

Closing (CL) Section

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

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
DISPLAY PERS.FULLNAME

BOX_01

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| 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) AND CARE WAS PROVIDED TO PERSON |
| 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.

SAMPLING BOX (FOR ROUNDS 2-5) CONT'D:

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
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{[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:

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

[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.]

| 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'.

| DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY |
ONCE.

CONTINUE WITH LOOP_01

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| 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

CL02
=====

OMITTED.

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

| 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.

END_LP01
=====

| 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

LOOP_02
=====

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

CL04
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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]

RU ID: [RUID-7] 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 {CL040V1}
- LEFT WITH RESPONDENT 3 {END_LP02}
- MAILED TO RESPONDENT 4 {END_LP02}
- REFUSED 5 {CL06}
- OTHER 91 {CL040V2}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

[Code One]

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ALL SIGNED AF(S) AND MAKE A NOTE OF EXTRA AF(S) IN COMMENT AREA OF
THE AF LOG.}

[Enter Number-8] {CL050V}

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.

NOTE: EACH AUTHORIZATION FORM HAS A PRE-ASSIGNED AUTHORIZATION FORM NUMBER.

HARD CHECK - PANEL 12 MPC AUTHORIZATION FORMS:
 AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 12 MPC AUTHORIZATION FORMS ARE PRINTED ON GREEN PAPER.

<u>ORIGIN</u>	<u>LETTER</u>	<u>5-NUMBER SEQUENCE</u>	<u>CHECK DIGIT</u>	<u>ROUND IDENTIFIER</u>
PRE-GENERATED	A-M	00001-29499	CONSTANT	A, B, C, D, E
FIELD GENERATED	A-M	29500-44999	CONSTANT	A, B, C, D, E
HOME OFFICE	T	45000-49999	CONSTANT	A, B, C, D, E
TRAINING/QC	Y	96000-96399	CONSTANT	A, B, C, D, E

HARD CHECK – PANEL 13 MPC AUTHORIZATION FORMS:
 AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 13 MPC AUTHORIZATION FORMS ARE PRINTED ON WHITE PAPER.

<u>ORIGIN</u>	<u>LETTER</u>	<u>5-NUMBER SEQUENCE</u>	<u>CHECK DIGIT</u>	<u>ROUND IDENTIFIER</u>
PRE-GENERATED	A-M	00001-29499	CONSTANT	G, H, J, K, L
FIELD GENERATED	A-M	29500-44999	CONSTANT	G, H, J, K, L
HOME OFFICE	T	45000-49999	CONSTANT	G, H, J, K, L
TRAINING/QC	Y	96000-96399	CONSTANT	G, H, J, K, L

HARD CHECK – PANEL 14 MPC AUTHORIZATION FORMS:
 AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 14 MPC AUTHORIZATION FORMS ARE PRINTED ON BLUE PAPER.

<u>ORIGIN</u>	<u>LETTER</u>	<u>5-NUMBER SEQUENCE</u>	<u>CHECK DIGIT</u>	<u>ROUND IDENTIFIER</u>
PRE-GENERATED	A-M	00001-29499	CONSTANT	M, N, P, Q, R
FIELD GENERATED	A-M	29500-44999	CONSTANT	M, N, P, Q, R
HOME OFFICE	T	45000-49999	CONSTANT	M, N, P, Q, R
TRAINING/QC	Y	96000-96399	CONSTANT	M, N, P, Q, R

