

Closing (CL) Section

Beta

Subsection 1: MPC Authorization Forms (Round 1 through Round 5)

BOX 01

IF:

AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND, OR
AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE FOR AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS ROUND AND CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PERSON-PROVIDER-PAIR IN PREVIOUS ROUND, CONTINUE WITH CL01

OTHERWISE, GO TO BOX_02

NOTE: RECEIPT CONTROL WILL UPDATE CAPI INTER-ROUND, USING THE CODE STRUCTURE AT CL04. UPDATES CAN BE EITHER POSITIVE OR NEGATIVE. THIS MEANS THAT INTER-ROUND AN AUTHORIZATION FORM'S STATUS CAN EITHER GET UPDATED TO A HIGHER STATUS CODE (FROM UNSIGNED TO SIGNED) OR TO A LOWER STATUS CODE (FROM SIGNED TO UNSIGNED -- I.E., IT WAS NOT SIGNED BY THE RIGHT PERSON). SEE MAPPING SPECIFICATIONS FOR EXACT UPDATES TO STATUS CODES.

NOTE: DUE TO LEGISLATION THAT WENT INTO EFFECT IN APRIL 2003, MEPS CHANGED TO NEW HIPAA-COMPLIANT AUTHORIZATION FORMS.

SAMPLING BOX (FOR ROUND 1):

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

ROUND 1: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) DURING THE CURRENT REFERENCE PERIOD.

ONE AUTHORIZATION FORM IS CREATED FOR EACH PERSON-PROVIDER-PAIR IN WHICH THE PROVIDER IS ASSOCIATED WITH AN HS, ER, OR OP EVENT DURING THE EVENT ROSTER OR EVENT DRIVER SECTION.

SAMPLING BOX (FOR ROUNDS 2-5):

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

ROUNDS 2-5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) DURING THE CURRENT REFERENCE PERIOD.

ADDITIONAL PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOME HEALTH EVENT (HH EVENT), WHERE THE PROVIDER IS FLAGGED AS AN 'AGENCY', AND CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS.

OTHER PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH A MEDICAL PROVIDER VISIT EVENT (MV EVENT) WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS, WHERE THE RU IS SELECTED FOR THE MPC SAMPLE, AS DEFINED BELOW, AND EITHER:

- A MEDICAL DOCTOR WAS SEEN DURING THE VISIT (MV03 = 1)
- MEDICAL DOCTORS WORK AT THE SAME LOCATION AS THE PROVIDER SEEN (MV06 = 1)

FINAL PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH AN INSTITUTIONAL CARE EVENT (IC EVENTS), WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4 OR ROUND 5 REFERENCE PERIODS.

WHEN DETERMINING IF THE MV EVENTS FOR AN RU REQUIRE AUTHORIZATION FORMS, AN RU IS SELECTED FOR THE MPC SAMPLE AT THE TIME OF THE ROUND 1 INTERVIEW USING THE FOLLOWING RATES:

- 100% OF RUs WITH AT LEAST ONE RU MEMBER COVERED BY MEDICAID OR GOV'T HOSPITAL (PHYSICIAN) INSURANCE AT ANY TIME DURING THE REFERENCE PERIOD
- 100% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE AT ANY TIME DURING THE REFERENCE PERIOD) WITH AT LEAST ONE RU MEMBER WITH HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD. HMO COVERAGE IS DEFINED AS: IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
 - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN BENEFITS' (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
 - ESTABLISHMENT OR INSURER IS FLAGGED AS 'HMO' OR INSURER IS AN HMO (MC01 IS CODED '1' (YES)) OR INSURER REQUIRES PERSONS TO SIGN UP WITH PRIMARY PHYSICIAN (MC02 IS CODED '1' (YES))
- 100% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

NOTE: IF THE SAME PROVIDER IS ASSOCIATED MORE THAN ONCE WITH A PARTICULAR PERSON, ONLY ONE AUTHORIZATION FORM IS CREATED FOR THAT PAIR. IF THE SAME PROVIDER IS ASSOCIATED WITH MORE THAN ONE PERSON, AN AUTHORIZATION FORM IS CREATED FOR EACH UNIQUE PERSON-PROVIDER-PAIR.

NOTE: IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR WILL NOT BE TREATED AS IF IT IS OUTSTANDING. THAT IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL NOT BE SHOWN, ETC.

CL01

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.PPIDID	PPID ID KEY: PERSID + PROVID + ROUND	20
PPID.PPIDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PPID.CREATEQ	CREATION STAMP	2
PPID.RNDFLG	REQUIRED COLLECTION OR PREPRINTED FORMS	2
PPID.EVPVNUM	ID NUMBER OF LAST ELIGIBLE EVPV FOR PERS	4
PPID.FORMSTAT	STATUS OF MPS PERMISSION FORMS	2
PPID.NEXTRND	NEXT ROUND RECORD EXISTS FOR CURRENT ONE	2
PPID.PFIDN01	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN02	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN03	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN04	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN05	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFSTAT01	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT02	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT03	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT04	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT05	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PPIDEVNT	FIRST EVENT FROM WHICH P.F. REC IS CREAT	2
PPID.PREVRND	PREV RND RECORD EXISTS FOR CURRENT ONE	2
PPID.RURNDCOL	RU + RND WHERE PF IS REQUESTED	2
EVPV.MPSFLAG	MPS PERMISSION FORM FLAG	2
EVPV.PROVLINK	EVENT PROVIDER LINKED TO MPS PF PROV ID	4
PROV.PROVCATG	TYPE OF PROVIDER FOR MPS STUDY	2

{[As I mentioned during the last interview], it/It} is important for us to get accurate names and addresses for medical providers so that we can contact them for more information about the services they provide. To do this, we must have written authorization from the family members receiving these services. I would like to get authorization from the following people:

- [First Name, [Middle Name], Last Name-65]
- [First Name, [Middle Name], Last Name-65]
- [First Name, [Middle Name], Last Name-65]

[HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.]

[These materials explain more about why we contact medical providers and answer questions people sometimes ask about this part of the study. Please take a minute to review this information while I prepare the forms.]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY INSTRUCTIONS:
| DISPLAY '[As I mentioned during the last interview], it' IF
| NOT ROUND 1 AND AT LEAST ONE PERSON-PROVIDER-PAIR WAS ELIGIBLE
| FOR MPC AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS
| ROUND.  OTHERWISE, DISPLAY 'It'.
|-----|
| PROGRAMMER NOTES:
| DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY ONCE.
|-----|
| ROUTING INSTRUCTION:
| CONTINUE WITH LOOP_01
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Roster Details		
Title:	RU_ESTB_PERS_PAIRS_1	
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

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|-----|
| Roster Definition:
| Display the RU_Person_Establishment_Pairs_Roster for display
| of RU members only.
|-----|
| Roster Behavior:
| 1. Display only.
| 2. Select, add, delete disallowed.
|-----|
| Roster Filter:
| Display only those persons who meet the following condition(s):
| - Person is eligible for MPC authorization form collection for
|   the current round (see BOX_01 sampling specifications) or
| - Person was associated with a person-provider-pair eligible
|   for authorization form collection in previous round, and
| - CL04 was coded '3' (LEFT WITH R), '4' (MAILED TO R), '5'
|   (REFUSED), OR '91' (OTHER) for this person-provider-pair in
|   previous round
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LOOP 01

FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER, ASK CL03 -
END_LP01

LOOP DEFINITION: LOOP_01 PRESENTS EACH UNIQUE PERSON-PROVIDER-PAIR ELIGIBLE FOR AUTHORIZATION FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING FORMS) FOR THE INTERVIEWER TO COMPLETE THE AUTHORIZATION FORM. THIS LOOP CYCLES ON RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT MEET THE FOLLOWING CONDITION(S):

- PAIR IS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS) OR
- PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION IN PREVIOUS ROUND, AND CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR IN THE PREVIOUS ROUND

PROGRAMMER NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PROVIDER-PAIR.

CL03

Help Enabled ([CL03Help](#)) Comment Enabled Jump Back Enabled

INTERVIEWER: {COMPLETE AUTHORIZATION FORM/LOCATE APPROPRIATE PREPRINTED MPC AUTHORIZATION FORM (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)} FOR THE FOLLOWING PERSON-PROVIDER-PAIR:

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
 [City Name], [ST] [Zip Code] [Telephone]

{AF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40}}

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

{IF A MPC AF FOR THIS PAIR HAS ALREADY BEEN SIGNED ON OR AFTER THE ABOVE DATE, DO NOT CREATE A NEW MPC AF.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

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DISPLAY INSTRUCTIONS:
DISPLAY 'COMPLETE AUTHORIZATION FORM ...' IF PAIR CREATED AND
ELIGIBLE DURING CURRENT ROUND. OTHERWISE, DISPLAY 'LOCATE ...
LOCATED)'.

DISPLAY 'AF STATUS ... -40}' IF CURRENT PERSON-PROVIDER-PAIR
IS OUTSTANDING FROM THE PREVIOUS ROUND AND NO ELIGIBLE EVENT
WAS CREATED FOR THIS PAIR IN THE CURRENT ROUND.

FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY ENTRY
ASSOCIATED WITH THE PREVIOUS ROUND (OR RECEIPT CONTROL
UPDATED) CL04 OUTSTANDING STATUS. THAT IS, IF CL04 WAS CODED
'3', DISPLAY 'LEFT WITH R'; IF CL04 WAS CODED '4', DISPLAY
'MAILED TO R'; IF CL04 WAS CODED '5', DISPLAY 'REFUSED'; AND
IF CL04 WAS CODED '91', DISPLAY THE FIRST 40 CHARACTERS FROM
THE OTHER SPECIFY ENTRY FIELD (OR THE RECEIPT CONTROL UPDATE
TEXT GENERATED FOR THE '91' CODE).

DISPLAY THE INTERVIEW DATE OF THE MOST RECENT ROUND'S
INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION
FORM COLLECTION FOR 'MM/DD/YYYY'.

DISPLAY 'IF MPC AF FOR ... NEW MPC AF.' IF CURRENT PERSON-
PROVIDER-PAIR WAS ELIGIBLE FOR MPC IN PREVIOUS ROUND AND FORM
WAS NOT SIGNED IN THE PREVIOUS ROUND.

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END LP01

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CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE
WITH LOOP_02

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LOOP 02

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FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER, ASK CL04 -
END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS THE STATUS OF PERSON-PROVIDER
AUTHORIZATION FORMS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION (THIS
INCLUDES NEW AND OUTSTANDING FORMS). THIS LOOP CYCLES ON RU-PERSON-
PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT MEET THE FOLLOWING
CONDITION(S):
- PAIR IS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND
  (SEE BOX_01 SAMPLING SPECIFICATIONS) OR
- PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION IN PREVIOUS ROUND,
  AND CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED),
  OR '91' (OTHER) FOR THIS PAIR IN THE PREVIOUS ROUND

PROGRAMMER NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PROVIDER-PAIR.

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CL04

Help Enabled (MPSPERMISS) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.FORMSTAT	STATUS OF MPS PERMISSION FORMS	2
PPID.CAPISTAT	STATUS OF PERMISSION FORMS DURING CAPI	2
PPID.PFSTAT01	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT02	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT03	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT04	MPS PF TRACING STATUSES PER RND - CONT	2
PPID.PFSTAT05	MPS PF TRACING STATUSES PER RND - CONT	2

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM. IF NOT AVAILABLE TO SIGN, LEAVE AF AND BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND UPDATE AF LOG IF AF UNSIGNED OR PRE-PRINTED.

