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User Guide for Cohort 3 (2000-2002): Analytic Data

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MEDICARE HEALTH OUTCOMES SURVEY

Cohort III Analytic Public Use File
Data User's Guide

PREPARED BY HEALTH SERVICES ADVISORY GROUP

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OVERVIEW OF THE PUBLIC USE FILE

This section provides an overview of the Medicare Health Outcomes Survey (HOS) *Cohort III Analytic* Public Use File (C3APUF.TXT), including the general characteristics of the data file and a description of the fields contained within it. This file contains merged *Cohort III Baseline* and *Cohort III Follow Up* data. The *Medicare Health Outcomes Survey Description* section (B) in this Data User's Guide provides a general description of the HOS background and methodology, including the sampling methodology, data collection, and survey components. For a more detailed discussion of these items, please refer to the *HEDIS® 2000, Volume 6: Specifications for the Medicare Health Outcomes Survey*[1] (referred to as the *2000 HOS Manual*) and the *HEDIS® 2002, Volume 6: Specifications for the Medicare Health Outcomes Survey*[2] (referred to as the *2002 HOS Manual*).

GENERAL CHARACTERISTICS OF THE DATA

The 2000 *Cohort III Baseline* Medicare HOS included a random sample of 298,883 beneficiaries, including both the aged and disabled, from 275 managed care plans. Of the 298,883 beneficiaries sampled, 66.4% (198,451) completed the baseline survey. During the two years between the 2000 *Cohort III Baseline* survey and the 2002 *Cohort III Follow Up* survey, a number of Medicare + Choice Organizations (M+COs) discontinued offering managed care to beneficiaries, or consolidated with other health plans. As a result of these changes, 146 reporting units (M+COs) and 140,335 beneficiaries remained in the HOS at the time of follow up. This group of 140,335 beneficiaries comprised the *Cohort III Public Use File (PUF) Analytic* sample.[3]

Of the 140,335 beneficiaries in the *Cohort III PUF Analytic* sample, 9,976 died between baseline and the two-year follow up. Additionally, another 43,403 beneficiaries voluntarily disenrolled from their M+COs during the same two-year period. Of the 140,335 in the *Cohort III PUF Analytic* sample, 86,956 remained eligible at the time of follow up. Beneficiaries were eligible for follow up if they were still alive, enrolled in their original M+CO, and had a calculatable SF-36® Physical Component Summary (PCS) score and Mental Component Summary (MCS) score at baseline.[4]

Of the 86,956 individuals sampled at the time of follow up, 79.8% (69,434) completed the follow up survey. For the purposes of this data file, a completed survey at follow up was defined as a

[1] National Committee for Quality Assurance. *HEDIS® 2000, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington DC: NCQA Publication, 2000.
[2] National Committee for Quality Assurance. *HEDIS® 2002, Volume 6: Specifications for the Medicare Health Outcomes Survey*. Washington DC: NCQA Publication, 2002.
[3] Please note, the *Cohort III PUF Analytic* sample differs from the *Cohort III Performance Measurement Analytic* sample, which is used to derive plan-level performance measurement results. For additional information, please contact the Medicare HOS Information and Technical Support Line (1-888-880-0077) or e-mail address (hos@azqio.sdps.org).
[4] SF-36® is a registered trademark of the Medical Outcomes Trust.

survey with at least one question item completed and a survey disposition code equal to M10, M11, M31, T10, T11 or T31 (please refer to page D19). Of the 17,522 beneficiaries who did not complete a follow up survey, 1,545 were determined to have died after the follow up sample was selected but prior to completing the survey. Additionally, 727 beneficiaries were determined to be invalid members of the follow up survey sample.[5] The remaining 15,250 beneficiaries who did not complete the follow up survey were classified as nonrespondents.

The C3APUF.TXT data file is a fixed-width ASCII text file (31.1 megabytes in size). There are a total of 200 fields and 140,335 beneficiary records in the C3APUF.TXT data file. Each row in the C3APUF.TXT data file represents an individual's HOS survey responses, also referred to as a beneficiary record.

This Public Use File has been modified from the original merged *Cohort III Baseline* and *Cohort III Follow Up* data file in order to preserve the confidentiality at the beneficiary and plan levels. Many demographic and plan-level fields have been omitted from this file or have been collapsed into fewer categories [see *Limitations of the Data* section (C)]. Sensitive beneficiary identifying fields [such as a social security number, health insurance claim (HIC) number, beneficiary's name, etc.] have been removed and replaced with a unique nine digit randomly assigned number.

The 200 fields in the C3APUF.TXT data file are organized into six different groups:

- identification and baseline demographics
- baseline survey question responses
- baseline survey administration
- follow up survey question responses
- follow up survey administration
- additional fields

DESCRIPTION OF FIELDS IN THE DATA FILE

The following content provides instructions for interpreting the specific fields contained within the data file.

Identification and Baseline Demographics

- ***Unique Identification Number,*** Field: 1
  This is a unique nine digit number that is randomly assigned for each beneficiary record. Positions 1 through 3 identify the analytic cohort of the public use file. Positions 4 through 9 contain a random number. For the baseline survey administration, beneficiaries who were

[5] Invalid members at *follow up* met one of the following criteria: not enrolled in the M+CO; had an incorrect address and phone number; had end stage renal disease; or had a language barrier.

measured in multiple baseline cohorts retained the initially assigned blinded identification number in all subsequent surveys. However, due to confidentiality issues, the identification number assigned to a beneficiary in the analytic cohort public use file does **not** correspond to the identification number assigned in either the baseline or follow up cohort public use files. The data file is sorted by this unique identification number.
Example: A03000021
Source: Field created by Health Services Advisory Group during production of the C3APUF.TXT data file

- ***Age Group,*** Field: 2
  Age group of the beneficiary at the time of the baseline survey
  Source: CMS Medicare Enrollment Database

- ***Race,*** Field: 3
  Self-reported race of the beneficiary
  Source: Q49 from the baseline survey

- ***Gender,*** Field: 4
  Self-reported gender of the beneficiary
  Source: Q47 from the baseline survey

- ***Marital Status,*** Field: 5
  Self-reported marital status of the beneficiary
  Source: Q50 from the baseline survey

- ***Education Level,*** Field: 6
  Self-reported educational attainment of the beneficiary
  Source: Q51 from the baseline survey

Baseline Survey Question Responses

- **SF-36® *Questions,*** Fields: 7 through 42
  These fields represent the SF-36® survey questions, which can be found on pages 37 through 39 of the *2000 HOS Manual*. SF-36® survey questions include questions Q1 through Q11d in the HOS Questionnaire. Please refer to the *Medicare Health Outcomes Survey Description* section (B) in this Data User's Guide for a more detailed description of the SF-36®.

- ***Additional Physical, Mental, and General Activity Questions,*** Fields: 43 through 97
  These fields comprise the balance of the physical, mental, and general activity survey questions found on pages 40 through 47 of the *2000 HOS Manual*. These fields include most of the remaining questions Q12 through Q57 in the HOS Questionnaire. Selected questions contained in the survey are not available in this PUF data file due to confidentiality issues. Please refer to the *Medicare Health Outcomes Survey Description* section (B) in this Data User's Guide for a more detailed outline of these questions.

Baseline Survey Administration

- ***Baseline Survey Disposition***, Field: 98
  Identifies completion status and mode by which the survey was completed
  Source: NCQA-certified HOS Vendor

- ***Baseline Round Survey Returned***, Field: 99
  Stage in which survey was returned to a vendor
  Source: NCQA-certified HOS Vendor

- ***Percent of Baseline Survey Completed***, Field: 100
  Percentage of the baseline survey completed by the respondent
  Source: Field created by Health Services Advisory Group during the data cleaning and processing of the *Cohort III Baseline* data set

- ***Baseline Survey Language***, Field: 101
  Language in which the baseline survey was completed. This field was not in the *Cohort I Baseline* survey administration protocol
  Source: NCQA-certified HOS Vendor

Follow Up Survey Question Responses

- **SF-36® *Questions,*** Fields: 102 through 137
  These fields represent the SF-36® survey questions, which can be found on pages 39 through 41 of the *2002 HOS Manual*. SF-36® survey questions include questions Q1 through Q11d in the HOS Questionnaire. Please refer to the *Medicare Health Outcomes Survey Description* section (B) in this Data User's Guide for a more detailed description of the SF-36®.