| SOME IMPORTANT POINTS TO REMEMBER ABOUT MPC |
| AUTHORIZATION FORMS: |
| - THE PREFIX LETTER CHANGES BASED ON THE TYPE OF |
| AUTHORIZATION FORM AND THE ORIGIN OF THE FORM. |
| THIS MEANS THAT A PRE-PRINTED OR FIELD |
| GENERATED MPC AUTHORIZATION FORM WILL DRAW FROM |
| THE SAME LETTER OR RANGE OF LETTERS IN EACH |
| PANEL. |
| - THE 5-NUMBER SEQUENCE REPEATS ITSELF FOR EACH |
| PANEL. |
| - THE CHECK-DIGIT ALWAYS REMAINS CONSTANT. |
| - THE ROUND IDENTIFIER IS DIFFERENT FOR EACH |
| PANEL. THE ROUND IDENTIFIER WILL REMAIN THE |
| SAME FOR ALL AUTHORIZATION FORMS COLLECTED |
| WITHIN A PANEL, BUT CHANGES BASED ON THE ROUND. |
| FOR EXAMPLE: AUTHORIZATION FORMS GENERATED FOR |
| PANEL 14, ROUND 1 WILL USE THE ROUND IDENTIFIER |
| "M"; "M" OR "N" FOR ROUND 2; "M", "N", OR "P" |
| FOR ROUND 3; "M", "N", "P" OR "Q" FOR ROUND 4; |
AND "M", "N", "P", "Q" OR "R" FOR ROUND 5.

CL050V
=====

MPC AUTHORIZATION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] {END_LP02}

| NOTE: 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.'

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CL06
====

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]

SELECT MAIN REASON FOR REFUSAL:

- DOESN'T WANT TO BOTHER PROVIDER 1 {END_LP02}
- CONFIDENTIALITY/SENSITIVE INFO 2 {END_LP02}
- PAYMENT PROBLEM WITH PROVIDER 3 {END_LP02}
- HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP02}
- WANTS MORE INFO BEFORE SIGNING 5 {END_LP02}
- NOT INTERESTED IN STUDY 6 {END_LP02}
- NO REASON GIVEN 7 {END_LP02}
- OTHER SPECIFY 91 {CL060V}

[Code One]

CL060V
=====

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] {END_LP02}

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 ANRU 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
=====

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]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {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.

| 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' .

CONTINUE WITH END_LP02A

END_LP02A
=====

| 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

BOX_03
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| 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 ROUND 2 |
| AND ROUND 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 ROUNDS 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 '-7' (REFUSED) AND '-8' (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

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_04A
=====

OMITTED.

BOX_04
=====

OMITTED.

CL07
====

OMITTED.

MEPS FAMES P12R5/P13R3/P14R1 Closing (CL) Section
December 8, 2008

LOOP_03
=====

OMITTED.

CL08
=====

OMITTED.

CL09
=====

OMITTED.

CL090V1
=====

OMITTED.

CL090V2
=====

OMITTED.

CL10
=====

OMITTED.

CL11
=====

OMITTED.

CL110V
=====

OMITTED.

END_LP03
=====

OMITTED.

BOX_05
=====

OMITTED.

BOX_06
=====

OMITTED.

CL12
=====

OMITTED.

CL13
=====

OMITTED.

CL14
=====

OMITTED.

MEPS FAMES P12R5/P13R3/P14R1 Closing (CL) Section
December 8, 2008

LOOP_04
=====

OMITTED.

CL15
=====

OMITTED.

CL150V
=====

OMITTED.

CL16
=====

OMITTED.

CL17
=====

OMITTED.

CL170V
=====

OMITTED.

END_LP04
=====

OMITTED.

BOX_07
=====

OMITTED.

CL18
=====

OMITTED.

CL180V
=====

OMITTED.

CL19
=====

OMITTED.

CL20
=====

OMITTED.

CL200V
=====

OMITTED.

BOX_08
=====

OMITTED.

LOOP_04A
=====

OMITTED.

CL21
=====

OMITTED.

END_LP04A
=====

OMITTED.

BOX_09
=====

OMITTED.

CL22
=====

OMITTED.

BOX_10
=====

| Subsection 4: Pharmacy Requests and Authorization |
| Forms (Round 3 and Round 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, CONTINUE 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.
|
|-----

CL23
====

OMITTED.

CL24
====

OMITTED.

LOOP_05

=====

OMITTED.

