

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
INQ	IN1AA	REVIEW WITH THE RESPONDENT THE FOLLOWING IMPORTANT FACTS FROM THE "AT-THE-DOOR" SHEET:	All survey information will be kept in strict confidence under the laws prescribed by the Privacy Act of 1974. Medicare benefits will not be affected in any way by survey responses or participation.	REFER TO THE "AT-THE-DOOR" SHEET IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE.
INQ	IN2	VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE?	FIRST NAME: (SP'S FIRST NAME) MIDDLE INITIAL: (SP'S MIDDLE INITIAL) LAST NAME: (SP'S LAST NAME)	
INQ	IN3	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.		
INQ	INS1	IS THE SP CURRENTLY:		
INQ	INS2		What was the first date since (REFERENCE DATE) that (SP) entered the facility? [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that an SP enters any facility and does not enter a hospital or return home.]	IF MORE THAN ONE DATE, ENTER THE EARLIEST.
INQ	INS3		On what date did (SP) die?	

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INQ	INS3A	<p>YOU HAVE ENTERED THAT THE SP, (SP), DIED BEFORE JANUARY 1ST OF THIS YEAR. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND ENTER THE CORRECT DATE AT INS3.IF THIS IS CORRECT, YOU WILL NOT BE CONDUCTING THE COMMUNITY INTERVIEW WITH THE RESPONDENT. GO TO THE NEXT PAGE TO END THE INTERVIEW. THIS CASE WILL BE CODED A 44 ON THE RECORD OF CALLS. DISCUSS THE CASE WITH YOUR SUPERVISOR.</p>		

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INQ	INS3A1	YOU HAVE ENTERED THAT THE SP, (SP), WAS INSTITUTIONALIZED BEFORE JANUARY 1ST OF THIS YEAR. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND ENTER THE CORRECT DATE AT INS2.IF THIS IS CORRECT, YOU WILL NOT BE CONDUCTING THE COMMUNITY INTERVIEW WITH THE RESPONDENT. THIS CASE WILL BE CODED A 14 ON THE RECORD OF CALLS. DISCUSS THE CASE WITH YOUR SUPERVISOR.		AFTER CLICKING "NEXT PAGE", YOU WILL RETURN TO THE IMS.
INQ	INS3B		I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.	
INQ	IN4	WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY?		

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INQ	IN4A	SELECT OR ADD THE NAME/RELATIONSHIP OF THE PROXY TO THE SP FOR THIS INTERVIEW.		SELECT OR ADD ONLY ONE PERSON.
INQ	IN5		I would like to verify your name and relationship to (SP). I have you listed as [READ NAME AND RELATIONSHIP LISTED BELOW]. Is that correct? FIRST NAME: (PROXY'S FIRST NAME) LAST NAME: (PROXY'S LAST NAME) RELATIONSHIP: (PROXY'S RELATIONSHIP TO SP)	
INQ	IN6		[What is your correct name and relationship to (SP)?]	
INQ	IN6A	WHY IS A PROXY RESPONDENT NECESSARY?		CHECK ALL THAT APPLY.
INQ	IN6B	BRIEFLY EXPLAIN WHY PROXY MUST ANSWER QUESTIONS.		

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INQ	IN6B1	<p>YOU HAVE ENTERED THAT THE SP, (SP), IS DECEASED. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND CORRECT YOUR RESPONSE AT IN6A.WE DO NOT CONDUCT A COMMUNITY INTERVIEW WHEN THE SUPPLEMENTAL SAMPLE SP IS DECEASED. IF WHAT YOU HAVE ENTERED IS CORRECT, YOU WILL NOT BE CONDUCTING THE INTERVIEW WITH THE RESPONDENT. GO TO THE NEXT PAGE TO END THE INTERVIEW. THE CASE WILL BE CODED A 44 ON THE RECORD OF CALLS. DISCUSS THE CASE WITH YOUR SUPERVISOR.</p>		