- ***Additional Physical, Mental, and General Activity Questions,*** Fields: 138 through 192
  These fields comprise the balance of the physical, mental, and general activity survey questions found on pages 42 through 50 of the *2002 HOS Manual*. These fields include most of the remaining questions Q12 through Q57 in the HOS Questionnaire. Selected questions contained in the survey are not available in this PUF data file due to confidentiality issues. Please refer to the *Medicare Health Outcomes Survey Description* section (B) in this Data User's Guide for a more detailed outline of these questions.

Follow Up Survey Administration

- ***Follow Up Survey Disposition***, Field: 193
  Identifies completion status and mode by which the survey was completed
  Source: NCQA-certified HOS Vendor

- ***Follow Up Round Survey Returned***, Field: 194
  Stage in which survey was returned to a vendor
  Source: NCQA-certified HOS Vendor

- ***Percent of Follow Up Survey Completed***, Field: 195
  Percentage of the follow up survey completed by the respondent
  Source: Field created by Health Services Advisory Group during the data cleaning and processing of the *Cohort III Follow Up* data set

- ***Follow Up Survey Language***, Field: 196
  Language in which the follow up survey was completed
  Source: NCQA-certified HOS Vendor

Additional Fields

- ***Cohort Identifier***, Field: 197
  Cohort in which the HOS surveys contained in this data file were submitted
  SPECIAL NOTE: This value for each record will equal "A03"
  Source: Field created by Health Services Advisory Group during production of the C3APUF.TXT data file

- ***CMS Plan Region***, Field: 198
  CMS Regional office to which the plan belongs
  Source: May 2002 CMS Monthly Report of Managed Care Health Plans

- ***Follow Up Sample Indicator***, Field: 199
  This field indicates if the beneficiary was included in the follow up sample.
  Source: Field created by Health Services Advisory Group during the production of the C3APUF.TXT data file

- ***Analytic Sample Indicator***, Field: 200
  This field indicates the status of the beneficiary in the analytic file. Categories include the following: dead, disenrolled, invalid as determined at the time of follow up, respondent to the follow up survey, and non-respondent to the follow up survey.
  Source: Field created by Health Services Advisory Group during the production of the C3APUF.TXT data file

Further details of the contents of the data file are available in the *Field Index with Field Descriptions* section (D) of this Data User's Guide.

TECHNICAL ASSISTANCE

The Medicare HOS Information and Technical Support Telephone Line (1-888-880-0077), as well as the HOS e-mail address (hos@azqio.sdps.org), are available to provide technical assistance. Additionally, the Medicare HOS website provides general information on the project and responses to Frequently Asked Questions (http://www.cms.hhs.gov/surveys/hos).

MEDICARE HEALTH OUTCOMES SURVEY DESCRIPTION

This section provides a description of the HOS background and methodology, including the sampling methodology, data collection, and survey components.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) is committed to monitoring the quality of care provided by M+COs. To better evaluate care, CMS, in collaboration with the National Committee for Quality Assurance (NCQA), launched the first Medicare managed care health outcomes measure in the Health Plan Employer Data and Information Set (HEDIS®) in 1998.[6] This measure was initially titled the 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 Medicare recipients who are disabled and not seniors (not age 65 or older) in the sampling methodology. The HOS design is based on a randomly selected sample of individuals from each participating M+CO and measures physical and mental health over a two-year period.

The HOS measure is an assessment of a health plan's ability to maintain or improve the physical and mental health functioning of beneficiaries enrolled in Medicare M+COs over a two-year period of time. The functional status of the elderly is known to decline over such a period.[7] The HOS results were computed using a set of case mix/risk adjustment factors, adjusting for expected differences. The differences between the baseline and the two-year follow up physical and mental health scores are presented in terms of the percentages of beneficiaries who were better, the same, or worse than expected. The resulting aggregation of these scores across beneficiaries within a plan yields the HOS plan level Performance Measurement results. These results are specific to each individual plan. The HOS results are an important part of CMS' quality improvement activities, since current law authorizes Quality Improvement Organizations (QIOs) to review the quality of care provided to Medicare beneficiaries. The goal of the HOS program is to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, public reporting, plan accountability, and improving health outcomes.

The HOS measure was developed under the guidance of a Technical Expert Panel (TEP) comprised of individuals with specific expertise in the health care industry and outcomes measurement. The TEP continues to provide input for developing the science of the HOS measure. CMS has contracted with NCQA to support the standardized administration of the HOS survey including selecting, training, and certifying independent survey vendors with whom the plans contract to administer the survey.

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[6] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

[7] National Committee for Quality Assurance. *HEDIS® 2002, Volume 6: Specifications for the Medicare Health Outcomes Survey.* Washington DC: NCQA Publication, 2002.

SAMPLING METHODOLOGY

Beginning in 1998, and continuing annually, an HOS *Baseline Cohort* has been created from a random sample of 1,000 Medicare members from each applicable Medicare contract market area. CMS selected the random samples for each baseline cohort. The year 2000 marked the first year in which an HOS *Follow Up Cohort* of data was collected on beneficiaries sampled two years previously.

In 2002, the *Cohort III Follow Up* sample was limited to those beneficiaries, including both the aged and disabled, who had a calculatable PCS and MCS score at baseline, were still alive, and were enrolled in their original M+CO. For additional information on the follow up sample inclusion criteria, please refer to the *2002 HOS Manual*.

In 1998, CMS required Medicare Managed Care Organizations (MCOs) with contracts in effect on or before January 1, 1997 to participate in the HOS. Some Medicare MCOs were required to report by market areas, defined as geographic areas containing more than 5,000 members that are generally served by distinctly separate networks of service providers (referred to as "contract markets"). In 1999, CMS required all M+COs and section 1876 risk and cost health plans with contracts in place on or before January 1, 1998 to participate in the HOS. In addition, selected Program of All-inclusive Care for the Elderly (PACE) plans, Evercare plans, and demonstration risk plans participated in the second year administration. A Spanish language version of the survey was also incorporated into the survey protocol.

In 2000, CMS required all M+COs, continuing cost contractors, PACE plans, Social HMOs, Medicare Choices Demonstration plans, and Department of Defense (DOD) Subvention Demonstration plans with contracts in place on or before January 1, 1999 to participate in the *Cohort III Baseline* survey. All plans with contracts in place on or before January 1, 1997 that participated in the *Cohort I Baseline* survey in 1998 were required to participate in the *Cohort I Follow Up* survey in 2000. In 2001, CMS required all M+COs, continuing cost contractors, PACE plans, Social HMOs, and Medicare Choices Demonstration plans with contracts in place on or before January 1, 2000 to participate in the *Cohort IV Baseline* survey. All plans with contracts in place on or before January 1, 1998 that participated in the *Cohort II Baseline* survey in 1999 were required to participate in the *Cohort II Follow Up* survey in 2001.

In 2002, CMS required all M+COs, continuing cost contractors, PACE plans, Social HMOs, and Medicare Choices Demonstration plans with contracts in place on or before January 1, 2001 to participate in the *Cohort V Baseline* survey. In addition, all plans with contracts in place on or before January 1, 1999 that participated in the *Cohort III Baseline* survey in 2000 were required to participate in the *Cohort III Follow Up* survey in 2002.