CL25
====

OMITTED.

END_LP05
=====

OMITTED.

CL26
====

OMITTED.

BOX_12
=====

OMITTED.

CL27
====

OMITTED.

LOOP_06
=====

OMITTED.

CL28
====

OMITTED.

END_LP06
=====

OMITTED.

BOX_13
=====

OMITTED.

CL29
====

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
====

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).

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

ROSTER. PERSON	CL30_01. PHARMACY
[First, [Middle], Last Name-35]	[Name of Pharmacy.....-30]
[First, [Middle], Last Name-35]	[Name of Pharmacy.....-30]
[First, [Middle], Last Name-35]	[Name of Pharmacy.....-30]

[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 # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
COL # 2 HEADER: PHARMACY
INSTRUCTIONS: 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
=====

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]

RU ID: [RUID-7] 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 '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
=====

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]

RU ID: [RUID-7] 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 {CL320V1}
LEFT WITH R 3 {END_LP08}
MAILED TO R 4 {END_LP08}
REFUSED 5 {CL34}
OTHER 91 {CL320V2}

[Code One]

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
AUTHORIZATION FORMS.

| 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.'

CL320V1
=====

PROBLEM:

[Enter Problem-45] {CL33}

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
AUTHORIZATION FORMS.

HARD CHECK-PANEL 13 PHARMACY AUTHORIZATION FORMS:
 AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 13 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON ORCHID PAPER.

<u>ORIGIN</u>	<u>LETTER</u>	<u>5-NUMBER SEQUENCE</u>	<u>CHECK DIGIT</u>	<u>ROUND IDENTIFIER</u>
PRE-GENERATED	R-S	70000-79999	CONSTANT	G, H, J, K, L
FIELD GENERATED	R-S	80000-89999	CONSTANT	G, H, J, K, L
HOME OFFICE	Z	90000-95999	CONSTANT	G, H, J, K, L
TRAINING/QC	Y	96600-96799	CONSTANT	G, H, J, K, L

HARD CHECK-PANEL 14 PHARMACY AUTHORIZATION FORMS:
 AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 14 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON PINK PAPER.

<u>ORIGIN</u>	<u>LETTER</u>	<u>5-NUMBER SEQUENCE</u>	<u>CHECK DIGIT</u>	<u>ROUND IDENTIFIER</u>
PRE-GENERATED	Q, R, S	70000-79999	CONSTANT	M, N, P, Q, R
FIELD GENERATED	Q, R, S	80000-89999	CONSTANT	M, N, P, Q, R
HOME OFFICE	Z	90000-95999	CONSTANT	M, N, P, Q, R
TRAINING/QC	Y	96600-96799	CONSTANT	M, N, P, Q, R

=====

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] {END_LP08}

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 THROUGH 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, 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, |
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

====

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

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

ROSTER. PERSON	CL35_01. PID
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

| ROSTER DETAILS: |
| TITLE: RU-MEMBERS_7 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: PID |
| INSTRUCTIONS: DISPLAY 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, 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.

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
=====

{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 {CL360V}

[Code One]

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.'

CL360V
=====

OTHER:

[Enter Other Specify-45] {END_LP09}

CL37
=====

{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 {CL370V}

[Code One]

CL370V
=====

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] {END_LP09}

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
=====

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.}

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

ROSTER. PERSONAL	CL38_01. PID
[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.

HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

ROSTER DETAILS:

TITLE: RU-MEMBERS_7

COL # 1 HEADER: NAME

INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: PID

INSTRUCTIONS: DISPLAY 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, 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))

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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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

{SAQ STATUS FROM PREVIOUS ROUND: {PREVIOUS ROUND STATUS -40}}

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}
- MAILED TO SAQ RESPONDENT/HOME OFFICE.... 4 {END_LP10}
- REFUSED TO COMPLETE 5 {CL40}
- OTHER 91 {CL390V}

[Code One]

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

| DISPLAY 'SAQ STATUS FROM PREVIOUS ROUND' {PREVIOUS |
| ROUND STATUS -40}'. OTHERWISE, USE A NULL |
| DISPLAY. |
| FOR 'PREVIOUS ROUND STATUS-40', 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
=====

OTHER:

[Enter Other Specify-45] {END_LP10}

CL40
=====

{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 {CL400V}

[Code One]

CL400V
=====

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] {END_LP10}

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

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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
=====

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.

