFICATIONS

The following table describes the file layout by field position for the LDS files. Each cohort file contains the baseline and follow up survey items, calculated fields, as well as death information and reporting unit information. There are a total of 474 fields in the *Cohort I Merged Baseline* and *Follow Up* (1998-2000) Limited Data Set, 464 fields in the *Cohort II Merged Baseline* and *Follow Up* (1999-2001) Limited Data Set, 461 fields in the *Cohort III Merged Baseline* and *Follow Up* (2000-2002) Limited Data Set, 448 fields in the *Cohort IV Merged Baseline* and *Follow Up* (2001-2003) Limited Data Set, and 437 fields in the *Cohort V Merged Baseline* and *Follow Up* (2002-2004) Limited Data Set. The *Cohort VI Merged Baseline* and *Follow Up* (2003-2005) Limited Data Set will be available Fall, 2006.

The table provides the field name/description, type, length, additional information (including valid values), and indication of field inclusion or exclusion for each cohort file. In each cohort field column the question number indicates what the survey question number was for that year. For example, in LDS file C1R1 the field CXEDUC (page 38) was Q52 in the 1999 HEDIS Manual, but RXEDUC (page 91, also see table on following page) was Q51 in the 2001 HEDIS Manual. The text and skip patterns in this document are from the most current HEDIS Manual in which the question appears. The exact text of each question for each cohort survey can be obtained by referring to the specific HEDIS Manual used for that year of data collection. Check marks in the cohort field column are used to indicate nonsurvey items, such as administrative and analytic fields.

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" 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) for the field name. For example, the field CXEDUC is labeled C3EDUC for Cohort III, C4EDUC for Cohort IV and C5EDUC for Cohort V. Please refer to the diagram on the following page for additional information.

DESCRIPTION OF FILE SPECIFICATIONS TABLE

C=Baseline

X=Cohort identifier 1, 2, 3, 4, or 5

R=Follow Up

P=Performance Measurement

✓ =Included nonsurvey item

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[‖]
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 <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	Q45	Q45	Q45	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
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
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

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

Q44 in Cohorts 4 and 5
Not included for Cohorts 1, 2 and 3

Limited Data Sets File Specifications

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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	✓	✓	✓	✓	✓
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)
				✓	✓	✓	✓	✓

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
				✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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 I, II, and III Baseline* surveys, DataStat, Inc. for *Cohort V Baseline* survey ** Roper Starch for *Cohorts I, II, and III Baseline surveys*	✓	✓	✓	✓	✓
CXDFTYPE Data File Type (*Cohort III Baseline* Only)	Char	2	Data file type 1F = *Cohort I Follow Up* 3B = *Cohort III Baseline*	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	✓	✓	✓
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	✓	✓	✓	✓	✓

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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.	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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 V 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
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

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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
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
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

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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
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
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

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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
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
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

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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
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
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

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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**?* <u>Were limited in the **kind**</u> <u>of work or other activities</u> 1 = Yes 2 = No	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**?* <u>Had **difficulty** performing the work or</u> <u>other activities (*for example*, it took</u> <u>extra effort)</u> 1 = Yes 2 = No	Q4d	Q4d	Q4d	Q4d	Q4d
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)?* <u>Cut down on the **amount of time** you</u> <u>spent on work or other activities</u> 1 = Yes 2 = No	Q5a	Q5a	Q5a	Q5a	Q5a

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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)?* <u>**Accomplished less** than you would like</u> 1 = Yes 2 = No	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)?* <u>Didn't do work or other activities as **carefully** as usual</u> 1 = Yes 2 = No	Q5c	Q5c	Q5c	Q5c	Q5c
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

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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
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

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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
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

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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
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

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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
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

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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**…* Did you feel worn out? 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
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**…* Have you been a happy 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	Q9h	Q9h	Q9h	Q9h	Q9h

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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

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

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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
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
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

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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
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
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

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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?* <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
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?* <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
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?* <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

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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
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
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

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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
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?* <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	Q14b	Q14b
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?* <u>When walking less than one block</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	Q14c	Q14c	Q14c	Q14c	Q14c

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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?* <u>When climbing one flight of stairs</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	Q14d	Q14d	Q14d	Q14d	Q14d
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
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

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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
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?* <u>Decreased ability to feel hot or cold with 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	Q15d	Q15d	Q15d	Q15d	Q15d
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?* <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	Q15e	Q15e