DATA COLLECTION

M+COs must contract with an NCQA-certified HOS vendor to administer the survey. Vendors followed the protocol contained in the *2002 HOS Manual* for *Cohort III Follow Up.* The standard HEDIS® protocol for administering the HOS employs a combination of mail and

telephone survey administration. The mail component of the survey uses a standardized questionnaire, survey letters, and prenotification and reminder/thank you postcards. Vendors review each returned mail questionnaire for legibility and completeness. If a beneficiary's responses are ambiguous, then a coding specialist employs standardized decision rules. Questionnaires can be entered into a computer manually or optically scanned into a computer readable file. For manually entered data, two separate data entry specialists must key enter responses from each questionnaire.

In those instances when beneficiaries fail to respond after the second mail survey, vendors attempt telephone follow up (with a maximum of six attempts). Vendors also perform telephone follow up for members who return an incomplete mail survey in order to obtain responses to missing questions. Vendors use a standardized version of a Computer Assisted Telephone Interviewing (CATI) script to collect telephone interview data for the survey. To ensure the standardization of the data collection process, vendors are prohibited from augmenting or adjusting the HOS protocol or instrument in any manner.

Periodically during the survey administration and again when data collection is completed, vendors run an edit program against each record in the data file to identify invalid data elements. At the conclusion of the data collection period, vendors perform preliminary data cleaning and editing and follow up with survey respondents, as necessary. For a more detailed discussion on data sampling, collection, and submission, please refer to the *2002 HOS Manual.*

SURVEY COMPONENTS

The HOS instrument consists of the SF-36® Health Survey and additional questions, including those used for case mix/risk adjustment purposes.

SF-36® Health Survey

The SF-36® Health Survey is a multi-purpose, short-form health survey with 36 questions. It yields an eight scale profile of scores as well as physical and mental health summary scores. It is a generic measure, as opposed to one that targets a specific age, disease, or treatment group. As documented in more than 2,500 publications, the SF-36® has proven useful in both general and specific populations, comparing the relative burden of diseases, differentiating the health benefits produced by a wide range of different treatments, and screening individual patients. The most complete information about the history and development of the SF-36®, its psychometric evaluation, studies of reliability and validity, and normative data are available in two user's manuals.[8, 9]

[8] Ware JE, Snow KK, Kosinski M, Gandek B. *SF-36® Health Survey Manual and Interpretation Guide.* Boston, MA: New England Medical Center, The Health Institute, 1993.
[9] Ware JE, Kosinski M. *SF-36® Physical and Mental Health Summary Scales: A Manual for Users of Version 1, Second Edition.* Lincoln, RI: QualityMetric, Incorporated, 2001.

SF-36® survey questions are comprised of the following:

- General health question (Q1)
- Health transition question (Q2)
- Vigorous activities question (Q3a)
- Moderate activities question (Q3b)
- Lifting or carrying groceries question (Q3c)
- Climbing several flights of stairs question (Q3d)
- Climbing one flight of stairs question (Q3e)
- Bending, kneeling, or stooping question (Q3f)
- Walking more than a mile question (Q3g)
- Walking several blocks question (Q3h)
- Walking one block question (Q3i)
- Bathing or dressing question (Q3j)
- Physical health limiting time spent on activities question (Q4a)
- Physical health limiting amount accomplished question (Q4b)
- Physical health limiting the kind of activities question (Q4c)
- Physical health causing difficulty performing activities question (Q4d)
- Emotional problems limiting time spent on activities question (Q5a)
- Emotional problems limiting amount accomplished question (Q5b)
- Emotional problems limiting carefulness (Q5c)
- Extent health interfering with social activities question (Q6)
- Bodily pain question (Q7)
- Pain interfering with work question (Q8)
- Full of pep question (Q9a)
- Nervous question (Q9b)
- Down in the dumps question (Q9c)
- Calm and peaceful question (Q9d)
- Lots of energy question (Q9e)
- Downhearted and blue question (Q9f)
- Feeling worn out question (Q9g)
- Happy question (Q9h)
- Feeling tired question (Q9i)
- Amount of time health interfering with social activities question (Q10)
- Sick easier question (Q11a)
- As healthy question (Q11b)
- Future health question (Q11c)
- Excellent health question (Q11d)

Additional Physical, Mental, and General Activity Questions

Along with the SF-36®, the HOS includes additional items that provide essential information for adjusting observed outcomes to account for risk that may be outside of a plan's control. Such fields include:

- *Impairment of Activities of Daily Living:*
  - bathing (Q12a)
  - dressing (Q12b)
  - eating (Q12c)
  - getting in or out of chairs (Q12d)
  - walking (Q12e)
  - using the toilet (Q12f)
- *Chest pain/pressure during exercise (Q13a)*
- *Chest pain/pressure when resting (Q13b)*
- *Shortness of breath when lying flat (Q14a)*
- *Shortness of breath when sitting/resting (Q14b)*
- *Shortness of breath when walking less than one block (Q14c)*
- *Shortness of breath when climbing one flight of stairs (Q14d)*
- *Numbness or loss of feeling in feet (Q15a)*
- *Ankles or legs that swell during the day (Q15b)*
- *Tingling or burning sensation in feet, especially at night (Q15c)*
- *Decreased ability to feel hot or cold with feet (Q15d)*
- *Sores or wounds on feet that do not heal (Q15e)*
- *Paralysis or weakness (Q16a)*
- *Lost ability to talk (Q16b)*
- *Ability to read newspaper print (Q17)*
- *Ability to hear (Q18)*
- *Acid indigestion or heartburn (Q19)*
- *Difficulty controlling urination (Q20)*
- *Chronic Medical Conditions:*
  - hypertension or high blood pressure (Q21)
  - angina pectoris or coronary artery disease (Q22)
  - congestive heart failure (Q23)
  - myocardial infarction or heart attack (Q24)
  - other heart conditions (Q25)
  - stroke (Q26)
  - emphysema, asthma, or Chronic Obstructive Pulmonary Disease (Q27)
  - Crohn's disease, ulcerative colitis, or inflammatory bowel disease (Q28)
  - arthritis of the hip or knee (Q29)
  - arthritis of the hand or wrist (Q30)
  - sciatica (Q31)
  - diabetes, high blood sugar, or sugar in the urine (Q32)
  - any cancer (other than skin cancer) (Q33)
- *Measure of arthritis pain (Q34)*
- *Cancer Treatment (Q35):*
  - colon or rectal cancer
  - lung cancer
  - breast cancer
  - prostate cancer
- *Interference of low back pain with usual daily activities (Q36)*

- *Experiencing pain, numbness, or tingling in legs (Q37)*
- *Depression screening questions (Q38 through Q40)*
- *Health compared to one year ago (Q41)*
- *Smoking questions (Q42 through Q45)*
- *Demographics*
  - Year of birth (Q46 - not available in C3APUF.TXT)
  - Gender (Q47)
  - Hispanic or Spanish family background (Q48 - not available in C3APUF.TXT)
  - Race (Q49)
  - Marital status (Q50)
  - Education (Q51)
  - Residential status questions (Q52 through Q54; Q52 is not available in C3APUF.TXT)
  - Person completing the survey (Q55)
  - Name of person completing the survey (Q56 - not available in C3APUF.TXT)
  - Income (Q57 - not available in C3APUF.TXT)

SPECIAL NOTES

- Selected questions that appear in the *2000* and *2002 HOS Manuals* are not available in the C3APUF.TXT data file. These questions were excluded due to confidentiality issues [see *Limitations of the Data* section (C)].

- The HOS Questionnaire contains multiple skip patterns. Caution should be exercised when examining selected questions that involve skip pattern responses. Please refer to the *Field Index with Field Descriptions* section (D) for additional information.

- When the sampled beneficiary was unable to complete the survey, the HOS protocol allows for the utilization of a proxy respondent. Surveys completed either by the respondent themselves or by proxy respondents are included in this data file.