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
 PROVIDER NAME: [Provider Full Name-65]
 PROVIDER ADDRESS: [Street Address from Provider Directory]
 [City Name], [ST] [Zip Code] [Telephone]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

SELECT THE AUTHORIZATION FORM STATUS:

SIGNED, NO PROBLEM	1	{CL05}
SIGNED WITH PROBLEM	2	{CL04OV1}
LEFT WITH RESPONDENT	3	{END_LP02}
MAILED TO RESPONDENT	4	{END_LP02}
REFUSED	5	{CL06}
OTHER	91	{CL04OV2}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

DISPLAY INSTRUCTIONS:
 FOR 'MM/DD/YYYY' , DISPLAY THE RU END REFERENCE DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION.

Soft CHECK:
CODE '4' (MAILED TO R) MUST BE VERIFIED (ENTERED TWICE) IF RU IS NOT A
STUDENT RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE
FOLLOWING MESSAGE: 'UNLIKELY RESPONSE. VERIFY AND RE-ENTER.'

CL04OV1

- Help Enabled (MPSPERMISS) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.SIGNPROB	DESCRIPTION OF PROBLEM WHEN SIGNED	45

PROBLEM: _____ {CL05}

**HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION
FORMS.**

CL04OV2

Help Enabled (MPSPERMISS) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.FORMSTOS	OTHER SPECIFY FOR STATUS OF MPS P.F.	45

OTHER SPECIFY: _____ {END_LP02}
**HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION
FORMS.**

CL05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.FORMID	MPS PERMISSION FORM NUMBER	8
PPID.PFIDN01	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN02	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN03	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN04	MPS PF TRACING ID NUMBERS PER RND	8
PPID.PFIDN05	MPS PF TRACING ID NUMBERS PER RND	8

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PROVIDER ID: [Provid-4]
 PROVIDER NAME: [Provider Full Name-65]
 PROVIDER ADDRESS: [Street Address from Provider Directory]
 [City Name], [ST] [Zip Code] [Telephone]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

**ENTER MPC AUTHORIZATION FORM NUMBER:
 {NOTE: IF 2 FORMS COLLECTED FOR THE SAME PAIR, ENTER MPC AF
 NUMBER FROM THE FORM WITH THE MOST RECENT SIGNATURE
 DATE. HOWEVER, COLLECT ALL SIGNED AF(S) AND MAKE A NOTE OF
 EXTRA AF(S) IN COMMENT AREA OF THE AF LOG.}**

FORM NUMBER: _____ {CL05OV}

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- - - - -
| DISPLAY INSTRUCTIONS:
| FOR 'MM/DD/YYYY', DISPLAY THE RU END REFERENCE DATE OF THE
| MOST RECENT ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE
| FOR AUTHORIZATION FORM COLLECTION.
|
| DISPLAY 'NOTE: ... LOG.' IF CURRENT PERSON-PROVIDER-PAIR
| ELIGIBLE FOR MPC IN PREVIOUS ROUND AND FORM WAS NOT SIGNED IN
| THE PREVIOUS ROUND. OTHERWISE, USE A NULL DISPLAY.
|
| - - - - -
| PROGRAMMER NOTES:
| EACH AUTHORIZATION FORM HAS A PRE-ASSIGNED AUTHORIZATION FORM
| NUMBER.
- - - - -
  
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Hard CHECK:

NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. THE FIRST ALPHA MUST BE A-M, T, OR Y. THE FIRST NUMERIC

CL050V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.PFDATMM	MPS PERMISSION FORM DATE - MONTH	2
PPID.PFDATEDD	MPS PERMISSION FORM DATE - DAY	2
PPID.PFDATYY	MPS PERMISSION FORM DATE - YEAR	4

MPC _____ {END_LP02}
AUTHORIZATION
FORM SIGNATURE
DATE:

PROGRAMMER NOTES:
INTERVIEWERS WILL BE INSTRUCTED TO COLLECT SIGNED MPC
AUTHORIZATION FORMS WITH DATES EARLIER THAN THE ONE DISPLAYED,
BUT WILL NOT ENTER THE NUMBER IN CAPI SINCE THE CURRENT STATUS
FOR THE AUTHORIZATION FORM WITH THE CORRECT DATE MAY BE
SOMETHING ELSE. THE CAPI STATUS OF THE MPC AUTHORIZATION FORM
SHOULD REFLECT THE FORM WITH THE MOST RECENT DATE.

Hard CHECK:
DATE ENTERED MUST BE ON OR AFTER THE INTERVIEW DATE OF THE MOST RECENT
ROUND'S INTERVIEW FOR WHICH THE PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM
COLLECTION. IF DATE IS BEFORE CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE:
'MPC AF MUST BE SIGNED ON OR AFTER ABOVE DATE. VERIFY AND RE-ENTER DATE OR
COMPLETE NEW AF.'

CL06

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.REFUSAL	REASON FOR REFUSAL	2

ENTER MAIN REASON FOR REFUSAL:

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
 PROVIDER NAME: [Provider Full Name-65]
 PROVIDER ADDRESS: [Street Address from Provider Directory]
 [City Name], [ST] [Zip Code] [Telephone]

- | | | |
|---------------------------------------|----|------------|
| DOESN'T WANT TO BOTHER PROVIDER | 1 | {END_LP02} |
| CONFIDENTIALITY/SENSITIVE INFORMATION | 2 | {END_LP02} |
| PAYMENT PROBLEM WITH PROVIDER | 3 | {END_LP02} |
| HAS ALREADY GIVEN ENOUGH INFORMATION | 4 | {END_LP02} |
| WANTS MORE INFORMATION BEFORE SIGNING | 5 | {END_LP02} |
| NOT INTERESTED IN STUDY | 6 | {END_LP02} |
| NO REASON GIVEN | 7 | {END_LP02} |
| OTHER SPECIFY | 91 | {CL06OV} |

CL060V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PPID.REFUSEOS	OTHER SPECIFY REASON FOR REFUSAL	45

OTHER REASON _____ {END_LP02}
FOR REFUSAL:

END_LP02

CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE
WITH BOX_02

BOX_02

IF NOT ROUND 1 AND ANY KEY RU MEMBER HAD A STATUS OF INSTITUTIONALIZED (IN
A HEALTH CARE INSTITUTION) AT THE PREVIOUS ROUND'S INTERVIEW DATE, BUT HAS
A DIFFERENT STATUS AS OF THE CURRENT ROUND'S INTERVIEW DATE, CONTINUE WITH
LOOP_02A

OTHERWISE, GO TO BOX_03

LOOP_02A

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL06A - END_LP02A

LOOP DEFINITION: LOOP_02A INSTRUCTS THE INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL PROVIDER AUTHORIZATION FORMS FOR ALL RU MEMBERS WHO HAD A STATUS OF INSTITUTIONALIZED (IN A HEALTH CARE INSTITUTION) AT THE PREVIOUS ROUND'S INTERVIEW DATE, BUT WHO REJOINED THE COMMUNITY (OR CHANGED STATUS) DURING THE CURRENT ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS AN RU MEMBER
 - PERSON IS KEY
 - PERSON DOES NOT HAVE A STATUS OF INSTITUTIONALIZED AS OF THE CURRENT ROUND'S INTERVIEW DATE
 - PERSON HAD A STATUS OF INSTITUTIONALIZED ON THE PREVIOUS ROUND'S INTERVIEW DATE
-

CL06A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PERS.INSTBACK	INSTITUTIONALIZED PREV RND/BACK THIS RND	4
PERS.INSTBCK2	INSTITUTIONALIZED PREV-RND/BACK 1ST TIME	4

PID: [PID-3] PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code
Description]
DATE ORIGINALLY INSTITUTIONALIZED: [MM/DD/YYYY]
DATE REJOINED COMMUNITY/CHANGED STATUS: [MM/DD/YYYY]

INTERVIEWER: THE PERSON NAMED ABOVE WAS INSTITUTIONALIZED IN A PREVIOUS ROUND AND HAS NOW REJOINED THE COMMUNITY OR CHANGED STATUS. COMPLETE THE FOLLOWING STEPS:

- 1. FILL OUT HEALTH CARE INSTITUTION HISTORY.**
- 2. COMPLETE A MPC AF FOR EACH DIFFERENT HEALTH CARE INSTITUTION LISTED ON HEALTH CARE INSTITUTION HISTORY. WRITE 'IC' IN UPPER LEFT CORNER OF MPC AF. REFER TO SECTION 3 OF HISTORY FOR INSTRUCTIONS ON COMPLETING THESE AF(S).**
- 3. FOR EACH MPC AF CREATED THIS WAY, RECORD PERSON AND PROVIDER INFORMATION IN THE AF LOG.**
- 4. REQUEST SIGNATURE(S) ON AF(S).**
- 5. LEAVE UNSIGNED AF(S) AND THE AF BOOKLET WITH RESPONDENT.**
- 6. RECORD AF STATUS FOR EACH MPC AF ON THE AF LOG. CAPI WILL NOT COLLECT THIS INFORMATION.**

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

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| DISPLAY INSTRUCTIONS:  
| DISPLAY THE INTERVIEW DATE OF THE MOST RECENT ROUND'S  
| INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION  
| FORM COLLECTION FOR 'MM/DD/YYYY'.  
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|-----  
| ROUTING INSTRUCTION:  
| CONTINUE WITH END_LP02A  
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END_LP02A

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| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS  
| STATED IN THE LOOP DEFINITION  
|  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02A AND CONTINUE  
| WITH BOX_03  
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BOX 03

SUBSECTION 2: HIPS AUTHORIZATION FORMS (BEGINNING WITH THE SECOND YEAR OF PANEL 2 AND THE FIRST YEAR OF PANEL 3 (1998), SAMPLING CONTINUES BUT AUTHORIZATION FORMS ARE NOT COLLECTED).

SAMPLING BOX FOR ROUNDS 2 AND 3 (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF AFS IN ROUNDS 2 AND 3):

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 1 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 1 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
 1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
 2. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
 3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU'
 4. ESTABLISHMENT ONLY PROVIDES LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER'S COMPENSATION, OR ACCIDENT INSURANCE (HX48 IS CODED ONLY COMBINATIONS OF CODES '6', '7', '8', '9', '10', AND '11').

SAMPLING BOX FOR ROUND 2 AND 3: (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF AFS IN ROUND 2 AND ROUND 3):

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS 'EMPLOYER AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 1 INTERVIEW) AS OF THE ROUND 1 INTERVIEW DATE WITH THREE EXCEPTIONS:
 1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
 2. ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1
 3. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

SAMPLING BOX FOR ROUNDS 4 AND 5:

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 1 INTERVIEW) AS OF THE ROUND 1 INTERVIEW DATE WITH THREE EXCEPTIONS:
 1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
 2. ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1
 3. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

NOTE: PRIVATE INSURANCE IS DEFINED AS:

- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND FLAGGED AS 'PROVIDES HEALTH INSURANCE' (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE: HELD ON THE DATE OF THE ROUND 1 INTERVIEW:

- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT (SELECTED AT HP16) IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE COVERED PERSON)

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) NOT THE EMPLOYER.

NOTE: FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN EMPLOYERS (ON THE ROUND 1 INTERVIEW DATE) AND PROVIDE HEALTH INSURANCE, WHERE THE HEALTH INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS AUTHORIZATION FORM IS REQUIRED FOR BOTH THE EMPLOYER AND THE UNION. IN THESE CASES, BOTH ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION.

NOTE: IF A CURRENT MAIN JOB IS FLAGGED AS 'PREVIOUS HEALTH INSURANCE' BUT THAT INSURANCE IS ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER'S COMPENSATION, AND/OR ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE FOR HEALTH INSURANCE PROVIDER AUTHORIZATION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).

NOTE: A 'RF' (REFUSED) AND 'DK' (DON'T KNOW) RESPONSE AT ANY QUESTION LISTED ABOVE DOES NOT MEET THE CRITERIA.