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Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
INQ	IN6B2	<p>YOU HAVE ENTERED THAT THE SP, (SP), IS INSTITUTIONALIZED. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND CORRECT YOUR RESPONSE AT IN6A.WE DO NOT CONDUCT A COMMUNITY INTERVIEW WHEN THE SUPPLEMENTAL SAMPLE SP IS INSTITUTIONALIZED. IF WHAT YOU HAVE ENTERED IS CORRECT, YOU WILL NOT BE CONDUCTING THE INTERVIEW WITH THE RESPONDENT. GO TO THE NEXT PAGE TO END THE INTERVIEW. THE CASE WILL BE CODED A 14 ON THE RECORD OF CALLS. DISCUSS THE CASE WITH YOUR SUPERVISOR.</p>		
INQ	IN6B3		<p>I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.</p>	

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INQ	INS6		As you know from all of the interviews that we have conducted [for (SP)], the Medicare Current Beneficiary Survey has been collecting data from over 100,000 beneficiaries since 1991. Data from the study have been extremely useful to many researchers who are looking at the availability and the cost of medical care for people such as [you/(SP)]. At this time, the survey is going to start interviewing some new beneficiaries and we will stop interviewing some of the people who have been with the survey for quite some time. [You are/(SP) is] one of the people that we will no longer interview. Therefore, this will be the last interview that will be conducted [with you/for (SP)]. I will not collect any new health care visit information. However, I will collect outstanding medical cost information and we will ask a series of income and assets questions. This will be a shorter interview, different from most of the others conducted [for (SP)].	
INQ	INS6A		At this time, the survey is going to start interviewing some new beneficiaries and we will stop interviewing some of the people who have been with the survey for quite some time. [You are/(SP) is] one of the people that we will no longer interview. Therefore, this will be the last interview that will be conducted [with you/for (SP)]. (This interview will be shorter than previous interviews. Outstanding medical cost information will be collected, and a final income and assets series will be completed.)	
INQ	IN8		I have [your/(SP's)] date of birth listed as (CMS BIRTH DATE). Is that correct?	
INQ	IN9		What is [your/(SP's)] date of birth?	
INQ	IN10		That makes [you/(SP)] (AGE) today. Is that correct?	

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INQ	IN11	THE SP IS LISTED AS A (MALE/FEMALE). IF SEX IS OBVIOUS, CODE BELOW WITHOUT ASKING. IF SEX IS NOT OBVIOUS, ASK:	[Are you/Is (SP)] male or female?	
INQ	IN12	YOU JUST CHANGED SP'S SEX FROM (MALE/FEMALE) TO (FEMALE/MALE). DID YOU INTEND TO DO THAT?		
INQ	IN13		[Are you/Is (SP)/Was (SP)/Is (SP) currently/Are you currently] married, widowed, divorced, separated, or never married?	
INQ	IN14		Including natural, adopted, and stepchildren, how many living children [did (SP)/does (SP)/do you] have?	
AVQ	AV1		Next, I would like to verify [your/(SP's)] home address. I have it listed as..[READ ADDRESS LISTED BELOW]. Is this correct?NAME: (SP)STREET ADDRESS 1: (STREET ADDRESS LINE 1)STREET ADDRESS 2: (STREET ADDRESS LINE 2)CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE)	
AVQ	AV2	ENTER CORRECT ADDRESS.		CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.
AVQ	AV3	WAS CHANGE MADE TO SP'S ADDRESS BECAUSE SP MOVED?		