- Minor modifications to the HOS Questionnaire occurred between the administration of the 1998 *Cohort I Baseline* and the 1999 *Cohort II Baseline* surveys. One question was removed from the instrument [Visiting a doctor question (Q45 in the *Cohort I Baseline* survey)]. The reference period of the smoking cessation questions was reduced from 12 to 6 months [Quit smoking question (Q44) and Smoking advice question (Q45 in the *Cohort II Baseline* survey)]. Please refer to the *Field Index with Field Descriptions* section (D) for additional information. Caution should be exercised when examining the data across multiple cohorts.

LIMITATIONS OF THE DATA

This section illustrates the limitations of the data file, including issues relative to the collapsing of selected field categories and the identification of Medicare beneficiaries.

COLLAPSING THE CATEGORIES OF SELECTED FIELDS

To ensure confidentiality of beneficiaries and plans, many demographic and plan-related fields were omitted from this file or collapsed into fewer categories.

Collapsed categories include:

Field	Scale in C3APUF.TXT[10]	Scale in HOS Questionnaire[11]
Baseline Race of Beneficiary	1 = White 2 = Black or African American 3 = Other	1 = American Indian or Alaskan Native 2 = Asian or Pacific Islander 3 = Black or African American 4 = White 5 = Another race or multiracial
Baseline Marital Status of Beneficiary	1 = Married 2 = Non-Married	1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Never married
Baseline Education Level of Beneficiary	1 = Less than a high school education or GED 2 = High school education or GED 3 = Greater than a high school education or GED	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

NOTE: With the exception of gender, age group, and the collapsed fields above, all other demographic and plan-related fields appearing in the *2000* or *2002 HOS Manual* have been excluded for confidentiality reasons.

CHANGES IN IDENTIFICATION OF SURVEYED BENEFICIARIES

The HOS uniquely identifies beneficiaries by using the beneficiary's health insurance claim (HIC) number. However, a beneficiary's HIC number can change through special circumstances. Changes in a beneficiary's HIC number between baseline and follow up sampling are accounted for in the sampling protocol. However, changes in a beneficiary's HIC number between baseline cohorts are not accommodated in the sampling protocol.

[10] Scale as it is represented in C3APUF.TXT.
[11] Scale as it is represented in the *2000* or *2002 HOS Manual.*

FIELD INDEX WITH FIELD DESCRIPTIONS

This section provides detailed information regarding the structure of the C3APUF.TXT data file, as well as the fields included in it. The tables below include the order, position, valid values and any additional information for each field in the data file. Fields are presented in the same order as they exist in the data.

The C3APUF.TXT data file:

- is a fixed-width ASCII text file of 31.1 megabytes
- consists of merged *Cohort III Baseline* HOS surveys completed in 2000 and *Cohort III Follow Up* HOS surveys completed in 2002
- contains a total of 200 fields and 140,335 beneficiary records
- contains a blank space for all missing value.
- contains numeric values with the exception of field numbers 1, 98, 99, 193, 194, and 197
- is sorted by the unique identification number

IDENTIFICATION AND BASELINE DEMOGRAPHICS

Field #	Field Description	Field Position	Additional Information and Valid Values
1	Unique Identification Number	1 – 9	A unique nine digit randomly assigned number for each beneficiary (**SPECIAL NOTE:** this field contains a character string): Example: A03000021
2	Baseline Age Group of Beneficiary	10	Age obtained from the CMS Medicare Enrollment Database at the time of baseline sampling. Age is collapsed into three age groups: 1 = Less than 65 2 = 65 to 74 3 = Greater than 74
3	Baseline Race of Beneficiary	11	Beneficiary's response to Q49 from the *Cohort III Baseline* survey (**SPECIAL NOTE**: category collapsed to ensure confidentiality of beneficiaries): *How would you describe your race?* 1 = White 2 = Black or African American 3 = Other
4	Baseline Gender of Beneficiary	12	Beneficiary's response to Q47 from the *Cohort III Baseline* survey: *Are you male or female?* 1 = Male 2 = Female
5	Baseline Marital Status of Beneficiary	13	Beneficiary's response to Q50 from the *Cohort III Baseline* survey (**SPECIAL NOTE**: category collapsed to ensure confidentiality of beneficiaries): *What is your current marital status?* 1 = Married 2 = Non-Married
6	Baseline Education Level of Beneficiary	14	Beneficiary's response to Q51 from the *Cohort III Baseline* survey (**SPECIAL NOTE**: category collapsed to ensure confidentiality of beneficiaries): *What is the highest grade or level of school that you have completed?* 1 = Less than a high school education or GED 2 = High school education or GED 3 = Greater than a high school education or GED

BASELINE SURVEY QUESTION RESPONSES

Field #	Field Description	Field Position	Additional Information and Valid Values
7	General Health Question (Q1)	15	Beneficiary's response to Q1 from the *Cohort III Baseline* survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
8	Health Transition Question (Q2)	16	Beneficiary's response to Q2 from the *Cohort III 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
9	Vigorous Activities Question (Q3a)	17	Beneficiary's response to Q3a from the *Cohort III Baseline* survey: *Does your health limit you in these activities? If so, how much?* Vigorous activities 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
10	Moderate Activities Question (Q3b)	18	Beneficiary's response to Q3b from the *Cohort III Baseline* survey: *Does your health limit you in these activities? If so, how much?* Moderate activities 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
11	Lifting or Carrying Groceries Question (Q3c)	19	Beneficiary's response to Q3c from the *Cohort III Baseline* survey: *Does your health 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
12	Climbing Several Flights of Stairs Question (Q3d)	20	Beneficiary's response to Q3d from the *Cohort III Baseline* survey: *Does your health limit you in these activities? If so, how much?* Climbing several flights of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
13	Climbing One Flight of Stairs Question (Q3e)	21	Beneficiary's response to Q3e from the *Cohort III Baseline* survey: *Does your health limit you in these activities?* *If so, how much?* Climbing one flight of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
14	Bending, Kneeling, or Stooping Question (Q3f)	22	Beneficiary's response to Q3f from the *Cohort III Baseline* survey: *Does your health limit you in these activities?* *If so, how much?* Bending, kneeling, or stooping 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
15	Walking More than a Mile Question (Q3g)	23	Beneficiary's response to Q3g from the *Cohort III Baseline* survey: *Does your health 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
16	Walking Several Blocks Question (Q3h)	24	Beneficiary's response to Q3h from the *Cohort III Baseline* survey: *Does your health 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
17	Walking One Block Question (Q3i)	25	Beneficiary's response to Q3i from the *Cohort III Baseline* survey: *Does your health 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
18	Bathing or Dressing Question (Q3j)	26	Beneficiary's response to Q3j from the *Cohort III Baseline* survey: *Does your health limit you in these activities?* *If so, how much?* Bathing or dressing yourself 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
19	Physical Health Limiting Time Spent on Activities Question (Q4a)	27	Beneficiary's response to Q4a from the *Cohort III 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?* Cut down on the amount of time you spent on work or other activities 1 = Yes 2 = No
20	Physical Health Limiting Amount Accomplished Question (Q4b)	28	Beneficiary's response to Q4b from the *Cohort III 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
21	Physical Health Limiting the Kind of Activities Question (Q4c)	29	Beneficiary's response to Q4c from the *Cohort III Baseline* survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?* Were limited in the kind of work or other activities 1 = Yes 2 = No
22	Physical Health Causing Difficulty Performing Activities Question (Q4d)	30	Beneficiary's response to Q4d from the *Cohort III Baseline* survey: *During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?* Had difficulty performing the work or other activities 1 = Yes 2 = No
23	Emotional Problems Limiting Time Spent on Activities Question (Q5a)	31	Beneficiary's response to Q5a from the *Cohort III 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?* Cut down on the amount of time you spent on work or other activities 1 = Yes 2 = No