NOTE: IN ROUND 4, A NEW HIPS FLAG WILL BE SET AND NEW HIPS AUTHORIZATION FORMS WILL BE COLLECTED FOR ALL ESTABLISHMENT-PERSON-PAIRS BASED ON THE ABOVE SAMPLING CRITERIA, BUT USING ROUND 3 DATA.

SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 3 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
 1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
 2. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
 3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN DU'
 4. ESTABLISHMENT PROVIDES ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER'S COMPENSATION, OR ACCIDENT INSURANCE (HX48, OE10, OE24, OR OE37 IS CODED ONLY COMBINATIONS OF

CODES '6', '7', '8', '9', '10', AND '11').

SAMPLING BOX FOR ROUNDS 4 AND 5: (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 3 INTERVIEW) AS OF THE ROUND 3 INTERVIEW DATE WITH THREE EXCEPTIONS:
 1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
 2. ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1
 3. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

NOTE: PRIVATE INSURANCE IS DEFINED AS:

- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND FLAGGED AS 'PROVIDES HEALTH INSURANCE' (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
 - DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES
-

BOX 03 (CONT)

NOTE: HELD ON THE DATE OF THE ROUND 3 INTERVIEW:

- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED '1' (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT OE29 OR OE30)] IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE COVERED PERSON) OR (OE26 IS CODED '1' (YES) FOR THE COVERED PERSON)]

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) NOT THE EMPLOYER.

NOTE: FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN EMPLOYERS (ON THE ROUND 3 INTERVIEW DATE) AND PROVIDE HEALTH INSURANCE, WHERE THE HEALTH INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS AUTHORIZATION FORM IS REQUIRED FOR BOTH THE EMPLOYER AND THE UNION. IN THESE CASES, BOTH ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION.

NOTE: IF A CURRENT MAIN JOB IS FLAGGED AS 'PREVIOUS HEALTH INSURANCE' BUT THAT INSURANCE IS ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER'S COMPENSATION, AND/OR ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE FOR HEALTH INSURANCE PROVIDER AUTHORIZATION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).

NOTE: A '-7' (REFUSED) AND '-8' (DON'T KNOW) RESPONSE AT ANY QUESTION LISTED ABOVE DOES NOT MEET THE CRITERIA.

GO TO BOX_10.

BOX 10

SUBSECTION 4: PHARMACY REQUESTS AND AUTHORIZATION FORMS (ROUND 3 AND 5)

AS A PHARMACY WAS ENTERED OR SELECTED DURING THE PRESCRIBED MEDICINES SECTION, THE PERSON-PHARMACY-PAIR WAS FLAGGED WITH THE CURRENT ROUND (I.E., THE MOST RECENT ROUND IT WAS ENTERED/SELECTED). THIS ROUND FLAG IS USED TO DETERMINE WHETHER THE PHARMACY IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION FOR THIS RU MEMBER.

IF ROUND 3 OR ROUND 5, COUNTINUE WITH BOX_11

OTHERWISE, GO TO BOX_14

BOX 11

IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE (SEE SAMPLING BOX BELOW) FOR PHARMACY AUTHORIZATION FORM COLLECTION, CONTINUE WITH CL29

OTHERWISE, GO TO BOX_14

SAMPLING BOX FOR ROUND 3:

PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION IN ROUND 3:

- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED OR USED DURING ROUND 1, 2, OR 3

NOTE: FORMS ASSOCIATED WITH DECEASED AND INSTITUTIONALIZED PERSONS IN ROUNDS 1 AND 2 WILL BE REQUESTED.

SAMPLING BOX FOR ROUND 5:

PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION IN ROUND 5:

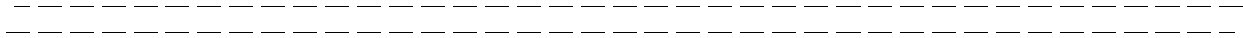
- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED OR USED DURING ROUND 3, 4, OR 5

NOTE: FORMS ASSOCIATED WITH DECEASED AND INSTITUTIONALIZED PERSONS IN ROUNDS 3 AND 4 WILL BE REQUESTED.

NOTE: IF THE SAME PHARMACY IS ASSOCIATED MORE THAN ONCE WITH A PARTICULAR PERSON, ONLY ONE AUTHORIZATION FORM IS ASKED ABOUT FOR THAT PAIR. IF THE SAME PHARMACY IS ASSOCIATED WITH MORE THAN ONE PERSON, AN AUTHORIZATION FORM IS ASKED FOR EACH UNIQUE PERSON-PHARMACY-PAIR.

CL29

Help Enabled Comment Enabled Jump Back Enabled



As you know, the U.S. Public Health Service is very interested in obtaining the most complete and accurate information about health care use and expenditures, including prescription medicines.

Many pharmacies now offer their customers a summary of their prescription medicine charges. People sometimes request these summaries to help in preparing their taxes or insurance claims.

To help us get the best information about the family's prescriptions, we would like to obtain a printed summary from each pharmacy used by this family during the past year. To do this, we must have written authorization.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.



CL30

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.RURNDCOL	RU + RND WHERE PF IS REQUESTED	2

From the information I have, I would like to get a signed authorization form for:

(READ PERSON BELOW)'s prescriptions filled at **(READ PHARMACY BELOW)**.

[First, [Middle], Last Name]	[Pharmacy Name]
[First, [Middle], Last Name]	[Pharmacy Name]
[First, [Middle], Last Name]	[Pharmacy Name]

[HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.]

[These materials explain more about why we contact pharmacies and answer questions people sometimes ask about this part of the study. Please take a minute to review this information while I gather the forms.]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

Roster Details		
Title:	RU-Pers-PHAR-Pair_1	
Col #	Header	Instructions
1	NAME	Display RU members' first, middle, and last names PERS.FULLNAME
2	PHARMACY	Display Pharmacy name PHAR.PHARNAME

Roster Definition:
Display each unique pair on the RU-Person-Pharmacy-Pairs-Roster.

Roster Behavior:
1. Display only
2. Select, edit, add, and delete disallowed

```
| Roster Filter:
| Display each unique eligible person-pharmacy-pair only once
| where pair is eligible for pharmacy authorization form
| collection (see BOX_11 sampling specifications) for rounds 1,
| 2, OR 3 if round 3 or for rounds 3, 4, OR 5 if round 5
```

LOOP 07

```
FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER, ASK CL31 -
END_LP07
```

```
LOOP DEFINITION: LOOP_07 PRESENTS EACH UNIQUE PERSON-PHARMACY-PAIR
ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER TO
COMPLETE THE AUTHORIZATION FORM. THIS LOOP CYCLES ON THE RU-PERSON-
PHARMACY-PAIRS THAT MEET THE FOLLOWING CONDITION:
```

```
- PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION (SEE BOX_11
  SAMPLING SPECIFICATIONS) FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS
  3, 4, OR 5 IF ROUND 5
```

CL31

Help Enabled (CL31Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.TEMPVAR	TEMPORARY FLAG SET FOR EXECUTION ONLY	2

INTERVIEWER: {LOCATE APPROPRIATE PREPRINTED PHARMACY AUTHORIZATION FORMS (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)/COMPLETE PHARMACY AUTHORIZATION FORM} FOR THE FOLLOWING PERSON-PHARMACY-PAIR:

PID: [PID] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PHARMID: [PharmID-4]
 PHARMACY NAME: [Pharmacy Name-35]
 PHARMACY ADDRESS: [Street Address for Pharmacy]
 [City Name], [ST] [Zip Code] [Telephone]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

```

DISPLAY INSTRUCTIONS:
DISPLAY 'LOCATE ... LOCATED)' IF PERSON-PHARMACY-PAIR WAS
ELIGIBLE FROM ROUNDS 1 OR 2 IF ROUND 3 OR FROM ROUNDS 3 OR 4
IF ROUND 5. OTHERWISE, DISPLAY 'COMPLETE ... FORM'.
  
```

END LP07

```

CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE
WITH LOOP_08
  
```

LOOP 08

FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER, ASK CL32 -
END_LP08

LOOP DEFINITION: LOOP_08 PRESENTS EACH UNIQUE PERSON-PHARMACY-PAIR
ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER TO
RECORD THE STATUS OF THE AUTHORIZATION FORM. THIS LOOP CYCLES ON THE RU-
PERSON-PHARMACY-PAIRS THAT MEET THE FOLLOWING CONDITION:

- PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION (SEE BOX_11
SAMPLING SPECIFICATIONS) FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS
3, 4, OR 5 IF ROUND 5

NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PHARMACY-PAIR.

CL32

Help Enabled (FARPERMISS2) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHARSTAT	STATUS OF PERS - PHARM PAIR PF - R3	2
PLNK.PHCAPIST	STATUS OF PERS - PHARM PAIR PF - R3	2

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM. IF NOT AVAILABLE TO SIGN, LEAVE AUTHORIZATION FORM AND BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND UPDATE AF LOG IF AF UNSIGNED OR PRE-PRINTED.

PID: [PID] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PHARMID: [PharmID-4]
 PHARMACY NAME: [Pharmacy Name-35]
 PHARMACY ADDRESS: [Street Address for Pharmacy]
 [City Name], [ST] [Zip Code] [Telephone]

SELECT THE PHARMACY AUTHORIZATION FORM STATUS:

SIGNED, NO PROBLEM	1	{CL33}
SIGNED WITH PROBLEM	2	{CL32OV1}
LEFT WITH R	3	{END_LP08}
MAILED TO R	4	{END_LP08}
REFUSED	5	{CL34}
OTHER	91	{CL32OV2}

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

Hard CHECK:
 CODE '4' (MAILED TO R) MUST BE VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY RESPONSE. VERIFY AND RE-ENTER.'

CL32OV1

Help Enabled (FARPERMISS2) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHPROB	DESCRIPTION OF PROBLEM WHEN SIGNED-R3	45

PROBLEM: _____ {CL33}

**HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
AUTHORIZATION FORMS.**

CL32OV2

Help Enabled (FARPERMISS2) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHSTATOS	OTHER SPECIFY STATUS OF PF - R3	45

OTHER SPECIFY: _____ {END_LP08}

**HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
AUTHORIZATION FORMS.**

CL33

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHFORMID	PERS-PHARM FORM NUMBER - R3	8

PID: [PID] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PHARMID: [PharmID-4]
 PHARMACY NAME: [Pharmacy Name-35]
 PHARMACY ADDRESS: [Street Address for Pharmacy]
 [City Name], [ST] [Zip Code] [Telephone]

ENTER PHARMACY AUTHORIZATION FORM NUMBER:

FORM NUMBER: _____ {END_LP08}

PROGRAMMER NOTES:
 EACH PHARMACY AUTHORIZATION FORM HAS A PRE-ASSIGNED PHARMACY
 AUTHORIZATION FORM NUMBER.

Hard CHECK:
 NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN
 ALPHA CHARACTER. THE FIRST ALPHA MUST BE R, S, Z, OR Y. THE FIRST NUMERIC
 DIGIT (SECOND CHARACTER OF ENTRY) MUST BE 7, 8, OR 9. THE LAST ALPHA MUST
 BE A, B, C, D, OR E.