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

ROSTER. PERSON	CL40A_01. PID	CL40A_02. TYPE OF DCS
[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 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 # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: PID |
| INSTRUCTIONS: DISPLAY 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
=====

{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.

SELECT 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}

[Code One]

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.'

CL40B0V
=====

OTHER:

[Enter Other Specify-45] {END_LP10A}

CL40C
=====

{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}

[Code One]

CL40COV
=====

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] {END_LP10A}

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 THROUGH ROUND 5) |  
-----
```

CL41
====

{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 '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 ... of information.' |  
| DISPLAY 'Just ... family.' IF ROUND 1. OTHERWISE, |  
| DISPLAY 'Let ... interview.' |  
-----
```

```
-----  
| IF NOT ROUND 5, CONTINUE WITH CL42 |  
-----
```

```
-----  
| OTHERWISE (I.E., IF ROUND 5), GO TO BOX_17 |  
-----
```

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CL42
====

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.
RECORD VERBATIM. TO LEAVE BOX, PRESS TAB.

[Enter Text] {CL42OV1}

CL42OV1
=====

SELECT WHO BEST TIME RECORDED FOR:

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

[Code One]

| NOTE: CL42OV1 IS ALWAYS DISPLAYED ON THE SCREEN |
WITH CL42. IT IS NOT A TRUE 'OVERLAY'.

CL42OV2
=====

OTHER:

[Enter 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
====

Do you have a second phone number where you can be reached
such as a cell phone, a work number, or the number of a
friend or relative?

IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW.

Current Info: [2ND_TELEPHONE]

YES, ENTER NEW SECOND PHONE 1 {CL44}
YES, SECOND PHONE ABOVE CORRECT 2 {CL46}
YES, SECOND PHONE ABOVE NEEDS
CORRECTION 3 {CL44_2}
NO 4 {CL46}
REF -7 {CL46}
DK -8 {CL46}

| 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' (YES, SECOND PHONE ABOVE CORRECT) AND |
| '3' (YES, SECOND PHONE ABOVE 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
====

[What is that telephone number?]
ENTER COMPLETE SECOND TELEPHONE NUMBER.

Current Info: [2ND_TELEPHONE]

[Enter Area Code,Exchange,Local] {CL45}
REF -7 {CL45}
DK -8 {CL45}

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

| HARD CHECK: |
| DISALLOW LEADING ZEROES AS AN ENTRY. |
| AN ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK |
ARE ALLOWED).

CL44_2
=====

[What is that telephone number?]
UPDATE CURRENT SECOND PHONE.
TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

Current Info: [2ND_TELEPHONE]

[Enter Area Code,Exchange,Local] {CL45}
REF -7 {CL45}
DK -8 {CL45}

| 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.

CL45
====

Where is that telephone located?

- OFFICE/PLACE OF BUSINESS 1 {CL450V2}
- RELATIVE 2 {CL450V2}
- NEIGHBOR 3 {CL450V2}
- FRIEND 4 {CL450V2}
- CELL PHONE 5 {CL450V2}
- OTHER91 {CL450V1}
- REF -7 {CL450V2}
- DK -8 {CL450V2}

[Code One]

CL450V1
=====

OTHER:

- [Enter Other Specify-45] {CL450V2}
- REF -7 {CL450V2}
- DK -8 {CL450V2}

CL450V2
=====

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

- [Enter Description] {CL46}
- REF -7 {CL46}
- DK -8 {CL46}

ALLOW 2 LINES OF 45 CHARACTERS FOR DESCRIPTION.