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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[‖]
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
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
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
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
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

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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
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
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
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
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

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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
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
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
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
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

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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
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
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
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

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CXARTHPN Baseline Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to questions 29 or 30 above (that you have arthritis),*** *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
CXCOLNCA Baseline Survey: Colorectal Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to question 33 above (that you had cancer),*** *Are you currently under treatment for:* Colon or rectal cancer 1 = Yes 2 = No	Q35a	Q35a	Q35a	Q35a	Q35a
CXLUNGCA Baseline Survey: Lung Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to question 33 above (that you had cancer),*** *Are you currently under treatment for:* Lung cancer 1 = Yes 2 = No	Q35b	Q35b	Q35b	Q35b	Q35b
CXBRSTCA Baseline Survey: Breast Cancer Treatment Question	Num	3	Beneficiary's response from the baseline survey: ***If you answered "yes" to question 33 above (that you had cancer),*** *Are you currently under treatment for:* Breast cancer 1 = Yes 2 = No	Q35c	Q35c	Q35c	Q35c	Q35c

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CXPROSCA
Baseline Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the baseline survey:
			If you answered "yes" to question 33 above (that you had cancer),
			Are you currently under treatment for:
			   Prostate cancer
			   1 = Yes
			   2 = No
				Q35d	Q35d	Q35d	Q35d	Q35d

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

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

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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
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
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
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

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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)	Q42	Q42	Q42	Q42	Q42
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)	Q43	Q43	Q43	Q43	Q43
CXDRSQT Baseline Survey: Quit Smoking Question	Num	3	Beneficiary's response from the baseline survey: *How long has it been since you <u>quit</u> <u>smoking</u> cigarettes?* 1 = Less than 6 months* 2 = 6 months* or more 3 = Don't know * Responses to question 44 in the *Cohort I Baseline* survey read "12 months" rather than "6 months"	Q44	Q44	Q44	Q44	Q44

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CXPOV12M Number of Times Visited Doctor During Past 12 Months Question (*Cohort I Baseline* only)	Num	3	Beneficiary's response from the *Cohort I 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	Q45	N/A	N/A	N/A	N/A
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 I Baseline* survey	Q46	Q45	Q45	Q45	Q45
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
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

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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
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
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
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

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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
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
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 I Baseline* survey only	Q56	Q54	Q54	Q54	Q54

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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
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

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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	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 III Baseline* Only)	Num	3	Beneficiary's cohort status and survey identifier 1 = *Cohort I* only. Receives *Cohort I Follow Up* survey. 2 = *Cohort II* and *Cohort III*. Receives *Cohort III* survey. 3 = *Cohort III* only. Receives *Cohort III* survey. 8 = *Cohorts I, II and III*. Receives *Cohort III* survey. 9 = *Cohort I* and *Cohort III*. Receives *Cohort III* survey.	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 IV 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
CXDBLDTY Double Duty Flag (*Cohort IV Baseline* Only)	Num	3	Beneficiary is in: 0 = *Cohort IV Baseline* only 1 = *Cohort IV Baseline* <u>and</u> *Cohort II Follow Up*	N/A	N/A	N/A	✓	N/A
CXEXCLUD Baseline Exclude from Future Survey Samples Flag (*Cohort V 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 (*Cohort V Baseline* Only)	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
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 I Baseline* survey	✓	✓	✓	✓	✓

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[‖]
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
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
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
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
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
CXBDACR Incorrect Date of Accretion into Plan at Baseline Indicator (*Cohort I 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

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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[‖]
CXBDATE Beneficiary's Corrected Baseline Date of Birth (*Cohort I Baseline* Only)	Num	8	Beneficiary's corrected date of birth (DOB) used in the *Cohort I Performance Measurement* analysis	✓	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 I Baseline* Only)	Num	8	Beneficiary's corrected date of birth (DOB) used in the *Cohort I Performance Measurement* analysis MMDDYY10. format	✓	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	✓	✓	✓	✓	✓

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[‖]
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.	✓	✓	✓	✓	✓
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 I, II, III and IV 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
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	✓	✓	✓	✓	✓

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Limited Data Set (LDS) Data User's Guide
PREPARED BY HEALTH SERVICES ADVISORY GROUP

December 13, 2006
PAGE 47

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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
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
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
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

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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
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
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
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
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
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
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
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

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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
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
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
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
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
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
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
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