CL34

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHREFUSE	REASON FOR REFUSAL - R3	2

SELECT MAIN REASON FOR REFUSAL:

PID: [PID] PERSON: [First,[Middle],Last Name-35]
 DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PHARMID: [PharmID-4]
 PHARMACY NAME: [Pharmacy Name-35]
 PHARMACY ADDRESS: [Street Address for Pharmacy]
 [City Name], [ST] [Zip Code] [Telephone]

DOESN'T WANT TO BOTHER PHARMACY	1	{END_LP08}
CONFIDENTIALITY/SENSITIVE ISSUE	2	{END_LP08}
PAYMENT PROBLEM WITH PHARMACY	3	{END_LP08}
HAS ALREADY GIVEN ENOUGH INFORMATION	4	{END_LP08}
WANTS MORE INFORMATION BEFORE SIGNING	5	{END_LP08}
NOT INTERESTED	6	{END_LP08}
NO REASON GIVEN	7	{END_LP08}
OTHER	91	{CL34OV}

CL340V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PLNK.PHREFOS	OTHER SPECIFY REASON FOR REFUSAL-R3	45

OTHER REASON _____ {END_LP08}
FOR REFUSAL:

END_LP08

```
CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEETS THE  
CONDITIONS STATED IN THE LOOP DEFINITION.  
  
IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE  
WITH BOX_14
```

BOX 14

```
SUBSECTION 5: SELF-ADMINISTERED QUESTIONNAIRE (ROUNDS 2-5)  
  
IF ROUND 2 OR 4, CONTINUE WITH BOX_15  
  
IF ROUND 3 OR 5, GO TO BOX_16  
  
OTHERWISE, GO TO BOX_16A
```

BOX 15

IF ROUND 2 OR 4 AND AT LEAST ONE RU MEMBER ELIGIBLE FOR SAQ (I.E., AT LEAST ONE CURRENT RU MEMBER WHO IS NOT DECEASED OR INSTITUTIONALIZED AND IS IN THE RU AT THE ROUND 2 OR 4 INTERVIEW DATE AND IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL IF ROUND 4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2, OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL AND THE DATE OF INTERVIEW IF ROUND 4, CONTINUE WITH CL35

OTHERWISE, GO TO CL41

NOTE: DETERMINING WHICH ADULTS IN THE RU RECEIVE AN SAQ AND WHICH ADULTS ARE FOLLOWED-UP IN ROUND 3 OR 5 WILL BE BASED ONLY ON ROUND 2 OR 4 INFORMATION. THAT IS, NO RU MEMBERS ADDED IN ROUND 3 OR 5 WILL BE ASKED TO COMPLETE AN SAQ.

CL35

Help Enabled ([CL35Help](#)) Comment Enabled Jump Back Enabled

Now I would like to ask **(READ PERSON NAMES BELOW)** to complete a brief survey about health and health opinions.

[First Name, [Middle Name], Last Name] [PID]
 [First Name, [Middle Name], Last Name] [PID]
 [First Name, [Middle Name], Last Name] [PID]

AS APPROPRIATE, PREPARE AN SAQ FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

Roster Details		
Title:	RU-Members_7	
Col #	Header	Instructions
1	NAME	Display RU members' first, middle, and last names PERS.FULLNAME
2	PID	Display's RU members' 3-digit ID PERS.PID

```

Roster Definition:
Display persons on the RU-Members_Roster for display only.
=====
Roster Behavior:
1. Display only.
2. Select, edit, add, delete disallowed.
=====
Roster Filter:
Display all persons who meet the following conditions:
- Person does not have a status of deceased or
  institutionalized on Round 2 or 4 interview date
- Person currently in RU on Round 2 or 4 interview date
- Person is 18 years of age or older (or in age categories 4-
  9) on July 1, {YEAR}, where 'year' is the first calendar year
  of the panel, if Round 2, or on July 1, {YEAR}, where 'year'
  is the second calendar year of the panel, and the interview
  
```

```

|   date   if Round 4, or has   turned 18 between July 1, {YEAR},   |
|   where 'year' is the first calendar year of the panel, and   |
| the                                             |
|   date of the interview if Round 2 or July 1, {YEAR}, where   |
|   'year' is the second calendar year of the panel if Round 4. |
|-----|

```

LOOP 09

```

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL36 - END_LP09

```

```

LOOP DEFINITION: LOOP_09 COLLECTS THE SAQ STATUS FOR EACH PERSON ELIGIBLE
TO COMPLETE THE SAQ. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-
ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

```

```

- PERSON DOES NOT HAVE A STATUS OF DECEASED OR INSTITUTIONALIZED ON ROUND
  2 OR 4 INTERVIEW DATE

```

```

- PERSON CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW

```

```

DATE

```

```

- PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1,
  {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL IF ROUND 2
  OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE
  PANEL IF ROUND 4 OR HAS TURNED 18 BETWEEN JULY 1, {YEAR}, WHERE 'YEAR'
  IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW
  IF ROUND 2 OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR
  OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 4.

```

CL36

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQSTAT	CL36/CL39 STATUS OF SAQ QUESTIONNAIRE	2
PRND.SAQCAPI	CL36-39 STATUS OF SAQ QUEx DURING CAPI	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

COLLECT (PERSON)'S COMPLETED SAQ AND EXPLAIN THAT THEY WILL RECEIVE \$5.00 FOR EACH COMPLETED SAQ.

IF (PERSON) NOT AVAILABLE OR NOT ABLE TO COMPLETE SAQ AT THIS TIME, LEAVE SAQ WITH (PERSON) OR RESPONDENT AND EXPLAIN INSTRUCTIONS.

SELECT THE STATUS OF THE SAQ:

COMPLETED AND GIVEN TO INTERVIEWER	1	{END_LP09}
NOT COMPLETED, WILL PICK UP AT LATER DATE	2	{END_LP09}
NOT COMPLETED, WILL MAIL TO OFFICE	3	{END_LP09}
MAILED TO SAQ RESPONDENT	4	{END_LP09}
REFUSED TO COMPLETE	5	{CL37}
OTHER	91	{CL37OV}

```

-----
| DISPLAY INSTRUCTIONS:                               |
| DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'.         |
|-----|

```

Soft CHECK:
CODE '4' (MAILED TO SAQ RESPONDENT) MUST BE VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY RESPONSE. VERIFY AND RE-ENTER.'

CL36OV

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PRND.SAQSTOS	OTHER SPECIFY STATUS OF SAQ	45

OTHER SPECIFY: _____ {END_LP09}

CL37

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQREF	CL37-40 REASON FOR REFUSAL	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

- | | | |
|---|----|------------|
| TOO BUSY/NOT INTERESTED | 1 | {END_LP09} |
| TOO PERSONAL/SENSITIVE
INFORMATION | 2 | {END_LP09} |
| TOO MUCH OF A PHYSICAL/MENTAL
HARDSHIP | 3 | {END_LP09} |
| HAS ALREADY GIVEN ENOUGH
INFORMATION | 4 | {END_LP09} |
| WANTS MORE INFORMATION | 5 | {END_LP09} |
| NOT INTERESTED | 6 | {END_LP09} |
| NO REASON GIVEN | 7 | {END_LP09} |
| OTHER | 91 | {CL37OV} |

CL370V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQREFOS	OTHER SPECIFY REASON FOR REFUSAL	45

OTHER REASON _____ {END_LP09}
FOR REFUSAL:

END_LP09

```
CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS  
STATED IN THE LOOP DEFINITION  
  
IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_09 AND GO TO  
BOX_16A
```

BOX 16

```
IF AT LEAST ONE PERSON WITH AN SAQ DISPOSITION OF '2' (NOT COMPLETED, WILL  
PICK UP AT LATER DATE), '3' (NOT COMPLETED, WILL MAIL TO OFFICE), '4'  
(MAILED TO SAQ RESPONDENT), '5' (REFUSED TO COMPLETE SAQ), OR '91' (OTHER)  
RECORDED AT CL36 DURING ROUND 2 OR 4 AND NOT UPDATED BY RECEIPT CONTROL TO  
'1' (COMPLETE), '2' (PARTIAL COMPLETE), '4' (PROBLEM), OR '6' (WRONG SAQ  
TYPE) ((I.E., RECEIPT CONTROL IS EQUAL TO '3' (REFUSED) OR '5' (NOT  
HERE/BLANK)), CONTINUE WITH CL38  
  
OTHERWISE, GO TO BOX_16A
```


CL38

Help Enabled ([CL38Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQSTAT	CL36/CL39 STATUS OF SAQ QUESTIONNAIRE	2
PRND.RCFLG	MAPPING SAQ RC CODES BACK TO CAPI	2
PERS.SAQAGE1	SAQ AGE OF RU MEMBER - 1ST PERIOD	3
PERS.SAQAGE2	SAQ AGE OF RU MEMBER - 2ND PERIOD	3

During the last interview a short survey about health and health opinions was left with **(READ PERSON NAMES BELOW)** to complete.

I would like to check to see if I could pick these surveys up or if they were already mailed back to the home office.}

```
[First Name, [Middle Name], Last Name-65]      [PID]
[First Name, [Middle Name], Last Name-65]      [PID]
[First Name, [Middle Name], Last Name-65]      [PID]
```

1. COLLECT SAQs, IF AVAILABLE.

2. IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE NUMBER AND TYPE OF SAQs TO THE RESPONDENT.

Roster Details		
Title:	RU-Members_7	
Col #	Header	Instructions
1	NAME	Display RU members' first, middle, and last names PERS.FULLNAME
2	PID	Display's RU members' 3-digit ID PERS.PID

```
-----
Roster Definition:
Display persons on the RU-Members_Roster for display only.
-----
Roster Behavior:
```

```

1. Display only.
2. Select, edit, add, delete disallowed.
=====
Roster Filter:
Display all persons on the RU Members-Roster who meet the
following conditions:
- Person did not have a status of deceased or
  institutionalized on Round 2 or 4 interview date
- Person was currently in RU on Round 2 or 4 interview date
- Person is 18 years of age or older (or in age categories 4-
9) on July 1, {YEAR}, where 'year' is the first calendar year
of the panel, if Round 2, or on July 1, {YEAR}, where 'year'
is the second calendar year of the panel, and the interview
date if Round 4, or has turned 18 between July 1, {YEAR},
where 'year' is the first calendar year of the panel, and
the
date of the interview if Round 2 or July 1, {YEAR}, where
'year' is the second calendar year of the panel if Round 4.
- CL36 was coded '1' (COMPLETED AND GIVEN TO INTERVIEWER), '2'
(NOT COMPLETED, WILL PICK UP AT LATER DATE), '3' (NOT
COMPLETED, WILL MAIL TO OFFICE), '4' (MAILED TO SAQ
RESPONDENT), '5' (REFUSED TO COMPLETE SAQ), or '91' (OTHER)
during Round 2 or 4 for person and not updated by receipt
control to '1' (COMPLETE), '2' (PARTIAL COMPLETE), '4'
(PROBLEM),
or '6' (WRONG SAQ TYPE) ((I.E., receipt control is equal to
'3' (REFUSED)
or '5' (NOT HERE/BLANK))
=====

```

LOOP_10

```

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL39 - END_LP10

LOOP DEFINITION: LOOP_10 COLLECTS THE SAQ STATUS FOR EACH PERSON ELIGIBLE
TO COMPLETE THE SAQ. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-
ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
- PERSON DID NOT HAVE A STATUS OF DECEASED OR INSTITUTIONALIZED ON ROUND 2
OR 4 INTERVIEW DATE
- PERSON WAS CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW DATE
- PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1,
{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL IF ROUND 2
OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE
PANEL IF ROUND 4 OR HAS TURNED 18 BETWEEN JULY 1, {YEAR}, WHERE 'YEAR'
IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW
IF ROUND 2 OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR
OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 4.
- CL36 WAS CODED '1' (COMPLETED AND GIVEN TO INTERVIEWER), '2' (NOT
COMPLETED, WILL PICK UP AT LATER DATE), '3' (NOT COMPLETED, WILL MAIL
TO OFFICE), '4' (MAILED TO SAQ RESPONDENT), '5' (REFUSED TO COMPLETE
SAQ), OR '91' (OTHER) DURING ROUND 2 OR 4 FOR PERSON AND NOT
UPDATED BY RECEIPT CONTROL TO '1' (COMPLETE), '2' (PARTIAL COMPLETE),
'4' (PROBLEM), OR '6' (WRONG SAQ TYPE) ((I.E., RECEIPT CONTROL IS
EQUAL TO '3' (REFUSED) OR '5' (NOT HERE/BLANK))

```

CL39

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQSTAT	CL36/CL39 STATUS OF SAQ QUESTIONNAIRE	2
PRND.SAQCAPI	CL36-39 STATUS OF SAQ QUEX DURING CAPI	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

SAQ STATUS FROM PREVIOUS ROUND: {PREVIOUS ROUND STATUS}

COLLECT (PERSON)'s COMPLETED SAQ AND EXPLAIN THAT THEY WILL RECEIVE \$5.00 FOR EACH COMPLETED SAQ.