CL46
====

Do you receive your mail at an address different from your home address, such as a P.O. Box?

IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY]
[STATE]
[ZIP CODE]

YES, ENTER NEW MAILING ADDRESS
(DIFFERENT FROM HOME ADDRESS) 1 {CL47}
YES, MAILING ADDRESS ABOVE CORRECT 2 {BOX_17A}
YES, MAILING ADDRESS ABOVE NEEDS
CORRECTION 3 {CL47_2}
NO (RECEIVE MAIL AT HOME ADDRESS) 4 {BOX_17A}
REF -7 {BOX_17A}
DK -8 {BOX_17A}

| HARD CHECK: |
| CODES '2' (YES, MAILING ADDRESS ABOVE CORRECT) |
| AND '3' (YES, MAILING ADDRESS ABOVE 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
====

[What is that address?]

ENTER COMPLETE MAILING ADDRESS.

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY],[STATE] [ZIP CODE]

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

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

CONTINUE WITH BOX_17A

| HARD CHECK: |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

CL47_2
=====

[What is that address?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY],[STATE] [ZIP CODE]

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

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

BOX_17A
=====

```
-----  
| IF NOT ROUND 5, CONTINUE WITH CL48 |  
-----  
  
-----  
| OTHERWISE (I.E., IF ROUND 5), GO TO BOX_18 |  
-----
```

CL48
=====

Do you have a second home, such as a vacation home, where we could contact you if you're not available at your usual address?

IF AVAILABLE, VERIFY CURRENT SECOND HOME INFORMATION SHOWN BELOW.

Current Info: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

YES, ENTER NEW SECOND HOME ADDRESS AND
TELEPHONE 1 {CL49}
YES, SECOND HOME ADDRESS AND TELEPHONE
ABOVE CORRECT 2 {CL50}
YES, SECOND HOME ADDRESS OR TELEPHONE
ABOVE NEEDS CORRECTION 3 {CL49_2}
NO 4 {CL50}
REF -7 {CL50}
DK -8 {CL50}

```
-----  
| HARD CHECK:  
| CODES '2' (YES, SECOND HOME ADDRESS AND TELEPHONE  
| ABOVE CORRECT) AND '3' (YES, SECOND HOME ADDRESS  
| OR TELEPHONE ABOVE 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
=====

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

ENTER COMPLETE SECOND HOME ADDRESS.

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: |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

CL49_2
=====

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

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

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.

CL50
====

Do you have a friend or relative who does not live here who will always know how to get in touch with the family?

- YES 1 {CL51}
- NO 4 {CL53}
- REF -7 {CL53}
- DK -8 {CL53}

CL51
====

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

ENTER COMPLETE CONTACT INFORMATION.

ENTER 'NMN' IF NO MIDDLE NAME.

NAME [FIRST, MIDDLE, LAST] [_____]
1ST_STR_ADDRESS [_____]
2ND_STR_ADDRESS [_____]
CITY [_____]
STATE [_____]
ZIP CODE [_____]
TELEPHONE [_____]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

GO TO CL52.

| HARD CHECK: |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

CL51_2
=====

OMITTED.

CL52
====

What is {NAME OF CONTACT PERSON FROM CL51}'s relationship to
{NAME OF REFERENCE PERSON}?

ENTER COMPLETE CONTACT RELATIONSHIP.

CONTACT_RELATIONSHIP: [_____] {CL53}

| 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: |
AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED).

CL52_2
=====

OMITTED

CL53
====

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?

IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT INFORMATION SHOWN BELOW.

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
ABOVE CORRECT 2 {CL56}
ALTERNATE RESPONDENT INFORMATION ABOVE
NEEDS CORRECTION 3 {CL54}
NO ALTERNATE RESPONDENT AVAILABLE 4 {CL57}
REF -7 {CL57}
DK -8 {CL57}

| 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 ABOVE |
| CORRECT) AND '3' (ALTERNATE RESPONDENT |
| INFORMATION ABOVE 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
====

INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

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

| IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS |
| 'ENTER NEW ALTERNATE RESPONDENT INFORMATION, |
| CONTINUE WITH CL55. |
| ELSE IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS |
| 'ALTERNATE RESPONDENT INFORMATION NEEDS |
CORRECTION', CONTINUE WITH CL55_2.

OTHERWISE, GO TO CL57

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| DISPLAY PERSONS ON THE 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
====

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

ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

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: [_____]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

| IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP, |
| PROCEED TO CL56. |
OTHERWISE, PROCEED TO CL56_2.

| HARD CHECK: |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

CL55_2
=====

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

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECFTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

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: [_____]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

| IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP, |
| PROCEED TO CL56. |
OTHERWISE, PROCEED TO CL56_2.

CL56
=====

What is {NAME OF ALTERNATE RESPONDENT CL55}'s relationship to
{NAME OF REFERENCE PERSON}?

ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____] {CL57}

| 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:
AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED).

CL56_2
=====

[What is {NAME OF ALTERNATE RESPONDENT CL55}'s relationship to {NAME OF REFERENCE PERSON}??]

UPDATE CURRENT ALTERNATE RESPONDENT.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____] {CL57}

| 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'.

CL57
=====

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

- YES 1 {CL58}
- NO 2 {BOX_18}
- REF -7 {BOX_18}
- DK -8 {BOX_18}

CL58
====

Who is that?

PROBE: Anyone else?

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

CONTINUE WITH LOOP_11

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY 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
====

{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.