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
24	Emotional Problems Limiting Amount Accomplished Question (Q5b)	32	Beneficiary's response to Q5b from the *Cohort III 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?* Accomplished less than you would like 1 = Yes 2 = No
25	Emotional Problems Limiting Carefulness Question (Q5c)	33	Beneficiary's response to Q5c from the *Cohort III 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?* Didn't do work or other activities as carefully as usual 1 = Yes 2 = No
26	Extent Health Interfering with Social Activities Question (Q6)	34	Beneficiary's response to Q6 from the *Cohort III Baseline* survey: *During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities?* 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely
27	Bodily Pain Question (Q7)	35	Beneficiary's response to Q7 from the *Cohort III 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
28	Pain Interfering with Work Question (Q8)	36	Beneficiary's response to Q8 from the *Cohort III Baseline* survey: *During the past 4 weeks, how much did pain interfere with your normal work?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
29	Full of Pep Question (Q9a)	37	Beneficiary's response to Q9a from the *Cohort III Baseline* survey: *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
30	Nervous Question (Q9b)	38	Beneficiary's response to Q9b from the *Cohort III Baseline* survey: *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
31	Down in the Dumps Question (Q9c)	39	Beneficiary's response to Q9c from the *Cohort III Baseline* survey: *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
32	Calm and Peaceful Question (Q9d)	40	Beneficiary's response to Q9d from the *Cohort III Baseline* survey: *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
33	Lots of Energy Question (Q9e)	41	Beneficiary's response to Q9e from the *Cohort III Baseline* survey: *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

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
34	Downhearted and Blue Question (Q9f)	42	Beneficiary's response to Q9f from the *Cohort III Baseline* survey: *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
35	Feeling Worn Out Question (Q9g)	43	Beneficiary's response to Q9g from the *Cohort III Baseline* survey: *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
36	Happy Question (Q9h)	44	Beneficiary's response to Q9h from the *Cohort III Baseline* survey: *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
37	Feeling Tired Question (Q9i)	45	Beneficiary's response to Q9i from the *Cohort III Baseline* survey: *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
38	Amount of Time Health Interfering with Social Activities Question (Q10)	46	Beneficiary's response to Q10 from the *Cohort III Baseline* survey: *During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?* 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

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
39	Sick Easier Question (Q11a)	47	Beneficiary's response to Q11a from the *Cohort III Baseline* 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
40	As Healthy Question (Q11b)	48	Beneficiary's response to Q11b from the *Cohort III Baseline* 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
41	Future Health Question (Q11c)	49	Beneficiary's response to Q11c from the *Cohort III Baseline* 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
42	Excellent Health Question (Q11d)	50	Beneficiary's response to Q11d from the *Cohort III Baseline* survey: *How true or false is each of the following statements for you?* My health is excellent 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
43	Bathing Question (Q12a)	51	Beneficiary's response to Q12a from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Bathing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
44	Dressing Question (Q12b)	52	Beneficiary's response to Q12b from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Dressing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
45	Eating Question (Q12c)	53	Beneficiary's response to Q12c from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Eating 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
46	Getting In or Out of Chairs Question (Q12d)	54	Beneficiary's response to Q12d from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Getting in or out of chairs 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
47	Walking Question (Q12e)	55	Beneficiary's response to Q12e from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Walking 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
48	Using the Toilet Question (Q12f)	56	Beneficiary's response to Q12f from the *Cohort III Baseline* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Using the toilet 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
49	Chest Pain or Pressure During Exertion Question (Q13a)	57	Beneficiary's response to Q13a from the *Cohort III Baseline* 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
50	Chest Pain or Pressure When Resting Question (Q13b)	58	Beneficiary's response to Q13b from the *Cohort III Baseline* 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
51	Shortness of Breath When Lying Flat Question (Q14a)	59	Beneficiary's response to Q14a from the *Cohort III Baseline* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When lying down flat 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
52	Shortness of Breath When Sitting or Resting Question (Q14b)	60	Beneficiary's response to Q14b from the *Cohort III Baseline* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When sitting or resting 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
53	Shortness of Breath When Walking Less than One Block Question (Q14c)	61	Beneficiary's response to Q14c from the *Cohort III Baseline* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When walking less than one block 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
54	Shortness of Breath When Climbing One Flight of Stairs Question (Q14d)	62	Beneficiary's response to Q14d from the *Cohort III Baseline* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When climbing one flight of stairs 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
55	Numbness in Feet Question (Q15a)	63	Beneficiary's response to Q15a from the *Cohort III 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?* 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
56	Ankle or Leg Edema Question (Q15b)	64	Beneficiary's response to Q15b from the *Cohort III 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?* 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

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
57	Foot Tingling or Burning Question (Q15c)	65	Beneficiary's response to Q15c from the *Cohort III 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?* 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
58	Decreased Temperature Sensation in Feet Question (Q15d)	66	Beneficiary's response to Q15d from the *Cohort III Baseline* survey: *During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?* Decreased ability to feel hot or cold with your feet 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
59	Sores or Wounds on Feet Question (Q15e)	67	Beneficiary's response to Q15e from the *Cohort III Baseline* survey: *During the past 4 weeks, how much of the time have you had any of the following problems with your legs and feet?* Sores or wounds on your feet that did not heal 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
60	Hemiparalysis or Weakness Question (Q16a)	68	Beneficiary's response to Q16a from the *Cohort III 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
61	Lost Ability to Talk Question (Q16b)	69	Beneficiary's response to Q16b from the *Cohort III Baseline* survey: *Have you ever lost the ability to talk?* 1 = Yes, I have lost it 2 = Yes, but it returned 3 = No

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
62	Vision Question (Q17)	70	Beneficiary's response to Q17 from the *Cohort III 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
63	Hearing Question (Q18)	71	Beneficiary's response to Q18 from the *Cohort III 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
64	Acid Indigestion Question (Q19)	72	Beneficiary's response to Q19 from the *Cohort III Baseline* survey: *Do you now have acid indigestion or heartburn?* 1 = Yes 2 = No
65	Difficulty Controlling Urination Question (Q20)	73	Beneficiary's response to Q20 from the *Cohort III Baseline* survey: *Do you have difficulty controlling urination?* 1 = Yes 2 = No
66	Hypertension Question (Q21)	74	Beneficiary's response to Q21 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No
67	Angina Pectoris or Coronary Artery Disease Question (Q22)	75	Beneficiary's response to Q22 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Angina pectoris or coronary artery disease 1 = Yes 2 = No
68	Congestive Heart Failure Question (Q23)	76	Beneficiary's response to Q23 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No
69	Myocardial Infarction Question (Q24)	77	Beneficiary's response to Q24 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
70	Other Heart Conditions Question (Q25)	78	Beneficiary's response to Q25 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Other heart conditions 1 = Yes 2 = No
71	Stroke Question (Q26)	79	Beneficiary's response to Q26 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* A stroke 1 = Yes 2 = No
72	COPD Question (Q27)	80	Beneficiary's response to Q27 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD 1 = Yes 2 = No
73	Inflammatory Bowel Disease Question (Q28)	81	Beneficiary's response to Q28 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No
74	Arthritis of Hip or Knee Question (Q29)	82	Beneficiary's response to Q29 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Arthritis of the hip or knee 1 = Yes 2 = No
75	Arthritis of Hand or Wrist Question (Q30)	83	Beneficiary's response to Q30 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Arthritis of the hand or wrist 1 = Yes 2 = No
76	Sciatica Question (Q31)	84	Beneficiary's response to Q31 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Sciatica 1 = Yes 2 = No
77	Diabetes Question (Q32)	85	Beneficiary's response to Q32 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Diabetes, high blood sugar, or sugar in the urine 1 = Yes 2 = No