SELECT THE STATUS OF THE SAQ:

- | | | |
|---|----|------------|
| COMPLETED AND GIVEN TO INTERVIEWER | 1 | {END_LP10} |
| NOT COMPLETED, WILL PICK UP AT LATER DATE | 2 | {END_LP10} |
| NOT COMPLETED, WILL MAIL TO OFFICE | 3 | {END_LP10} |
| ALREADY MAILED TO HOME OFFICE | 4 | {END_LP10} |
| REFUSED TO COMPLETE | 5 | {CL40} |
| OTHER | 91 | {CL39OV} |

```

DISPLAY INSTRUCTIONS:
DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'.

DISPLAY 'SAQ STATUS FROM PREVIOUS ROUND' {PREVIOUS ROUND
STATUS}: OTHERWISE, USE A NULL DISPLAY.

FOR 'PREVIOUS ROUND STATUS', DISPLAY THE TEXT ASSOCIATED WITH
THE ROUND 2 OR 4 (OR RECEIPT CONTROL UPDATED STATUS) STATUS
ENTERED AT CL36. OTHERWISE, USE A NULL DISPLAY.

```

CL390V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQSTOS	OTHER SPECIFY STATUS OF SAQ	45

OTHER SPECIFY: _____ {END_LP10}

CL40

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQREF	CL37-40 REASON FOR REFUSAL	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

- | | | |
|---|----|------------|
| TOO BUSY/NOT INTERESTED | 1 | {END_LP10} |
| TOO PERSONAL/SENSITIVE
INFORMATION | 2 | {END_LP10} |
| TOO MUCH OF A PHYSICAL/MENTAL
HARDSHIP | 3 | {END_LP10} |
| HAS ALREADY GIVEN ENOUGH
INFORMATION | 4 | {END_LP10} |
| WANTS MORE INFORMATION | 5 | {END_LP10} |
| NOT INTERESTED | 6 | {END_LP10} |
| NO REASON GIVEN | 7 | {END_LP10} |
| OTHER | 91 | {CL40OV} |

CL400V

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.SAQREFOS	OTHER SPECIFY REASON FOR REFUSAL	45

**OTHER REASON _____ {END_LP10}
FOR REFUSAL:**

END_LP10

```
CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS  
STATED IN THE LOOP DEFINITION  
  
IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_10 AND CONTINUE  
WITH BOX_16A
```

BOX 16A

```
SUBSECTION 5A: DIABETES CARE SUPPLEMENT (DCS) QUESTIONNAIRE (ROUNDS 3 AND  
5 ONLY)  
  
IF ROUND 3 OR 5, CONTINUE WITH BOX_16B  
  
OTHERWISE, GO TO CL41
```

BOX 16B

```
IF ROUND 3 OR 5 AND AT LEAST ONE RU MEMBER ELIGIBLE FOR DIABETES CARE  
SUPPLEMENT (I.E., AT LEAST ONE RU MEMBER WHO IS CONFIRMED AS HAVING  
DIABETES AT PC02A, CONTINUE WITH CL40A  
  
OTHERWISE, GO TO CL41
```

CL40A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.DIABRESP	TYPE OF SAQ DISTRIBUTED	2
PRND.PCDIABET	PERSON HAS DIABETES	2

SELF DIABETES CARE SUPPLEMENT (DCS):

Earlier we asked **(READ SELF NAMES BELOW)** to complete a few questions about the care received for diabetes.

PROXY DCS:

Earlier we asked that someone knowledgeable about **(READ PROXY NAMES BELOW)** diabetes complete a few questions about the care received.

```
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}
```

AS APPROPRIATE COLLECT A DCS FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----
DISPLAY INSTRUCTIONS:
DISPLAY THE ROW PERSON'S PID FOR 'PID.'

DISPLAY THE TYPE OF DCS FOR THE PERSON FOR 'SELF/PROXY.' IF
PC03 FOR THE ROW PERSON IS CODED '1' (SELF), DISPLAY 'SELF.'
IF PC03 FOR THE ROW PERSON IS CODED '2' (PROXY), DISPLAY
'PROXY.'
```

Roster Details	
Title:	RU-Members_7

Col #	Header	Instructions
1	NAME	Display RU members' first, middle, and last names PERS.FULLNAME
2	PID	Display's RU members' 3-digit ID PERS.PID

Roster Definition:

Display all persons on the RU_Members_Roster for display only.

Roster Behavior:

1. Display only.
2. Select, add, edit delete disallowed.

Roster Filter:

Display all persons who meet the following condition:
- PC02 is coded '1' (YES) for the person

LOOP 10A

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL40B - END_LP10A

LOOP DEFINITION: LOOP_10A COLLECTS THE DCS STATUS FOR EACH PERSON ELIGIBLE TO COMPLETE THE DCS. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITION:

- PC02 IS CODED '1' (YES) FOR THE PERSON

CL40B

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.DSAQCAPI	STATUS OF DIABETES SAQ QUESTIONNAIRE	2
PRND.DSAQSTAT	STATUS OF DIABETES SAQ QUESTINONNAIRE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID} **TYPE OF DCS:** {SELF/PROXY}

COLLECT (PERSON)'S COMPLETED DIABETES CARE SUPPLEMENT.

IF (PERSON) NOT AVAILABLE OR NOT ABLE TO COMPLETE DCS AT THIS TIME, LEAVE DCS WITH (PERSON) OR RESPONDENT AND EXPLAIN INSTRUCTIONS.

ENTER THE STATUS OF THE DCS:

COMPLETED AND GIVEN TO INTERVIEWER	1	{END_LP10A}
NOT COMPLETED, WILL PICK UP AT LATER DATE	2	{END_LP10A}
NOT COMPLETED, WILL MAIL TO OFFICE	3	{END_LP10A}
MAILED TO DCS RESPONDENT	4	{END_LP10A}
REFUSED TO COMPLETE	5	{CL40C}
OTHER	91	{CL40BOV}

```

DISPLAY INSTRUCTIONS:
DISPLAY THE PERSON'S 3 DIGIT PID FOR 'PID'.

FOR 'SELF PROXY',DISPLAY 'SELF' IF THE PERSON BEING LOOPED ON
IS CODED '1' (SELF) AT PC03. DISPLAY 'PROXY' IF THE PERSON
BEING LOOPED ON IS CODED '2' (PROXY) AT PC03.

```

Soft CHECK:
CODE '4' (MAILED TO DCS RESPONDENT) MUST BE VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY RESPONSE. VERIFY AND RE-ENTER.'

CL40BOV

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PRND.DSAQSTOS	OTHER SPECIFY STATUS OF DIABETES SAQ	45

OTHER SPECIFY: _____ {END_LP10A}

CL40C

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.DSAQREF	DIABETES SAQ REASON FOR REFUSAL	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED	1	{END_LP10A}
TOO PERSONAL/SENSITIVE INFORMATION	2	{END_LP10A}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP	3	{END_LP10A}
HAS ALREADY GIVEN ENOUGH INFORMATION	4	{END_LP10A}
WANTS MORE INFORMATION	5	{END_LP10A}
NOT INTERESTED	6	{END_LP10A}
NO REASON GIVEN	7	{END_LP10A}
OTHER	91	{CL40COV}

CL40COV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.DSAQRFOS	OTH SPECIFY DIAB SAQ REASON FOR REFUSAL	45

OTHER REASON _____
FOR REFUSAL:

END LP10A

```
CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITION
STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITION, END LOOP_10A AND GO TO CL41

CL41 BEGINS SUBSECTION 6: COLLECTING/UPDATING LOCATING INFORMATION (ROUND
1 THOROUGH ROUND 5)
```

CL41

- Help Enabled Comment Enabled Jump Back Enabled

{Thank you for your cooperation and for taking the time to participate in this important study.}

{In the coming months, we will be contacting this family again to collect information on health care use and expenses./We are nearing the end of this study. I'd like to thank you for your participation in this important study. Just in case my supervisor needs to reach you to verify that I was here and collected this information correctly, I'd like to verify a few pieces of information.}

{Just to make sure I can reach you for the next interview, I'd like to ask a few questions about how to find the family./Let me quickly review and update the information we have for locating the family that was collected during the last interview.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----  
| DISPLAY INSTRUCTIONS:  
| DISPLAY 'Thank you ... important study' IF ROUNDS 1, 2, 3, OR  
| 4. OTHERWISE, USE A NULL DISPLAY.  
|  
| DISPLAY 'In the coming months, ... use and expenses.' IF  
| ROUNDS 1, 2, 3, OR 4. OTHERWISE, DISPLAY We are nearing ...  
| pieces of information.'  
|  
| DISPLAY 'Just ... family.' IF ROUND 1. OTHERWISE, DISPLAY  
| 'Let ... interview.'  
|-----  
| ROUTING INSTRUCTION:  
| IF NOT ROUND 5, CONTINUE WITH CL42  
|  
| OTHERWISE (I.E., IF ROUND 5), GO TO BOX_17  
|-----
```

CL42

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
INFO.INFOID	INFO ID KEY: HOMEID + COUNTER(2)	10
INFO.CREATEQ	CREATION STAMP	2
INFO.INFORURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
INFO.BESTTIM1	BEST TIME TO REACH RESPONDENT	45
INFO.BESTTIM2	BEST TIME TO REACH RESPONDENT	45
INFO.BESTTIM3	BEST TIME TO REACH RESPONDENT	45
INFO.BESTTIM4	BEST TIME TO REACH RESPONDENT	45

What is the best time of day and day of the week to get in touch with you?

ENTER BEST TIME TO CONTACT RESPONDENT/PROXY.

TEXT: _____ {CL42OV1}

PROGRAMMER NOTES:
FOUR LINES OF 45 CHARACTERS SHOULD BE AVAILABLE FOR ENTRY OF
FREE FORM TEXT.

CL42OV1

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
INFO.WHOBESTM	WHO BEST TIME RECORDED FOR	2

SELECT WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT	1	{BOX_17}
CURRENT PROXY	2	{BOX_17}
ENTIRE RU	3	{BOX_17}
OTHER	91	{CL42OV2}

CL42OV2

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
INFO.WHOBSTOS	OTHER WHO BEST TIME RECORDED FOR	25

OTHER SPECIFY: _____ {BOX_17}

BOX 17

IF NO CURRENT RU MEMBER PART OF THE RU ON THE CURRENT INTERVIEW DATE
(I.E., ALL RU MEMBERS DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY
ON CURRENT INTERVIEW DATE), GO TO BOX_18

OTHERWISE, CONTINUE WITH CL43

CL43

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHPHONE	OTHER PHONE WHERE CAN BE REACHED	2

ITEM: SECOND PHONE (WORK, FRIEND, RELATIVE, OTHER) WHERE FAMILY COULD BE REACHED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW. IF NO CURRENT INFORMATION, PROBE:

DO YOU HAVE A SECOND PHONE NUMBER WHERE YOU CAN BE REACHED, SUCH AS A WORK NUMBER, THE NUMBER OF A FRIEND OR RELATIVE?