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AVQ	AV4		Next, I would like to verify [your/(SP's)] phone number(s). I have them listed as ..[READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER)PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]	
AVQ	AV5		What is [your/(SP's)] phone number?	
AVQ	AV6		Do you/Does (SP)] have a second phone number?[PROBE: What is that number?]	
AVQ	AV7		I would also like to verify [your/(SP's)] mailing address. I have it listed as ... [READ ADDRESS LISTED BELOW.]Is this the correct mailing address for [you/(SP)]?NAME: (SP)MAILING ADDRESS 1: (MAILING ADDRESS LINE 1)MAILING ADDRESS 2: (MAILING ADDRESS LINE 2)CITY: (MAILING CITY) STATE: (MAILING STATE) ZIPCODE: (MAILING ZIPCODE)	
AVQ	AV8	ENTER CORRECT ADDRESS.	What is [your/(SP's)] mailing address?	CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.
ENS	ENSINTRO		Now I'd like to [review with you who was living in the household/ask you a few questions about [your/(SP's)] home and any other people who may live in the household.].	
ENS	ENS1		From our last interview on (REFERENCE DATE), we have listed that [(READ NAME(S) LISTED BELOW)] lived in the same household as [you/(SP)].[As of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did/Do/Does] [READ NAME(S) LISTED BELOW] still live in the same household as [you/(SP)]?	
ENS	ENS2	PROBE FOR AND SELECT THOSE PEOPLE WHO ARE NO LONGER IN THE HOUSEHOLD.		
ENS	ENS2_IN			

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Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ENS	ENS2A		Why (is/was) (HOUSEHOLD MEMBER NAME) no longer in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
ENS	ENS3		(At the time of the last interview, [you were living by yourself/(SP)was living by (himself/herself)].[Besides [you/(SP)], (is/was)/(Is/Was)] there anyone else living or staying in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? Remember to include people who(are/were) temporarily absent and any children who (may live/mayhave lived) in the household.	
ENS	ENS4		[Who else (is/was) living or staying in the household?]	SELECT OR ADD ALL PERSONS LIVING IN THE HOUSEHOLD.
ENS	ENS4A		Now I want to make sure I have everyone who (lives/lived) in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. I have listed [READ NAME(S) LISTED BELOW]. Have I missed any lodgers, boarders, or anyone else who usually (lives or stays/lived or stayed) in the household but (is/was) away from home traveling or in the hospital?	
ENS	ENS5			
ENS	ENS10	ASK THE RESPONDENT TO PROVIDE INFORMATION FOR ALL "DK" AND "RF" ENTRIES LISTED BELOW. DO NOT CHANGE THE ENTRIES IF THE RESPONDENT STILL DOES NOT KNOW THE INFORMATION.		

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ENS	ENS10A		Who owns or rents [this/(SP's)] home? [PROBE: Of the people living (here/there) now, who is the person who is the head of the household?]	SELECT ONLY ONE.
ENS	ENS10AA		Since (REFERENCE DATE), did [you/(SP)] work at any time at a job or business?	
ENS	ENS11		[Before I continue with the next set of questions, I need to collect information about [your/(SP's)] job status.] [Are you/Is (SP)] currently working at a job or business?	
ENS	ENS11A_IN			
ENS	ENS11A		(Before I continue with the next set of questions, I need to update information about [your/(HOUSEHOLD MEMBER NAME'S)] job status.) [Are you/Is (HOUSEHOLD MEMBER NAME)] currently working at a job or business?	
ENS	ENS12		Now we have a few questions about military service. Did [you/(SP)] ever serve in the Armed Forces of the United States?	
ENS	ENS13	SHOW CARD ENS	Looking at this card, in which of these time periods did [you/(SP)] serve in the Armed Forces?	CHECK ALL THAT APPLY.
ENS	ENS14		[Were you/Was (SP)] ever an active member of a National Guard or military reserve unit of the United States?	
ENS	ENS15		Was all of [your/(SP's)] active duty related to National Guard or military reserve training?	
ENS	ENS16		[Do you/Does (SP)/Did (SP)] have a disability related to service in the Armed Forces of the United States?	