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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 PCS 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.	✓	✓	✓	✓	✓

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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.	✓	✓	✓	✓	✓
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
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
CXRPT_CN Reporting Contract Number at Baseline	Char	5	Reporting Contract Number	N/A	N/A	N/A	✓	✓
CXRPTUNT Reporting Unit at Baseline	Char	6	Report Unit – Market Area Specific	N/A	N/A	N/A	✓	✓
CXRPT_MA Reporting Market Area at Baseline	Char	1	Reporting Market Area	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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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 I Follow Up Only)	Char	2	Data file type 1F = Cohort I Follow Up 3B = Cohort III Baseline	✓	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

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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 I Follow Up* survey, DataStat for *Cohorts III, IV, and V Follow Up* surveys ** Roper Starch for *Cohort I 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	✓	✓	✓	✓	✓

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RXCTNAME Beneficiary's Follow Up SSA County Name	Char	25	Beneficiary's county name based on the follow up SSA county code	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓
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
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

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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
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
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

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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?* <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
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
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

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Limited Data Set (LDS) Data User's Guide   December 13, 2006
PREPARED BY HEALTH SERVICES ADVISORY GROUP   PAGE 61

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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?* Walking **more than a mile** 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3g	Q3g	Q3g	Q3g	Q3g
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?* Walking **several blocks** 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	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?* Walking **one block** 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all	Q3i	Q3i	Q3i	Q3i	Q3i

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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
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
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** than you would like 1 = Yes 2 = No	Q4b	Q4b	Q4b	Q4b	Q4b

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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**?* Were limited in the **kind** of work or other activities 1 = Yes 2 = No	Q4c	Q4c	Q4c	Q4c	Q4c
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**?* Had **difficulty** performing the work or other activities(*for example,* it took extra effort) 1 = Yes 2 = No	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)?* Cut down on the **amount of time** you spent on work or other activities 1 = Yes 2 = No	Q5a	Q5a	Q5a	Q5a	Q5a

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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)?* **Accomplished less** than you would like 1 = Yes 2 = No	Q5b	Q5b	Q5b	Q5b	Q5b
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)?* Didn't do work or other activities as **carefully** as usual 1 = Yes 2 = No	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

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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
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

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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
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

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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**... <u>Have you felt so down in the dumps that nothing could cheer you up</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	Q9c	Q9c	Q9c	Q9c	Q9c
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

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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**…* 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
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**…* 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

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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

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

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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
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

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Limited Data Set (LDS) Data User's Guide
PREPARED BY HEALTH SERVICES ADVISORY GROUP

December 13, 2006
PAGE 71

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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?* I seem to get sick a little easier than other people 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	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?* I am as healthy as anybody I know 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false	Q11b	Q11b	Q11b	Q11b	Q11b
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

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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?* <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
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?* <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
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

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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
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
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

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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
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 IV Follow Up* survey, this field is character with length 2; In *Cohort V Follow Up* survey, this field is numeric with length 3	N/A	N/A	N/A	Q13	Q13
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 IV Follow Up* survey, this field is character with length 2; In *Cohort V Follow Up* survey, this field is numeric with length 3	N/A	N/A	N/A	Q14	Q14

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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 IV Follow Up* survey, this field is character with length 2; In *Cohort V Follow Up* survey, this field is numeric with length 3	N/A	N/A	N/A	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?* Chest pain or pressure when you exercise 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
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?* Chest pain or pressure when 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	Q13b	Q13b	Q13b	Q16b	Q16b

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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
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
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?* <u>When walking less than one block</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	Q14c	Q14c	Q14c	Q17c	Q17c

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Limited Data Set (LDS) Data User's Guide
PREPARED BY HEALTH SERVICES ADVISORY GROUP

December 13, 2006
PAGE 77

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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

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

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

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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
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
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?* 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	Q18d	Q18d

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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
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
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
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
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

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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
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
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
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
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

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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:* <u>Other heart conditions, such as problems with heart valves or the rhythm of your heartbeat</u> 1 = Yes 2 = No	Q25	Q25	Q25	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:* <u>A Stroke</u> 1 = Yes 2 = No	Q26	Q26	Q26	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:* <u>Emphysema, or asthma, or COPD</u> 1 = Yes 2 = No	Q27	Q27	Q27	Q29	Q29
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:* <u>Crohn's disease, ulcerative colitis, or inflammatory bowel disease</u> 1 = Yes 2 = No	Q28	Q28	Q28	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:* <u>Arthritis of the hip or knee</u> 1 = Yes 2 = No	Q29	Q29	Q29	Q31	Q31