CURRENT INFO: [2ND TELEPHONE]

ENTER NEW SECOND PHONE	1	{CL44}
SECOND PHONE CORRECT	2	{CL46}
SECOND PHONE NEEDS CORRECTION	3	{CL44}
NO CURRENT SECOND PHONE	4	{CL46}

Refused	RF	{CL46}
Don't Know	DK	{CL46}

PROGRAMMER NOTES:
 ASSUMPTION: THE QUESTIONS IN CLOSING IN WHICH CONTACT AND LOCATING INFORMATION IS PRE-RECORDED IN CAPI (CL43-CL64) ARE SPECIFIED WITH THE FOLLOWING BASIC ASSUMPTIONS:
 1. LOCATING AND CONTACTING INFORMATION WILL NOT BE WRITTEN OVER FROM ROUND TO ROUND.
 2. ONLY THE MOST CURRENT INFORMATION WILL APPEAR IN THE TEXT OF THESE QUESTIONS AND NO HISTORY OF CONTACT AND LOCATING INFORMATION WILL APPEAR ON THE CAPI SCREEN FOR THE INTERVIEWER.
 3. IF INFORMATION STAYS THE SAME, IT WILL BE CARRIED FORWARD.
 4. WHETHER OR NOT PREVIOUS ROUND'S INFORMATION OR ANY CONTACT HISTORY WILL BE PRINTED ON THE FACE SHEET FOR ANY OF THE CONTACTING AND LOCATING QUESTIONS IS STILL NOT KNOWN.

Hard CHECK:

CODES '2' (SECOND PHONE CORRECT) AND '3' (SECOND PHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT SECOND PHONE INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT SECOND PHONE, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO CURRENT SECOND PHONE. VERIFY AND RE-ENTER.'

CL44

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHPAREA	OTH PHONE WHERE CAN BE REACHED-AREA CODE	3
HOME.OTHPEXCH	OTH PHONE WHERE CAN BE REACHED-EXCHANGE	3
HOME.OTHPLOCL	OTH PHONE WHERE CAN BE REACHED-LOCAL	4

[What is that telephone number?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND PHONE.
IF UNAVAILABLE, ENTER COMPLETE SECOND TELEPHONE NUMBER.**

**TO VERIFY CURRENT INFORMATION ENTER ALL ZEROES. TO
CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.**

CURRENTINFO: [2ND _ TELEPHONE]

AREA CODE: _____

EXCHANGE: _____

LOCAL: _____ {CL45}

Refused RF {CL45}

Don't Know DK {CL45}

PROGRAMMER NOTES:
FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE NUMBER
ENTERED OR CORRECTED AT CL44 FOR THE CURRENT ROUND.

Hard CHECK:
DISALLOW LEADING ZEROS AS AN ENTRY.

IF NO CURRENT SECOND PHONE AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD
(REF AND DK ARE ALLOWED).

IF CURRENT SECOND PHONE AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

CL45

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHPHLOC	WHERE IS OTHER TELEPHONE LOCATED	2

Where is that telephone located?

- | | | |
|--------------------------|----|-----------|
| OFFICE/PLACE OF BUSINESS | 1 | {CL45OV2} |
| RELATIVE | 2 | {CL45OV2} |
| NEIGHBOR | 3 | {CL45OV2} |
| FRIEND | 4 | {CL45OV2} |
| OTHER SPECIFY | 91 | {CL45OV1} |
| ----- | | |
| Refused | RF | {CL45OV2} |
| Don't Know | DK | {CL45OV2} |

CL45OV1

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
HOME.OTHPHLOS	OTHER LOCATION-SPECIFY	45

OTHER SPECIFY: _____ {CL45OV2}

Refused RF {CL45OV2}

Don't Know DK {CL45OV2}

CL45OV2

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHPNAM1	NAME OF OTHER PHONE LOCATION-1	45
HOME.OTHPNAM2	NAME OF OTHER PHONE LOCATION-2	45

What is the name of that location?

ENTER NAME AND/OR DESCRIPTION. ALSO, INCLUDE ANY SPECIAL INSTRUCTIONS FOR CALLING AT THE ALTERNATE TELEPHONE NUMBER (FOR EXAMPLE, CALL ONLY IN EMERGENCY).

DESCRIPTION: _____ {CL46}

Refused	RF	{CL46}
Don't Know	DK	{CL46}

PROGRAMMER NOTES:
ALLOW 2 LINES OF 45 CHARACTERS FOR DESCRIPTION.

CL46

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.MAILADDR	SEPARATE MAILING ADDRESS	2

ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE: DO YOU HAVE A MAILING ADDRESS THAT IS DIFFERENT FROM YOUR PHYSICAL ADDRESS, SUCH AS A P.O. BOX?

CURRENT INFO: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY]
 [STATE]
 [ZIP CODE]

ENTER NEW MAILING ADDRESS	1	{CL47}
MAILING ADDRESS CORRECT	2	{BOX_17A}
MAILING ADDRESS NEEDS CORRECTION	3	{CL47}
NO CURRENT MAILING ADDRESS	4	{BOX_17A}

Refused	RF	{BOX_17A}
Don't Know	DK	{BOX_17A}

Hard CHECK:
 CODES '2' (MAILING ADDRESS CORRECT) AND '3' (MAILING ADDRESS NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT MAILING ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT MAILING ADDRESS, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO CURRENT MAILING ADDRESS. VERIFY AND RE-ENTER.'

CL47

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.MAILSTR1	MAILING STREET ADDRESS	30
HOME.MAILSTR2	MAILING STREET ADDRESS 2	30
HOME.MAILEITY	MAILING CITY	20
HOME.MAILST	MAILING STATE	2
HOME.MAILZIP	MAILING ZIP CODE	5

[What is that address?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT MAILING ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE MAILING ADDRESS.**

**TO VERIFY CURRENT INFORMATION ENTER 'NU'. TO CORRECT OR
ENTER INFORMATION, TYPE ENTIRE FIELD.**

CURRENT INFO: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

1ST_STR_ADDRESS: _____
2ND_STR_ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP CODE: _____ {BOX_17A}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

<p>Hard CHECK: IF NO CURRENT MAILING ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). IF CURRENT MAILING ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.</p>

BOX 17A

IF NOT ROUND 5, CONTINUE WITH CL48

OTHERWISE (I.E., IF ROUND 5), GO TO CL62

CL48

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.SECSHOME	HAVE ANOTHER/VACATION HOME	2

ITEM: ANOTHER HOME SUCH AS SECOND HOME OR VACATION HOME WHERE FAMILY CAN SOMETIMES BE CONTACTED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND HOME INFORMATION SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE: DO YOU HAVE A SECOND HOME, SUCH AS A VACATION HOME WHERE WE COULD CONTACT YOU IF YOU ARE NOT AVAILABLE AT YOUR USUAL ADDRESS?

CURRENT INFO: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

- | | | |
|---|----|--------|
| ENTER NEW SECOND HOME ADDRESS AND TELEPHONE | 1 | {CL49} |
| SECOND HOME ADDRESS AND TELEPHONE CORRECT | 2 | {CL50} |
| SECOND HOME ADDRESS OR TELEPHONE NEEDS CORRECTION | 3 | {CL49} |
| NO CURRENT SECOND HOME | 4 | {CL50} |
| ----- | | |
| Refused | RF | {CL50} |
| Don't Know | DK | {CL50} |

Hard CHECK:
CODES '2' (SECOND HOME ADDRESS AND TELEPHONE CORRECT) AND '3' (SECOND HOME ADDRESS OR TELEPHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT SECOND HOME ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT SECOND HOME ADDRESS, DISPLAY THE FOLLOWING MESSAGE: 'CODE

NOT AVAILABLE. NO CURRENT SECOND HOME ADDRESS. VERIFY AND RE-ENTER.'

CL49

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.SECNSTR1	SECOND HOME STREET ADDRESS	30
HOME.SECNSTR2	SECOND HOME STREET ADDRESS 2	30
HOME.SECNCITY	SECOND HOME CITY	20
HOME.SECNST	SECOND HOME STATE	2
HOME.SECNZIP	SECOND HOME ZIP CODE	5
HOME.SECNAREA	2ND HOME WHERE CAN CONTACT-AREA CODE	3
HOME.SECNEXCH	2ND HOME WHERE CAN CONTACT-EXCHANGE	3
HOME.SECNLOCL	2ND HOME WHERE CAN CONTACT-LOCAL	4

[What is the address and phone number of that home?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND HOME ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE SECOND HOME ADDRESS.**

TO VERIFY CURRENT ADDRESS ENTER 'NU'. TO VERIFY CURRENT PHONE ENTER ALL ZEROES. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

CURRENT INFO: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

1ST STR ADDRESS: _____
2ND STR ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP CODE: _____
 TELEPHONE: _____ {CL50}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

Hard CHECK:

IF NO CURRENT SECOND HOME ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

IF CURRENT SECOND HOME ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

CL50

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CONTPERS	CONTACT PERS TO LOCATE FAMILY	2

ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE: DO YOU HAVE A FRIEND OR RELATIVE WHO DOES NOT LIVE HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH THE FAMILY?

CURRENT INFO: [CONTACT_NAME]
 [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

ENTER NEW CONTACT PERSON/ADDRESS	1	{CL51}
CONTACT PERSON/ADDRESS CORRECT	2	{CL52}
CONTACT PERSON/ADDRESS NEEDS CORRECTION	3	{CL51}
NO CURRENT CONTACT PERSON	4	{CL53}

Refused	RF	{CL53}
Don't Know	DK	{CL53}

Hard CHECK:
CODES '2' (CONTACT PERSON/ADDRESS CORRECT) AND '3' (CONTACT PERSON/ADDRESS NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT CONTACT PERSON INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT CONTACT

INFORMATION, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO
CURRENT CONTACT INFORMATION. VERIFY AND RE-ENTER.'

CL51

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CONTFNAM	CONTACT PERSON - FIRST NAME	20
HOME.CONTMNAM	CONTACT PERSON - MIDDLE NAME	20
HOME.CONTLNAM	CONTACT PERSON - LAST NAME	25
HOME.CONTSTR1	CONTACT PERSON - STREET ADDRESS	30
HOME.CONTSTR2	CONTACT PERSON - STREET ADDRESS 2	30
HOME.CONTCITY	CONTACT PERSON - CITY	20
HOME.CONTST	CONTACT PERSON - STATE	2
HOME.CONTZIP	CONTACT PERSON - ZIP CODE	5
HOME.CONTAREA	CONTACT PERSON - AREA CODE	3
HOME.CONTEXCH	CONTACT PERSON - EXCHANGE	3
HOME.CONTLOCL	CONTACT PERSON - LOCAL	4

[What is the name, address, and phone number of that person?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT INFORMATION.

IF UNAVAILABLE, ENTER COMPLETE CONTACT INFORMATION.

TO VERIFY CURRENT ADDRESS ENTER 'NU'. TO VERIFY CURRENT PHONE ENTER ALL ZEROES. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

CURRENT INFO:

[CONTACT_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

CONTACT_NAME: _____
1ST STR ADDRESS: _____
2ND STR ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TELEPHONE: _____ {CL52}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

Hard CHECK:

IF NO CURRENT CONTACT ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

IF CURRENT CONTACT ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

CL52

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CONTRELS	CONTACT PERSON'S RELATIONSHIP TO REF P	45

CONTACT PERSON: {NAME OF CONTACT PERSON FROM CL51}

REFERENCE PERSON: {NAME OF REFERENCE PERSON}

[What is (CONTACT PERSON)'s relationship to (REFERENCE PERSON)?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT RELATIONSHIP.