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ENS	ENS17		What [is [your/(SP's)]/was (SP's)] (current) V.A. disability rating?	THE VA DISABILITY RATING IS A PERCENTAGE IN MULTIPLES OF 10 (I.E., 10%, 20%, ETC.). ENTER THE NUMBER AS A WHOLE NUMBER. YOU DO NOT NEED TO ENTER THE "%" SIGN.
HAQ	HAINTRO	IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, SELECT NEXT PAGE WITHOUT READING THIS INTRODUCTION.	I would like to ask a few questions about [your/(SP's)] housing situation or living arrangements.	
HAQ	HA1	SHOW CARD HA1 IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON" WITHOUT ASKING.	[IF HOUSING TYPE IS NOT OBVIOUS, ASK:] Which of these best describes [your/(SP's)] home?	
HAQ	HA2		How many levels are in [your/(SP's)] (house/apartment or condominium building/place of residence)?	
HAQ	HA3		Does [your/(SP's)] (house/apartment or condominium building/place of residence) have an elevator?	

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HAQ	HA4		Is the living space in [your/(SP's)] (house/own apartment or condominium/place of residence) all on one level?	
HAQ	HA5		Does [your/(SP's)] (house/own apartment or condominium/place of residence) have either a full bathroom or a half bathroom on all levels?[PROBE: Bathroom facilities must contain at least a flush toilet, or a bathtub or shower.]	
HAQ	HAINTRO2		Next, I would like to ask about access or mobility modifications that [you/(SP)] may have in (your/his/her) (house/apartment or condominium building/mobile home/place of residence).	
HAQ	HAINTRO2A		When we were here about a year ago, we asked about access or mobility modifications that may have been a part of [your/(SP's)] residence at that time. Now, I would like to update our information about such modifications.	
HAQ	HA6		Does [your/(SP's)] (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)?	
HAQ	HA7		Does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have modifications to any bathroom such as grab bars or a shower seat?	
HAQ	HA8		Other than stair railings, does [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) have special railings to help (you/him/her) move around?	
HAQ	HA9	SHOW CARD HA2	Please look at this card. Is [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence) a part of one of these communities?	
HAQ	HA10	SHOW CARD HA2	[IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing?	

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HAQ	HAINTRO3		The type of community [you/(SP)] (live/lives) in sometimes gives its residents access to personal care services. Next, I would like to update our records regarding [your/(SP's)] access to such services.	
HAQ	HA11	SHOW CARD HA3	Does [your/(SP's)] place of residence give (you/him/her) access to personal care services like any of those listed on this card?	
HAQ	HA12		We are interested in personal services that might be available here in addition to housing. [In (this/these) (TYPE OF HOUSING)/In [your/(SP's)] place of residence], [do you/does (SP)] have access to...	
HAQ	HA13		Are these services included as part of the cost of [your/(SP's)] housing or is there a separate charge for them?	
HAQ	HA14		Would the [(TYPE OF HOUSING)/place] where [you/(SP)] currently (live/lives) allow (you/him/her) to continue living in (your/his/her) (house/apartment or condominium/mobile home/home) if (you/he/she) needed substantial care?[PROBE: Could [you/(SP)] stay where (you/he/she) (live/lives) now if (you/he/she) needed a much greater level of care?]	
HAQ	HA15		If (you/he/she) needed substantial care, would that care be provided in another part of [(this/these) same (TYPE OF HOUSING)/this same place of residence]?	
HAQ	HA16		Does the place where [you/(SP)] (live/lives) now require residents to be a certain age to live there or receive services?	

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HAQ	HA17		Now I have a few questions about the rooms in [your/(SP's)] place of residence.[Do you/Does (SP)] have (your/his/her) own bathroom facilities?[EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by [you/(SP)] and is not used on a regular basis by someone not living in the household.]	
HAQ	HA18		How many rooms are there in [your/(SP's)] (house/own apartment or condominium/mobile home/place of residence), not counting bathrooms, hallways, or unfinished basements?	
HAQ	HA19		[Do you/Does (SP)] have (your/his/her) own kitchen?[EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by [you/(SP)] and not on a regular basis by someone not living in the household. Also includes kitchenettes.]	
HIS	HISINTRO		Now I'd like to review with you the information that we have about health insurance plans that [you/(SP)] had at the time of the last interview.	
HIS	HIS1		[Let's see if there are any other changes we need to make to thehealth insurance coverage [you/(SP)] had as of (REFERENCE DATE).] [(You/(SP)] had Medicare coverage (through a managed care plan) and (you were/he was/she was) also covered by [READ PLAN NAMES BELOW]./The only health insurance coverage [you/(SP)] had was Medicare (through a managed care plan)] on (REFERENCE DATE). Is that correct?	
HIS	HIS2		What is the name of the plan that needs deletion?	SELECT ONLY ONE PLAN FOR DELETION AT THIS ROSTER.