```
-----  
| REFUSED AND DON'T KNOW ALLOWED FOR EACH FIELD. |  
-----
```

```
-----  
| FLAG PERSON AS 'PROCESSED FUTURE MOVER'. |  
-----
```

```
-----  
| 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 |  
-----
```

| HARD CHECK: CAPI REQUIRES AN ENTRY IN ALL FIELDS |
EXCEPT SECOND STREET ADDRESS.

CL60
====

{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}
REF -7 {END_LP11}
DK -8 {END_LP11}

CL61
====

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

| FLAG ALL SELECTED PERSONS AS 'PROCESSED FUTURE |
MOVER'.

CONTINUE WITH END_LP11

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: 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 |
CL61A

OTHERWISE, GO TO CL62

BOX_18A
=====

OMITTED.

CL61A
=====

FOR PROXY RESPONDENT: May I please have **your** address and
telephone number?

IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN BELOW.

Current Info: [PROXY_NAME]
 [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

YES, ENTER NEW PROXY ADDRESS AND
TELEPHONE 1 {CL61B}
YES, PROXY ADDRESS AND TELEPHONE ABOVE
CORRECT 2 {CL62}
YES, PROXY ADDRESS OR TELEPHONE ABOVE
NEEDS CORRECTION 3 {CL61B_2}
NO 4 {CL62}
REF -7 {CL62}
DK -8 {CL62}

| HARD CHECK: |
| CODES '2' (YES, PROXY ADDRESS AND TELEPHONE ABOVE |
| CORRECT) AND '3' (YES, PROXY ADDRESS OR TELEPHONE |
| ABOVE 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
=====

What is your address and phone number?

ENTER COMPLETE PROXY ADDRESS.

Current Info: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

1ST_STR_ADDRESS: [_____]]
2ND_STR_ADDRESS: [_____]]
 CITY: [_____]]
 STATE: [_____]]
 ZIP CODE: [_____]]
 TELEPHONE: [_____]]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

| FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE |
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B |
FOR THE CURRENT ROUND.

CONTINUE WITH CL62

| HARD CHECK: |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).

CL61B_2
=====

[What is your address and phone number?]
USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.
TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.
TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

Current Info: [1ST_STR_ADDRESS]
 [2ND_STR_ADDRESS]
 [CITY], [STATE] [ZIP CODE]
 [TELEPHONE]

1ST_STR_ADDRESS: [_____]]
2ND_STR_ADDRESS: [_____]]
 CITY: [_____]]
 STATE: [_____]]
 ZIP CODE: [_____]]
 TELEPHONE: [_____]]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

| FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE |
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B |
FOR THE CURRENT ROUND.

CONTINUE WITH CL62

CL62
=====

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}

[Code One]

CL62A
=====

INTERVIEWER: WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED IN?

- ENGLISH 1 {CL63}
- SPANISH 2 {CL63}
- BOTH ENGLISH AND SPANISH 3 {CL63}
- OTHER LANGUAGE 91 {CL62A0V}

[Code One]

CL62A0V
=====

ENTER OTHER LANGUAGE:

[Enter Other Specify-45] {CL63}

CL63
=====

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}

[Code One]

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

CL64
=====

INTERVIEWER: SELECT ALL OTHER PERSONS PRESENT DURING INTERVIEW.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

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

| DISPLAY 'SOMEONE OUTSIDE DU' AS AN OPTION ON THIS |
SCREEN.

CONTINUE WITH CL65

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| 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
====

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 RESPONDENT PAYMENT SECTION OF THE CASE FOLDER AND RECORD THE SAQ CHECK(S).}
- 2b. COMPLETE THE RESPONDENT PAYMENT SECTION OF THE CASE FOLDER, RECORD THE INTERVIEW PARTICIPATION CHECK, AND HAVE RESPONDENT SIGN IT.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

CL66
====

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.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----  
| DISPLAY 'This check ... /early {YEAR}].' 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 '6. ASK ... GIFT.' IF ROUNDS 1 OR 2 OR 3 |  
| OR 4. IF ROUND 5, USE A NULL DISPLAY. |  
-----
```