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
78	Any Cancer Question (Q33)	86	Beneficiary's response to Q33 from the *Cohort III Baseline* survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No
79	Arthritis Pain Question (Q34)	87	Beneficiary's response to Q34 from the *Cohort III* Baseline survey (if answered "yes" to Q29 or Q30): *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
80	Colorectal Cancer Treatment Question (Q35a)	88	Beneficiary's response to Q35a from the *Cohort III Baseline* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Colon or rectal cancer 1 = Yes 2 = No
81	Lung Cancer Treatment Question (Q35b)	89	Beneficiary's response to Q35b from the *Cohort III Baseline* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Lung cancer 1 = Yes 2 = No
82	Breast Cancer Treatment Question (Q35c)	90	Beneficiary's response to Q35c from the *Cohort III Baseline* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Breast cancer 1 = Yes 2 = No
83	Prostate Cancer Treatment Question (Q35d)	91	Beneficiary's response to Q35d from the *Cohort III Baseline* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Prostate cancer 1 = Yes 2 = No
84	Low Back Pain Question (Q36)	92	Beneficiary's response to Q36 from the *Cohort III Baseline* survey: *In the past 4 weeks, how often has low back pain interfered with your usual daily activities?* 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

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
85	Pain, Numbness, or Tingling Down Leg Question (Q37)	93	Beneficiary's response to Q37 from the *Cohort III 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
86	Two Weeks of Depression Question (Q38)	94	Beneficiary's response to Q38 from the *Cohort III 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
87	Depression Much of the Time Question (Q39)	95	Beneficiary's response to Q39 from the *Cohort III Baseline* survey: *In the past year, have you felt depressed or sad much of the time?* 1 = Yes 2 = No
88	Depression Most of the Time Question (Q40)	96	Beneficiary's response to Q40 from the *Cohort III 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
89	Comparative Health Question (Q41)	97	Beneficiary's response to Q41 from the *Cohort III 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
90	Smoked 100 Cigarettes Question (Q42)	98	Beneficiary's response to Q42 from the *Cohort III Baseline* survey: *Have you ever smoked 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)*

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
91	Current Smoker Question (Q43)	99	Beneficiary's response to Q43 from the *Cohort III Baseline* 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)*
92	Quit Smoking Question (Q44)	100	Beneficiary's response to Q44 from the *Cohort III Baseline* survey: *How long has it been since you quit smoking cigarettes?* 1 = 6 months or less (Go to Q45) 2 = more than 6 months *(Go to Q46)* 3 = Don't know *(Go to Q46)*
93	Visiting a Doctor Question (previously Q45 in the *Cohort I Baseline* survey) **This field is blank for all records in the C3APUF.TXT data file because this question was not included in the *Cohort III Baseline* survey.**	101	Beneficiary's response to Q45 from the *Cohort I Baseline* survey: *During the past 12 months, how many times have you visited a doctor or health professional in your plan (not counting overnight hospital visits)?* 1 = None *(Go to Q47)* 2 = 1 visit 3 = 2 to 4 visits 4 = 5 to 9 visits 5 = 10 or more visits
94	Smoking Advice Question (Q45)	102	Beneficiary's response to Q45 from the *Cohort III Baseline* survey: *In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health professional 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
95	Retirement Community Question (Q53)	103	Beneficiary's response to Q53 from the *Cohort III Baseline* survey: *Is this house or apartment in a retirement community, building or complex?* 1 = Yes 2 = No
96	Retirement Community Medical Services Question (Q54)	104	Beneficiary's response to Q54 from the *Cohort III Baseline* survey (if answered "yes" to Q53): *Does this retirement community/building/ facility provide medical services?* 1 = Yes 2 = No

BASELINE SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
97	Person Completing the Survey (Q55)	105	Beneficiary's response to Q55 from the *Cohort III Baseline* survey: *Who completed this survey form?* 1 = Person to whom the survey was addressed 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

BASELINE SURVEY ADMINISTRATION

Field #	Field Description	Field Position	Additional Information and Valid Values
98	Baseline Survey Disposition	106 – 108	(**SPECIAL NOTE:** this field contains a character string): M10 = completed survey by mail (≥ 80% complete) T10 = completed survey by telephone (≥ 80% complete) M11 = nonresponse: partial complete by mail (≥ 50% but < 80% complete) T11 = nonresponse: partial complete by telephone (≥ 50% but < 80% complete) M31 = nonresponse: break-off (<50% complete) T31 = nonresponse: break-off (<50% complete)
99	Baseline Round Survey Returned	109 - 110	(**SPECIAL NOTE:** this field contains a character string): 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 NC = Not completed
100	Percent of Baseline Survey Completed	111 – 115	Range: 0 to 100% (value is rounded to the tenth decimal place)
101	Baseline Survey Language	116	1 = English 2 = Spanish 3 = Not applicable 4 = Chinese

FOLLOW UP SURVEY QUESTION RESPONSES

Field #	Field Description	Field Position	Additional Information and Valid Values
102	General Health Question (Q1)	117	Beneficiary's response to Q1 from the *Cohort III Follow Up* survey: *In general, would you say your health is:* 1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
103	Health Transition Question (Q2)	118	Beneficiary's response to Q2 from the *Cohort III 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
104	Vigorous Activities Question (Q3a)	119	Beneficiary's response to Q3a from the *Cohort III Follow Up* survey: *Does your health limit you in these activities? If so, how much?* <u>Vigorous activities</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
105	Moderate Activities Question (Q3b)	120	Beneficiary's response to Q3b from the *Cohort III Follow Up* survey: *Does your health limit you in these activities? If so, how much?* <u>Moderate activities</u> 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
106	Lifting or Carrying Groceries Question (Q3c)	121	Beneficiary's response to Q3c from the *Cohort III Follow Up* survey: *Does your health 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
107	Climbing Several Flights of Stairs Question (Q3d)	122	Beneficiary's response to Q3d from the *Cohort III Follow Up* survey: *Does your health 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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
108	Climbing One Flight of Stairs Question (Q3e)	123	Beneficiary's response to Q3e from the *Cohort III Follow Up* survey: *Does your health limit you in these activities?* *If so, how much?* Climbing one flight of stairs 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
109	Bending, Kneeling, or Stooping Question (Q3f)	124	Beneficiary's response to Q3f from the *Cohort III Follow Up* survey: *Does your health limit you in these activities?* *If so, how much?* Bending, kneeling, or stooping 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
110	Walking More than a Mile Question (Q3g)	125	Beneficiary's response to Q3g from the *Cohort III Follow Up* survey: *Does your health 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
111	Walking Several Blocks Question (Q3h)	126	Beneficiary's response to Q3h from the *Cohort III Follow Up* survey: *Does your health 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
112	Walking One Block Question (Q3i)	127	Beneficiary's response to Q3i from the *Cohort III Follow Up* survey: *Does your health 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
113	Bathing or Dressing Question (Q3j)	128	Beneficiary's response to Q3j from the *Cohort III Follow Up* survey: *Does your health limit you in these activities?* *If so, how much?* Bathing or dressing yourself 1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
114	Physical Health Limiting Time Spent on Activities Question (Q4a)	129	Beneficiary's response to Q4a from the *Cohort III 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?* Cut down on the amount of time you spent on work or other activities 1 = Yes 2 = No
115	Physical Health Limiting Amount Accomplished Question (Q4b)	130	Beneficiary's response to Q4b from the *Cohort III 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
116	Physical Health Limiting the Kind of Activities Question (Q4c)	131	Beneficiary's response to Q4c from the *Cohort III 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
117	Physical Health Causing Difficulty Performing Activities Question (Q4d)	132	Beneficiary's response to Q4d from the *Cohort III 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?* Had difficulty performing the work or other activities 1 = Yes 2 = No
118	Emotional Problems Limiting Time Spent on Activities Question (Q5a)	133	Beneficiary's response to Q5a from the *Cohort III 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?* Cut down on the amount of time you spent on work or other activities 1 = Yes 2 = No