IF UNAVAILABLE, ENTER COMPLETE CONTACT RELATIONSHIP.

TO VERIFY CURRENT INFORMATION ENTER 'NU'. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

CURRENT INFO: [CONTACT_RELATIONSHIP]

CONTACT _____ {CL53}
RELATIONSHIP:

```

| DISPLAY INSTRUCTIONS:
| DISPLAY THE NAME ENTERED AT CL51 FOR 'NAME OF CONTACT PERSON
| FROM CL51'.
|
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR 'NAME
| OF REFERENCE PERSON'.
|

```

Hard CHECK:

IF NO CURRENT CONTACT RELATIONSHIP AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED).

IF CURRENT CONTACT RELATIONSHIP AVAILABLE, ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE.

CL53

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.ALTRRESP	BEST PERSON TO PROVIDE HLTH AND EXP INFO	2

ITEM: ALTERNATE RESPONDENT - BEST PERSON TO PROVIDE HEALTH CARE AND EXPENSES INFORMATION FOR THIS FAMILY IF CURRENT RESPONDENT IS UNAVAILABLE DURING NEXT INTERVIEW.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT INFORMATION SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE: IF YOU ARE NOT AVAILABLE FOR THE NEXT INTERVIEW, WHO WOULD BE THE BEST PERSON TO PROVIDE INFORMATION ABOUT THE FAMILY FOR THE NEXT INTERVIEW?

CURRENT INFO: [ALTERNATE_NAME]
 [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

ENTER NEW ALTERNATE RESPONDENT INFORMATION	1	{CL54}
ALTERNATE RESPONDENT INFORMATION CORRECT	2	{CL56}
ALTERNATE RESPONDENT INFORMATION NEEDS CORRECTION	3	{CL54}
NO CURRENT ALTERNATE RESPONDENT	4	{CL57}

Refused	RF	{CL57}
Don't Know	DK	{CL57}

PROGRAMMER NOTES:
IF CURRENT ALTERNATE RESPONDENT IS A DU MEMBER, DO NOT DISPLAY
CURRENT ADDRESS AND PHONE INFORMATION. ONLY DISPLAY CURRENT
ADDRESS AND PHONE INFORMATION IF CURRENT ALTERNATE RESPONDENT
IS OUTSIDE OF THE DU.

Hard CHECK:
CODES '2' (ALTERNATE RESPONDENT INFORMATION CORRECT) AND '3' (ALTERNATE
RESPONDENT INFORMATION NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT
ALTERNATE RESPONDENT INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED
WHEN NO CURRENT ALTERNATE RESPONDENT INFORMATION, DISPLAY THE FOLLOWING
MESSAGE: 'RESPONSE NOT AVAILABLE. NO CURRENT ALTERNATE INFORMATION. VERIFY
AND RE-ENTER.'

CL54

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.BESTRPID	PID OF RU MEMBER TO PROVIDE HEALTH INFO	3
HOME.ALTRFNAM	ALTERNATE RESP - FIRST NAME	20
HOME.ALTRMNAM	ALTERNATE RESP - MIDDLE NAME	20
HOME.ALTRLNAM	ALTERNATE RESP - LAST NAME	25

INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

[First Name, [Middle Name], Last Name-65] {CL55}
 [First Name, [Middle Name], Last Name-65]
 [First Name, [Middle Name], Last Name-65]

```

ROUTING INSTRUCTION:
IF 'SOMEONE OUTSIDE DU' SELECTED, CONTINUE WITH CL55
OTHERWISE, GO TO CL57
    
```

```

Roster Definition:
Display persons on DU-Members_Roster for selection.
=====

Roster Behavior:
1. Select one allowed.
2. Multiple select, edit, add, delete disallowed.
3. Display 'SOMEONE OUTSIDE DU' as last entry on roster.
=====

Roster Filter:
Display those DU members who meet the following conditions:
- Person is not current respondent
- Person is not deceased
    
```

CL55

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.ALTRFNAM	ALTERNATE RESP - FIRST NAME	20
HOME.ALTRMNAM	ALTERNATE RESP - MIDDLE NAME	20
HOME.ALTRLNAM	ALTERNATE RESP - LAST NAME	25
HOME.ALTRSTR1	ALTERNATE RESP - STREET ADDRESS	30
HOME.ALTRSTR2	ALTERNATE RESP - STREET ADDRESS #2	30
HOME.ALTRCITY	ALTERNATE RESP - CITY	20
HOME.ALTRST	ALTERNATE RESP - STATE	2
HOME.ALTRZIP	ALTERNATE RESP - ZIP CODE	5
HOME.ALTRAREA	ALTERNATE RESP - AREA CODE	3
HOME.ALTRXCH	ALTERNATE RESP - EXCHANGE	3
HOME.ALTRLOCL	ALTERNATE RESP - LOCAL	4

[What is the name, address, and phone number of that person?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.**

TO VERIFY CURRENT ADDRESS ENTER 'NU'. TO VERIFY CURRENT PHONE ENTER ALL ZEROES. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

CURRENT INFO: [ALTERNATE_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

ALTERNATE_NAME: _____
1ST STR ADDRESS: _____
2ND STR ADDRESS: _____
CITY: _____
STATE: _____

ZIP CODE: _____
TELEPHONE: _____ {CL56}

USE HELP TO DISPLAY LIST OF STATE ABBREVIATIONS.

Hard CHECK:

IF NO CURRENT ALTERNATE ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY
FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

IF CURRENT ALTERNATE ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

CL56

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.ALTRRELS	ALTERNATE PERSON'S RELATIONSHIP: RU MEMB	45

ALTERNATE RESPONDENT: {NAME OF ALTERNATE RESPONDENT CL55}

REFERENCE PERSON: {NAME OF REFERENCE PERSON}

[What is (ALTERNATE RESPONDENT)'s relationship to (REFERENCE PERSON)?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.**

TO VERIFY CURRENT INFORMATION ENTER 'NU'. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

CURRENT INFO: [ALTERNATE_RELATIONSHIP]

ALTERNATE _____ {CL57}
RELATIONSHIP:

```

| DISPLAY INSTRUCTIONS:
| DISPLAY THE NAME ENTERED AT CL55 FOR 'NAME OF ALTERNATE
| RESPONDENT CL55'.
|
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR 'NAME
| OF REFERENCE PERSON'.
|

```

Hard CHECK:
IF NO CURRENT ALTERNATE RELATIONSHIP AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED).

IF CURRENT ALTERNATE RELATIONSHIP AVAILABLE, ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE.

CL57

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
INFO.INFOID	INFO ID KEY: HOMEID + COUNTER(2)	10
INFO.INFORURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
INFO.ANYMOVE	IS ANYONE IN RU MOVING WITHIN NEXT 3 MTH	2

Is anyone in the family planning to move within the next 3 months?

YES	1	{CL58}
NO	2	{BOX_18}

Refused	RF	{BOX_18}
Don't Know	DK	{BOX_18}

CL58

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.FUTMOVER	PERSON SELECTED AS FUTURE MOVER	2

Who is that?

PROBE: Anyone else?

[First Name, [Middle Name], Last Name-65] {LOOP_11}
 [First Name, [Middle Name], Last Name-65]
 [First Name, [Middle Name], Last Name-65]

Roster Details		
Title:	RU_MEMBERS_1	
Col #	Header	Instructions
1	NAME	RU member's first, middle and last names PERS.FULLNAME

```

Roster Definition:
Display the RU-MEMBERS-ROSTER for selection.

Roster Behavior:
1. Multiple select allowed.
2. Add, edit, delete disallowed.

Roster Filter:
Display all persons who are current RU members (i.e., a member
of the RU on the interview date).
    
```

LOOP 11

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL59 - END_LP11

LOOP DEFINITION: LOOP_11 COLLECTS ADDRESS INFORMATION FOR POTENTIAL FUTURE MOVERS. THIS LOOP CYCLES ON PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART OF THE RU ON INTERVIEW DATE)
 - PERSON SELECTED AS A FUTURE MOVER (I.E., SELECTED AT CL58)
 - PERSON NOT FLAGGED AS 'PROCESSED FUTURE MOVER' (I.E., PERSON HAS NOT YET BEEN PROCESSED THROUGH THIS LOOP OR SELECTED AT CL61)
-

CL59

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
TRAC.TRACID	TRAC ID KEY: INFOID + COUNTER(2)	12
TRAC.TRACRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRAC.MOVESTR1	MOVING STREET ADDRESS 1	30
TRAC.MOVESTR2	MOVING STREET ADDRESS 2	30
TRAC.MOVECITY	MOVING CITY	25
TRAC.MOVEST	MOVING STATE	2
TRAC.MOVEZIP	ZIP CODE (STUDENT/SPLIT/FUTURE MOVERS)	5
TRAC.MOVEAREA	MOVING AREA CODE	3
TRAC.MOVEEXCH	MOVING TELEPHONE EXCHANGE	3
TRAC.MOVELOCL	MOVING TELEPHONE LOCAL	4
TRAC.TRACTYPE	TRACE TYPE (STUDENT/RU SPLIT/MOVERS)	2
PRND.TRACLINK	SEQUENTIAL # OF TRACING REC WITH RU LET.	3

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number of the place where
(PERSON) is planning to move.

1ST STR ADDRESS: _____

2ND STR ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE: _____ {CL60}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```

PROGRAMMER NOTES:
REFUSED AND DON'T KNOW ALLOWED FOR EACH FIELD.

FLAG PERSON AS 'PROCESSED FUTURE MOVER'.

ROUTING INSTRUCTION:
IF ALL PERSONS SELECTED AS FUTURE MOVERS (I.E., SELECTED AT
CL58) ARE FLAGGED AS 'PROCESSED FUTURE MOVER', GO TO END_LP11

OTHERWISE, CONTINUE WITH CL60

```

CL60

Help Enabled Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) planning to move with anyone in the family?

YES	1	{CL61}
NO	2	{END_LP11}

Refused	RF	{END_LP11}
Don't Know	DK	{END_LP11}

CL61

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.FUTMOVER	PERSON SELECTED AS FUTURE MOVER	2
PRND.TRACLINK	SEQUENTIAL # OF TRACING REC WITH RU LET.	3

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Who is (PERSON) planning to move with?

[First Name, [Middle Name], Last Name-65] {END_LP11}
 [First Name, [Middle Name], Last Name-65]
 [First Name, [Middle Name], Last Name-65]

```
PROGRAMMER NOTES:
FLAG ALL SELECTED PERSONS AS 'PROCESSED FUTURE MOVER'.
```

Roster Details		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
Display persons on the RU_Members_Roster for selection.
-----

Roster Behavior:
1. Multiple select allowed.
2. Add, edit, delete disallowed.
-----

Roster Filter:
Display all persons in the RU-Members_Roster who meet the
following conditions:
- Person is a current RU member (I.E., person part of the RU
on interview date)
- Person selected as a future mover (I.E., selected at CL58)
- Person not flagged as 'Processed future mover'
```

END LP11

CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS
STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_11 AND CONTINUE
WITH BOX_18

BOX 18

IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH BOX_18A

OTHERWISE, GO TO CL62

BOX 18A

IF NOT ROUND 5, CONTINUE WITH CL61A

OTHERWISE (I.E., IF ROUND 5), GO TO CL62

CL61A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PROXINFO	PROXY INFORMATION-ADDRESS/PHONE NUMBER	2

ITEM: PROXY INFORMATION - NEED ADDRESS AND PHONE NUMBER OF CURRENT PROXY.