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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
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
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
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

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Limited Data Set (LDS) Data User's Guide
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December 13, 2006
PAGE 83

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RXARTHPN Follow Up Survey: Arthritis Pain Question	Num	3	Beneficiary's response from the follow up survey: ***If you answered "yes" to questions 31 or 32* (29 or 30)** above (that you have arthritis),*** *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 * 31 or 32 in *Cohort IV* and *Cohort V Follow Up* survey ** 29 or 30 in *Cohort I, Cohort II* and *Cohort III Follow Up* survey	Q34	Q34	Q34	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 question 35* (or 33**) above (that you have had cancer)*** *Are you currently under treatment for:* Colon or rectal cancer 1 = Yes 2 = No * 35 in *Cohort IV* and *Cohort V Follow Up* survey ** 33 in *Cohort I, Cohort II* and *Cohort III Follow Up* survey	Q35a	Q35a	Q35a	Q37a	Q37a

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RXLUNGCA
Follow Up Survey:
Lung Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 35* (or 33**) above (that you have had cancer)
			Are you currently under treatment for:
			    <u>Lung cancer</u>
			    1 = Yes
			    2 = No
			
			* 35 in *Cohort IV* and *Cohort V Follow Up* survey
			** 33 in *Cohort I, Cohort II* and *Cohort III Follow Up* survey
				Q35b	Q35b	Q35b	Q37b	Q37b

RXBRSTCA
Follow Up Survey:
Breast Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 35* (or 33**) above (that you have had cancer)
			Are you currently under treatment for:
			    <u>Breast cancer</u>
			    1 = Yes
			    2 = No
			
			* 35 in *Cohort IV* and *Cohort V Follow Up* survey
			** 33 in *Cohort I, Cohort II* and *Cohort III Follow Up* survey
				Q35c	Q35c	Q35c	Q37c	Q37c

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RXPROSCA
Follow Up Survey:
Prostate Cancer Treatment Question
	Num	3	Beneficiary's response from the follow up survey:
			If you answered "yes" to question 35* (or 33**) above (that you have had cancer)
			Are you currently under treatment for:
			  Prostate cancer
			  1 = Yes
			  2 = No
			
			* 35 in *Cohort IV* and *Cohort V Follow Up* survey
			** 33 in *Cohort I, Cohort II* and *Cohort III Follow Up* survey
				Q35d	Q35d	Q35d	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

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

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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
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
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
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

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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
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)* * The contents included in the parentheses only appeared in *Cohort I, II and III Follow Up* survey	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 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

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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 <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	Q45	Q45	Q45	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
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
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)	N/A	N/A	N/A	Q46	Q46

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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
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
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
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
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

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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
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
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
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

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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
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	Q55	Q55	Q55	Q55	Q55
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

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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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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 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)	✓	✓	✓	✓	✓
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 *Cohort I, II, III* and *IV Follow Up* survey, the length of this field is 3; In *Cohort V Follow Up* survey, the length of this field 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 I Follow Up* Only)	Num	3	Beneficiary's cohort status and survey identifier 1 = *Cohort I* only. Receives *Cohort I Follow Up* survey. 2 = *Cohort II* and *Cohort III*. Receives *Cohort III* survey. 3 = *Cohort III* only. Receives *Cohort III* survey. 8 = *Cohorts I, II and III*. Receives *Cohort III* survey. 9 = *Cohort I* and *Cohort III*. Receives *Cohort III* survey.	✓	N/A	N/A	N/A	N/A

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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 II 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
RXDBLDTY Double Duty Flag (*Cohort II Follow Up* Only)	Num	3	Beneficiary is in: 0 = *Cohort II Follow Up* only 1 = *Cohort IV Baseline* <u>and</u> *Cohort II Follow Up*	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 II 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
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 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
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

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Limited Data Set (LDS) Data User's Guide   December 13, 2006
PREPARED BY HEALTH SERVICES ADVISORY GROUP   PAGE 97

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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
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
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
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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[‡] C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set

[§] C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
[‖] C5R5 = *Cohort V Merged Baseline* and *Follow Up* Limited Data Set

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[‖]
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
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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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‖
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 I 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
RXRP_Z90 Follow Up Role-Physical (RP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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