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
119	Emotional Problems Limiting Amount Accomplished Question (Q5b)	134	Beneficiary's response to Q5b from the *Cohort III 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?* Accomplished less than you would like 1 = Yes 2 = No
120	Emotional Problems Limiting Carefulness Question (Q5c)	135	Beneficiary's response to Q5c from the *Cohort III 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?* Didn't do work or other activities as carefully as usual 1 = Yes 2 = No
121	Extent Health Interfering with Social Activities Question (Q6)	136	Beneficiary's response to Q6 from the *Cohort III Follow Up* survey: *During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities?* 1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely
122	Bodily Pain Question (Q7)	137	Beneficiary's response to Q7 from the *Cohort III 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
123	Pain Interfering with Work Question (Q8)	138	Beneficiary's response to Q8 from the *Cohort III Follow Up* survey: *During the past 4 weeks, how much did pain interfere with your normal work?* 1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
124	Full of Pep Question (Q9a)	139	Beneficiary's response to Q9a from the *Cohort III Follow Up* survey: *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
125	Nervous Question (Q9b)	140	Beneficiary's response to Q9b from the *Cohort III Follow Up* survey: *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
126	Down in the Dumps Question (Q9c)	141	Beneficiary's response to Q9c from the *Cohort III Follow Up* survey: *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
127	Calm and Peaceful Question (Q9d)	142	Beneficiary's response to Q9d from the *Cohort III Follow Up* survey: *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
128	Lots of Energy Question (Q9e)	143	Beneficiary's response to Q9e from the *Cohort III Follow Up* survey: *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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
129	Downhearted and Blue Question (Q9f)	144	Beneficiary's response to Q9f from the *Cohort III Follow Up* survey: *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
130	Feeling Worn Out Question (Q9g)	145	Beneficiary's response to Q9g from the *Cohort III Follow Up* survey: *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
131	Happy Question (Q9h)	146	Beneficiary's response to Q9h from the *Cohort III Follow Up* survey: *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
132	Feeling Tired Question (Q9i)	147	Beneficiary's response to Q9i from the *Cohort III Follow Up* survey: *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
133	Amount of Time Health Interfering with Social Activities Question (Q10)	148	Beneficiary's response to Q10 from the *Cohort III 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?* 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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
134	Sick Easier Question (Q11a)	149	Beneficiary's response to Q11a from the *Cohort III 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
135	As Healthy Question (Q11b)	150	Beneficiary's response to Q11b from the *Cohort III 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
136	Future Health Question (Q11c)	151	Beneficiary's response to Q11c from the *Cohort III 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
137	Excellent Health Question (Q11d)	152	Beneficiary's response to Q11d from the *Cohort III Follow Up* survey: *How true or false is each of the following statements for you?* My health is excellent 1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
138	Bathing Question (Q12a)	153	Beneficiary's response to Q12a from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Bathing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
139	Dressing Question (Q12b)	154	Beneficiary's response to Q12b from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Dressing 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
140	Eating Question (Q12c)	155	Beneficiary's response to Q12c from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Eating 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
141	Getting In or Out of Chairs Question (Q12d)	156	Beneficiary's response to Q12d from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Getting in or out of chairs 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
142	Walking Question (Q12e)	157	Beneficiary's response to Q12e from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Walking 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty
143	Using the Toilet Question (Q12f)	158	Beneficiary's response to Q12f from the *Cohort III Follow Up* survey: *Because of a health or physical problem, do you have any difficulty doing the following activities?* Using the toilet 1 = I am unable to do this activity 2 = Yes, I have difficulty 3 = No, I do not have difficulty

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
144	Chest Pain or Pressure During Exertion Question (Q13a)	159	Beneficiary's response to Q13a from the *Cohort III 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
145	Chest Pain or Pressure When Resting Question (Q13b)	160	Beneficiary's response to Q13b from the *Cohort III 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
146	Shortness of Breath When Lying Flat Question (Q14a)	161	Beneficiary's response to Q14a from the *Cohort III Follow Up* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When lying down flat 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
147	Shortness of Breath When Sitting or Resting Question (Q14b)	162	Beneficiary's response to Q14b from the *Cohort III Follow Up* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When sitting or resting 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
148	Shortness of Breath When Walking Less than One Block Question (Q14c)	163	Beneficiary's response to Q14c from the *Cohort III Follow Up* survey: *During the past 4 weeks, how often have you felt short of breath under the following conditions?* When walking less than one block 1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
149	Shortness of Breath When Climbing One Flight of Stairs Question (Q14d)	164	Beneficiary's response to Q14d from the *Cohort III 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
150	Numbness in Feet Question (Q15a)	165	Beneficiary's response to Q15a from the *Cohort III 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
151	Ankle or Leg Edema Question (Q15b)	166	Beneficiary's response to Q15b from the *Cohort III 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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
152	Foot Tingling or Burning Question (Q15c)	167	Beneficiary's response to Q15c from the *Cohort III 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
153	Decreased Temperature Sensation in Feet Question (Q15d)	168	Beneficiary's response to Q15d from the *Cohort III 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
154	Sores or Wounds on Feet Question (Q15e)	169	Beneficiary's response to Q15e from the *Cohort III 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
155	Hemiparalysis or Weakness Question (Q16a)	170	Beneficiary's response to Q16a from the *Cohort III 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
156	Lost Ability to Talk Question (Q16b)	171	Beneficiary's response to Q16b from the *Cohort III Follow Up* survey: *Have you ever lost the ability to talk?* 1 = Yes, I have lost it 2 = Yes, but it returned 3 = No

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
157	Vision Question (Q17)	172	Beneficiary's response to Q17 from the *Cohort III 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
158	Hearing Question (Q18)	173	Beneficiary's response to Q18 from the *Cohort III 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
159	Acid Indigestion Question (Q19)	174	Beneficiary's response to Q19 from the *Cohort III Follow Up* survey: *Do you now have acid indigestion or heartburn?* 1 = Yes 2 = No
160	Difficulty Controlling Urination Question (Q20)	175	Beneficiary's response to Q20 from the *Cohort III Follow Up* survey: *Do you have difficulty controlling urination?* 1 = Yes 2 = No
161	Hypertension Question (Q21)	176	Beneficiary's response to Q21 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Hypertension or high blood pressure 1 = Yes 2 = No
162	Angina Pectoris or Coronary Artery Disease Question (Q22)	177	Beneficiary's response to Q22 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Angina pectoris or coronary artery disease 1 = Yes 2 = No
163	Congestive Heart Failure Question (Q23)	178	Beneficiary's response to Q23 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Congestive heart failure 1 = Yes 2 = No
164	Myocardial Infarction Question (Q24)	179	Beneficiary's response to Q24 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* A myocardial infarction or heart attack 1 = Yes 2 = No