**INTERVIEWER: IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW PROXY ADDRESS (IF AVAILABLE).**

CURRENT INFO: [PROXY_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

ENTER NEW PROXY ADDRESS AND TELEPHONE	1	{CL61B}
PROXY ADDRESS AND TELEPHONE CORRECT	2	{CL62}
PROXY ADDRESS OR TELEPHONE NEEDS CORRECTION	3	{CL61B}
NO CURRENT PROXY ADDRESS	4	{CL62}
Refused	RF	{CL62}
Don't Know	DK	{CL62}

Hard CHECK:
CODES '2' (PROXY ADDRESS AND TELEPHONE CORRECT) AND '3' (PROXY ADDRESS OR TELEPHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT PROXY ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT PROXY ADDRESS, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO CURRENT PROXY ADDRESS. VERIFY AND RE-ENTER.'

CL61B

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PROXFNAM	PROXY - FIRST NAME	20
HOME.PROXMNAM	PROXY - MIDDLE NAME	20
HOME.PROXLNAM	PROXY - LAST NAME	25
HOME.PROXSTR1	PROXY'S STREET ADDRESS 1	30
HOME.PROXSTR2	PROXY'S STREET ADDRESS 2	30
HOME.PROXCITY	PROXY'S CITY	20
HOME.PROXST	PROXY'S STATE	2
HOME.PROXZIP	PROXY'S ZIP CODE	5
HOME.PROXAREA	PROXY HOME PHONE - AREA CODE	3
HOME.PROXEXCH	PROXY HOME PHONE - EXCHANGE	3
HOME.PROXLOCL	PROXY HOME PHONE - LOCAL	4

[What is your address and phone number?]

**IF AVAILABLE, VERIFY AND UPDATE CURRENT PROXY ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE PROXY ADDRESS.**

**TO VERIFY CURRENT ADDRESS ENTER 'NU'. TO VERIFY CURRENT
PHONE ENTER ALL ZEROES. TO CORRECT OR ENTER INFORMATION,
TYPE ENTIRE FIELD.**

CURRENT INFO: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

1ST STR ADDRESS: _____

2ND STR ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE: _____ {CL62}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```

PROGRAMMER NOTES:
FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE ADDRESS AND
PHONE ENTERED OR CORRECTED AT CL61B FOR THE CURRENT ROUND.
    
```

Hard CHECK:
 IF NO CURRENT PROXY ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).
 IF CURRENT PROXY ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

CL62

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INTVTYPE	WAS INTERVIEW IN-PERSON OR BY PHONE	2

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON	1	{CL62A}
BY TELEPHONE	2	{CL62A}

CL62A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INTVLANG	LANGUAGE INTERVIEW WAS COMPLETED	2

INTERVIEWER: WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED IN?

ENGLISH	1	{CL63}
SPANISH	2	{CL63}
BOTH ENGLISH AND SPANISH	3	{CL63}
OTHER LANGUAGE	91	{CL62AOV}

CL62AOV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INTVLAOS	OTHER LANGUAGE INTERVIEW WAS COMPLETED	45

ENTER OTHER LANGUAGE: _____ {CL63}

CL63

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.ANYPRES	ANYONE PRESENT ALL/PART OF INTERVIEW	2

**INTERVIEWER: WAS ANYONE OTHER THAN THE
{RESPONDENT/PROXY} PRESENT FOR ALL OR PART OF THE
INTERVIEW?**

NO ONE ELSE PRESENT	1	{CL65}
SOMEONE ELSE PRESENT FOR ALL OF INTERVIEW	2	{CL64}
SOMEONE ELSE PRESENT FOR PART OF INTERVIEW	3	{CL64}

DISPLAY INSTRUCTIONS: DISPLAY 'RESPONDENT' IF CURRENT RESPONDENT IS AN RU MEMBER. DISPLAY 'PROXY' IF CURRENT RESPONDENT IS A PROXY.

CL64

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.WHOPRES	WHO IS PRESENT FOR ALL/PART INTERVIEW	2

INTERVIEWER: SELECT ALL OTHER PERSONS PRESENT DURING INTERVIEW.

[First Name, [Middle Name], Last Name-65] {CL65}
 [First Name, [Middle Name], Last Name-65]
 [First Name, [Middle Name], Last Name-65]

PROGRAMMER NOTES:
 DISPLAY 'SOMEONE OUTSIDE DU' AS AN OPTION ON THIS SCREEN.

Roster Details		
Title:	PROVIDER DIRECTORY	
Col #	Header	Instructions
1	PROVIDER_MATCHES	Display Truncated Provider Name PROV.DRFNAME (10), PROV.LORPNAME (15)
2	STREET	Display Truncated Street Address PROV.PVSTRT1, PROV.PVSTRT2 (15)

Roster Definition:
 Display persons on the DU_Members_Roster for selection.

Roster Behavior:
 1. Multiple select allowed.
 2. Add, edit, delete disallowed.

Roster Filter:
 Display persons on the DU-Members-Roster who meet the following condition(s):
 - Person is on the DU roster, but not the RU roster or

```

| - Person on the RU roster and was eligible at the end of
| re-enumeration and is physically in the RU on the
| interview date and
| - Person is not identified as current respondent
|
|-----|

```

CL65 Help Enabled Comment Enabled Jump Back Enabled

INTERVIEWER: USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.

{1a. FILL OUT SAQ CHECK(S) WITH SAQ RESPONDENT NAME(S).}

1b. FILL OUT INTERVIEW CHECK FOR PARTICIPATION WITH RESPONDENT'S NAME.

{2a. COMPLETE THE RECEIPT AND AGREEMENT FORM AND RECORD THE SAQ CHECK(S).}

2b. COMPLETE THE RECEIPT AND AGREEMENT FORM AND RECORD THE INTERVIEW PARTICIPATION CHECK AND HAVE RESPONDENT SIGN IT.

{3a. COMPLETE SAQ CHECK LOG.}

3b. COMPLETE THE RESPONDENT PAYMENT CHECK LOG.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```

|-----|
| DISPLAY INSTRUCTIONS:
| DISPLAY '1a. FILL OUT. . . NAME(S).', '2a. COMPLETE. . .
| CHECK(S).', AND '3a. COMPLETE. . .LOG.' IF ROUNDS 2-5 AND IF
| CL36 OR CL39 IS CODED '1' (COMPLETED AND GIVEN TO INTERVIEWER)
| FOR ANY SAQ. OTHERWISE, USE A NULL DISPLAY.
|-----|

```

CL66

Help Enabled Comment Enabled Jump Back Enabled

INTERVIEWER:

4. GIVE RESPONDENT CHECK(S) AND READ STATEMENTS BELOW:

Thank you again for your cooperation in this important research. {This check is payment in advance for keeping records from today until the next interview. This next interview will take place in {the fall of {YEAR}/early {YEAR}/the fall of {YEAR}/early {YEAR}./This check is for your efforts in keeping records and participating in this survey.}

5. THANK RESPONDENT FOR THIS INTERVIEW.

6. {ASK RESPONDENT TO KEEP RECORDS FOR NEXT INTERVIEW AND GIVE RESPONDENT GIFT./GIVE RESPONDENT CERTIFICATE:

I would also like to thank you on behalf of the two Public Health Service agencies that sponsor this study -- the Agency for Healthcare Research and Quality and the National Center for Health Statistics. As a token of their appreciation, they would like you to have this certificate of commendation recognizing your contributions of time and effort in a research project to help enlighten Americans about our health care system.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----
| DISPLAY INSTRUCTIONS:
| DISPLAY 'This check ... /early 2009}.' IF ROUNDS 1 OR 2 OR 3
| OR 4. OTHERWISE, DISPLAY 'This check ... this survey'
|
| DISPLAY 'the fall of {YEAR}', WHERE 'YEAR' IS THE FIRST
| CALENDAR YEAR OF THE PANEL, IF ROUND 1. DISPLAY 'early
| {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE
| PANEL, IF ROUND 2. DISPLAY 'the fall of {YEAR}', WHERE 'YEAR'
| IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 3. DISPLAY
| 'early {YEAR}', WHERE 'YEAR' IS THE YEAR SUBSEQUENT TO THE
| SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 4.
|
| DISPLAY 'ASK ... GIFT.' IF ROUNDS 1 OR 2 OR 3 OR 4. DISPLAY
| 'GIVE ... health care system.' IF ROUND 5.
|
|-----
```

CL67

Help Enabled Comment Enabled Jump Back Enabled

**INTERVIEWER: WERE ANY OF THE FOLLOWING MEMORY AIDS USED
BY THE RESPONDENT(S) DURING THE INTERVIEW?**

CL67 01

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.NMESCAL1	MEMORY AID: HLTH EVS REC WITH ENTRIES	2

MONTHLY PLANNER, WITH ENTRIES YES NO

CL67_02

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.NMESCAL2	MEMORY AID:HLTH EVS REC WITHOUT ENTRIES	2

MONTHLY PLANNER, WITHOUT ENTRIES YES NO

CL67_03

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.NMESCAL3	MEMORY AID: HLTH EVS REC WORKSHEET	2

HEALTH EVENTS WORKSHEET YES NO

CL67_04

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
HOME.RECORDF	MEMORY AID: RECORD FILE	2

RECORD FILE

YES

NO

CL67_05

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
HOME.OTCALNDR	MEMORY AID: OTHER CLENDAR	2

OTHER CALENDAR

YES

NO

CL67_06

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.CHKBOOK	MEMORY AID: CHECKBOOK	2

CHECK BOOK YES NO

CL67_07

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PROVSTMT	MEMORY AID: BILL/STATEMENT FROM PROVIDER	2

BILL/STATEMENT FROM PROVIDER YES NO

CL67_08

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INSSTMT	MEMORY AID:INSURANCE PAYMENT STATEMENT	2

INSURANCE PAYMENT STATEMENT YES NO

CL67_09

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.BOTLRcpt	MEMORY AID: MEDICINE BOTTLE/RECEIPT	2

MEDICINE BOTTLE/RECEIPT YES NO

CL67_10

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHERAID	MEMORY AID: OTHER	2

OTHER

YES

NO

ROUTING INSTRUCTION:
IF CL67_10 IS CODED '1' (YES), CONTINUE WITH CL68
OTHERWISE, GO TO BOX_20

CL68

Help Enabled Comment Enabled Jump Back Enabled

WHICH OTHER MEMORY AIDS?

CL68 01

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PROVCARD	OTH MEMORY AID:DR'S CARD/APPT SLIP	2

DOCTOR'S CARD OR APPOINTMENT SLIP YES NO

CL68 02

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INSPLCY	OTH MEMORY AID: INSURANCE POLICY	2

INSURANCE POLICY YES NO

CL68 03

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INSCARD	OTH MEMORY AID: INSURANCE CARDS	2

INSURANCE CARDS

YES

NO

CL68 04

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PHONBOOK	OTH MEMORY AID: TELEPHONE BOOK	2

TELEPHONE BOOK

YES

NO

CL68_05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHAID	OTH MEMORY AID: OTHER	2

OTHER YES NO

```
PROGRAMMER NOTES:  
IF CL68_01 THROUGH CL68_05 ARE ALL CODED `2' (NO), CAPI  
DISPLAYS THE FOLLOWING MESSAGE: `AT LEAST ONE FIELD SHOULD BE  
CODED 1.' THE INTERVIEWER MUST RE-ENTER RESPONSES TO CL68_01  
THROUGH CL68_05.  
  
ROUTING INSTRUCTION:  
IF CL68_05 IS CODED '1' (YES), CONTINUE WITH CL68OV  
  
OTHERWISE, GO TO BOX_20
```

CL68OV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OTHAIDOS	OTH MEMORY AID: OTHER SPECIFY	25

OTHER SPECIFY: _____ {BOX_20}

BOX 20

[END INTERVIEW.]