CL67
=====

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

CL67_01
=====

MONTHLY PLANNER
WITH ENTRIES YES NO

CL67_02
=====

MONTHLY PLANNER
WITHOUT ENTRIES YES NO

CL67_03
=====

OMITTED

CL67_04
=====

RECORD FILE YES NO

MEPS FAMES P12R5/P13R3/P14R1 Closing (CL) Section
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CL67_05
=====

OTHER CALENDAR YES NO

CL67_06
=====

CHECK BOOK YES NO

CL67_07
=====

BILL/STATEMENT FROM
PROVIDER YES NO

CL67_08
=====

INSURANCE PAYMENT
STATEMENT YES NO

CL67_09
=====

MEDICINE
BOTTLE/RECEIPT YES NO

CL67_10
=====

OTHER YES NO

| IF CL67_10 IS CODED '1' (YES), CONTINUE WITH |
CL68

OTHERWISE, GO TO BOX_20

CL68
=====

WHICH OTHER MEMORY AIDS?

CL68_01
=====

DOCTOR'S CARD OR APPOINTMENT SLIP	YES	NO
--------------------------------------	-----	----

CL68_02
=====

INSURANCE POLICY	YES	NO
------------------	-----	----

CL68_03
=====

INSURANCE CARDS	YES	NO
-----------------	-----	----

CL68_04
=====

TELEPHONE BOOK	YES	NO
----------------	-----	----

CL68_05
=====

OTHER	YES	NO
-------	-----	----

| IF CL68_01 THROUGH CL68_05 ARE ALL CODED `2' (NO), |
| CAPI DISPLAYS THE FOLLOWING MESSAGE: 'AT LEAST |
| ONE FIELD SHOULD BE CODED YES.' THE INTERVIEWER |
| MUST RE-ENTER RESPONSES TO CL68_01 THROUGH |
CL68_05.

| IF CL68_05 IS CODED '1' (YES), CONTINUE WITH |
CL680V

OTHERWISE, GO TO BOX_20

CL680V
=====

OTHER:

[Enter Other Specify] {BOX_20}

BOX_20
=====

END INTERVIEW.