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
165	Other Heart Conditions Question (Q25)	180	Beneficiary's response to Q25 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Other heart conditions 1 = Yes 2 = No
166	Stroke Question (Q26)	181	Beneficiary's response to Q26 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* A stroke 1 = Yes 2 = No
167	COPD Question (Q27)	182	Beneficiary's response to Q27 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Emphysema, or asthma, or COPD 1 = Yes 2 = No
168	Inflammatory Bowel Disease Question (Q28)	183	Beneficiary's response to Q28 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Crohn's disease, ulcerative colitis, or inflammatory bowel disease 1 = Yes 2 = No
169	Arthritis of Hip or Knee Question (Q29)	184	Beneficiary's response to Q29 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Arthritis of the hip or knee 1 = Yes 2 = No
170	Arthritis of Hand or Wrist Question (Q30)	185	Beneficiary's response to Q30 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Arthritis of the hand or wrist 1 = Yes 2 = No
171	Sciatica Question (Q31)	186	Beneficiary's response to Q31 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Sciatica 1 = Yes 2 = No
172	Diabetes Question (Q32)	187	Beneficiary's response to Q32 from the *Cohort III 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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
173	Any Cancer Question (Q33)	188	Beneficiary's response to Q33 from the *Cohort III Follow Up* survey: *Has a doctor ever told you that you had:* Any cancer (other than skin cancer) 1 = Yes 2 = No
174	Arthritis Pain Question (Q34)	189	Beneficiary's response to Q34 from the *Cohort III Follow Up* survey (if answered "yes" to Q29 or Q30): *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
175	Colorectal Cancer Treatment Question (Q35a)	190	Beneficiary's response to Q35a from the *Cohort III Follow Up* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Colon or rectal cancer 1 = Yes 2 = No
176	Lung Cancer Treatment Question (Q35b)	191	Beneficiary's response to Q35b from the *Cohort III Follow Up* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Lung cancer 1 = Yes 2 = No
177	Breast Cancer Treatment Question (Q35c)	192	Beneficiary's response to Q35c from the *Cohort III Follow Up* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Breast cancer 1 = Yes 2 = No
178	Prostate Cancer Treatment Question (Q35d)	193	Beneficiary's response to Q35d from the *Cohort III Follow Up* survey (if answered "yes" to Q33): *Are you currently under treatment for:* Prostate cancer 1 = Yes 2 = No
179	Low Back Pain Question (Q36)	194	Beneficiary's response to Q36 from the *Cohort III Follow Up* survey: *In the past 4 weeks, how often has low back pain interfered with your usual daily activities?* 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

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
180	Pain, Numbness, or Tingling Down Leg Question (Q37)	195	Beneficiary's response to Q37 from the *Cohort III 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
181	Two Weeks of Depression Question (Q38)	196	Beneficiary's response to Q38 from the *Cohort III 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
182	Depression Much of the Time Question (Q39)	197	Beneficiary's response to Q39 from the *Cohort III Follow Up* survey: *In the past year, have you felt depressed or sad much of the time?* 1 = Yes 2 = No
183	Depression Most of the Time Question (Q40)	198	Beneficiary's response to Q40 from the *Cohort III 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
184	Comparative Health Question (Q41)	199	Beneficiary's response to Q41 from the *Cohort III 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
185	Smoked 100 Cigarettes Question (Q42)	200	Beneficiary's response to Q42 from the *Cohort III Follow Up* survey: *Have you ever smoked 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)*

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
186	Current Smoker Question (Q43)	201	Beneficiary's response to Q43 from the *Cohort III 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)*
187	Quit Smoking Question (Q44)	202	Beneficiary's response to Q44 from the *Cohort III Follow Up* survey: *How long has it been since you quit smoking cigarettes?* 1 = Less than 6 months *(Go to Q45)* 2 = 6 months or more *(Go to Q46)* 3 = Don't know *(Go to Q46)*
188	Visiting a Doctor Question (previously Q45 in the *Cohort I Baseline* survey) **This field is blank for all records in the C3APUF.TXT data file because this question was not included in the *Cohort III Follow Up* survey.**	203	Beneficiary's response to Q45 from the *Cohort I Baseline* survey: *During the past 12 months, how many times have you visited a doctor or health professional in your plan (not counting overnight hospital visits)?* 1 = None *(Go to Q47)* 2 = 1 visit 3 = 2 to 4 visits 4 = 5 to 9 visits 5 = 10 or more visits
189	Smoking Advice Question (Q45)	204	Beneficiary's response to Q45 from the *Cohort III Follow Up* survey: *In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?* 1 = None 2 = 1 visit 3 = 2 to 4 visits 4 = 5 to 9 visits 5 = 10 or more visits 6 = I had no visits in the last 6 months
190	Retirement Community Question (Q53)	205	Beneficiary's response to Q53 from the *Cohort III Follow Up* survey: *Is this house or apartment in a retirement community, building or complex?* 1 = Yes 2 = No
191	Retirement Community Medical Services Question (Q54)	206	Beneficiary's response to Q54 from the *Cohort III Follow Up* survey (if answered "yes" to Q53): *Does this retirement community/building/ facility provide medical services?* 1 = Yes 2 = No

FOLLOW UP SURVEY QUESTION RESPONSES (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
192	Person Completing the Survey (Q55)	207	Beneficiary's response to Q55 from the *Cohort III Follow Up* survey: *Who completed this survey form?* 1 = Person to whom the survey was addressed 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

FOLLOW UP SURVEY ADMINISTRATION

Field #	Field Description	Field Position	Additional Information and Valid Values
193	Follow Up Survey Disposition	208 – 210	(**SPECIAL NOTE:** this field contains character strings): M10 = completed survey by mail (≥ 80% complete) T10 = completed survey by telephone (≥ 80% complete) M11 = nonresponse: partial complete by mail (≥ 50% but < 80% complete) T11 = nonresponse: partial complete by telephone (≥ 50% but < 80% complete) M20 = ineligible: deceased T20 = ineligible: deceased M21 = ineligible: not enrolled in HMO T21 = ineligible: not enrolled in HMO M22 = ineligible: end stage renal disease T22 = ineligible: end stage renal disease M23 = ineligible: language problem T23 = ineligible: language problem M24 = ineligible: phone no. unavailable T24 = ineligible: phone no. unavailable M31 = nonresponse: break-off (<50% complete) T31 = nonresponse: break-off (<50% complete) M32 = nonresponse: refusal T32 = nonresponse: refusal M33 = nonresponse: Respondent unavailable T33 = nonresponse: Respondent unavailable M34 = nonresponse: Respondent physically/mentally incapacitated T34 = nonresponse: Respondent physically/mentally incapacitated M35 = nonresponse: Respondent institutionalized T35 = nonresponse: Respondent institutionalized M36 = nonresponse: after maximum attempts T36 = nonresponse: after maximum attempts

FOLLOW UP SURVEY ADMINISTRATION (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
194	Follow Up Round Survey Returned	211-212	(**SPECIAL NOTE:** this field contains a character string): 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 NC = Not completed
195	Percent of Follow Up Survey Completed	213– 217	Range: 0 to 100% (value is rounded to the tenth decimal place)
196	Follow Up Survey Language	218	1= English 2 = Spanish 3 = Not Applicable

ADDITIONAL FIELDS

Field #	Field Description	Field Position	Additional Information and Valid Values
197	Cohort Identifier	219 - 221	Cohort in which the HOS surveys contained in this data file were submitted (**SPECIAL NOTE:** this field contains a character string): Value for each record = "A03"
198	CMS Plan Region	222 - 223	1 = Region I – Boston (serving Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) 2 = Region II – New York (serving New York, New Jersey, Puerto Rico, and the Virgin Islands) 3 = Region III – Philadelphia (serving Delaware, Washington DC, Maryland, Pennsylvania, Virginia, and West Virginia) 4 = Region IV - Atlanta (serving Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) 5 = Region V – Chicago (serving Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin) 6 = Region VI – Dallas (serving Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) 7 = Region VII – Kansas City (serving Iowa, Kansas, Missouri, and Nebraska) 8 = Region VIII – Denver (serving Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming) 9 = Region IX – San Francisco (serving Arizona, California, Guam, Hawaii, and Nevada) 10 = Region X – Seattle (serving Alaska, Idaho, Oregon, and Washington)

ADDITIONAL FIELDS (CONT.)

Field #	Field Description	Field Position	Additional Information and Valid Values
199	Follow Up Sample Indicator	224	Indicates if the record was included in the *Cohort III Follow Up* sample: 1 = Eligible for Follow Up 2 = Not Eligible for Follow Up
200	Analytic Sample Indicator	225	Indicates status of the record in the analytic file: 1 = Respondent 2 = Nonrespondent 3 = Invalid 4 = Disenrolled 5 = Dead