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RXBP_Z90 Follow Up Bodily Pain (BP) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXGH_Z90 Follow Up General Health (GH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXVT_Z90 Follow Up Vitality (VT) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXSF_Z90 Follow Up Social Functioning (SF) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXRE_Z90 Follow Up Role-Emotional (RE) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXMH_Z90 Follow Up Mental Health (MH) Z-Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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

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RXPRAW90 Follow Up Raw PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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
RXMRAW90 Follow Up Raw MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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
RXPCS90 Follow Up PCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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
RXMCS90 Follow Up MCS Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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
RXPFS90 Follow Up Physical Functioning (PF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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
RXRPS90 Follow Up Role-Physical (RP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm *(Cohort I 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

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RXBPS90 Follow Up Bodily Pain (BP) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXGHS90 Follow Up General Health (GH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXVTS90 Follow Up Vitality (VT) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXSFS90 Follow Up Social Functioning (SF) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXRES90 Follow Up Role-Emotional (RE) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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
RXMHS90 Follow Up Mental Health (MH) Scale Score Calculated Utilizing the Standard 1990 Scoring Algorithm (Cohort I 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

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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
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
PXRPT_CN Plan Contract Number at the Time of Performance Measurement Reporting for *Cohorts I* and *II*	Char	5	Unique contract number at the time of *Cohort I* and *II* performance measurement reporting. For *Cohort III*, the unique plan contract number at the time of performance measurement reporting was *PXCNTRNM*	✓	✓	N/A	N/A	N/A

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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 *Cohort I* and *II* Performance Measurement reports. For the *Cohort III* Performance Measurement report, the plan level unit of analysis was *PXCNTRNM*	✓	✓	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 III* performance measurement reporting, market areas were not longer utilized	✓	✓	N/A	N/A	N/A
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
PXCNTRNM Plan Contract Number at the Time of Performance Measurement Reporting for *Cohort III*	Char	5	Unique contract number at the time of performance measurement reporting. This was the plan level unit of analysis for the *Cohort III* Performance Measurement report. The plan level unit of analysis for *Cohorts I and II* 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	✓	✓	✓	✓	✓

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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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓

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[†] C2R2 = *Cohort II Merged Baseline* and *Follow Up* Limited Data Set
[‡] C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set

[§] C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
[‖] C5R5 = *Cohort V Merged Baseline* and *Follow Up* Limited Data Set

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‖
PXSTATUS Eight-Level Status Indicator for Entire Sample	Num	3	Eight-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 *(To be continued on the next page)	✓	✓	✓	✓	✓

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† C2R2 = *Cohort II Merged Baseline* and *Follow Up* Limited Data Set
‡ C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set

§ C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
‖ C5R5 = *Cohort V Merged Baseline* and *Follow Up* Limited Data Set

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‖
PXSTATUS Eight-Level Status Indicator for Entire Sample	Num	3	Eight-level status indicator for the entire sample 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 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	✓	✓	✓	✓	✓

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[‖]
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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[‡] C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set
[§] C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
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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‖

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[‖]

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	✓	✓	✓	✓	✓

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[‡] C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set

[§] C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
[‖] C5R5 = *Cohort V Merged Baseline* and *Follow Up* Limited Data Set

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‖
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	✓	✓	✓	✓	✓

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[‖]
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	✓	✓	✓	✓	✓

[*] C1R1 = *Cohort I Merged Baseline* and *Follow Up* Limited Data Set
[†] C2R2 = *Cohort II Merged Baseline* and *Follow Up* Limited Data Set
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[§] C4R4 = *Cohort IV Merged Baseline* and *Follow Up* Limited Data Set
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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[‖]
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	✓	✓	✓	✓	✓
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.	✓	✓	✓	✓	✓

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[‡] C3R3 = *Cohort III Merged Baseline* and *Follow Up* Limited Data Set
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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[‖]
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	✓	✓	✓	✓	✓
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	✓	✓	✓	✓
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	✓	✓
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	✓	✓	✓	✓	✓

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[‖]
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 *(Cohort V Follow Up* Only)	Char	2	Reporting Plan State is the designated plan state obtained from the May 2004 CMS Monthly Report of Managed Care Health Plans, and was the state level unit of analysis for the *Cohort V Follow up* report. Two national plans were designated as unique states	N/A	N/A	N/A	N/A	✓

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