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HIS	HIS2A			BRIEFLY EXPLAIN WHY PLAN NEEDS DELETION.
HIS	HIS2B		What is the name of the plan that is incorrect?	EDIT ALL PLAN NAMES AT THIS ROSTER.
HIS	HIS3		What type of insurance plan needs to be added?	
HIS	HISMC1		What is the name of the Medicare Advantage Plan that covered [you/(SP)]?	SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.
HIS	HISMC2		[Were you/Was (SP)] covered by or enrolled in (MEDICARE MANAGED CARE PLAN NAME) on (REFERENCE DATE)?	
HIS	HISMC3		I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Advantage Plan on (REFERENCE DATE). Has this information changed?	
HIS	HISMC4		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have prescribed medicine coverage through (MEDICARE MANAGED CARE PLAN NAME)?[PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	
HIS	HISMC5		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have dental coverage through (MEDICARE MANAGED CARE PLAN NAME)?	
HIS	HISMC6		Did [you/(SP)] have optical coverage through (MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses?	
HIS	HISMC7		Did [you/(SP)] have coverage for preventive care such as routine annual physicals through (MEDICARE MANAGED CARE PLAN NAME)?	

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HIS	HISMC8		Did [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care over and beyond what Medicare normally covers?[EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2009, the first 20 days are paid in full and the next 80 days require a copayment of up to \$133.50 per day.]	
HIS	HISMC9		Besides the cost of [your/(SP's)] Medicare Part B premium, was there an additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may have paid as a co-payment for an office visit or a prescribed medicine.[EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.]	
HIS	HISMC10		Not including the cost of [your/(SP's)] Medicare Part B premium, what was the additional amount that [you/(SP)] paid for (your/his/her) (MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may be paid for anyone other than [you/(SP)].][PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	
HIS	HISMC11		Did anyone else, such as an employer, a union or professional organization pay all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage?	

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HIS	HISMC12		Who else paid all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage?	
HIS	HIS6		[Were you/Was (SP)] covered by Medicaid the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	
HIS	HIS7		[Were you/Was (SP)] covered by Medicaid on (REFERENCE DATE)?	
HIS	HIS8		On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	
HIS	HIS9		On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop?	
HIS	HIS10A		Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries. [Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan on [(REFERENCE DATE)/(PLAN COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]?	
HIS	HIS10B		As far as you can recall, [were you/was (SP)] given a choice to enroll in a Medicaid Managed Care Plan, or did (you/he/she) have to enroll to receive Medicaid benefits?	
HIS	HIS10B1		Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Prescription Drug plan, although the beneficiary may choose to switch to a different plan. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a Medicare Prescription Drug plan that covered medicines prescribed by a doctor?	

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HIS	HIS10C		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor?	
HIS	HIST1		[Were you/Was (SP)] covered by TRICARE the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	
HIS	HIST2		[Were you/Was (SP)] covered by TRICARE on (REFERENCE DATE)?	
HIS	HIST3		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor?[PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	
HIS	HIST3AA		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), where did [you/(SP)] usually obtain (your/his/her) medicines? Did [you/(SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else?	
HIS	HIS12		What is the name of the public program that covered [you/(SP)]?	SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER.
HIS	HIS12_IN			
HIS	HIS13		[Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	
HIS	HIS14		[Were you/Was (SP)] covered by (PUBLIC PLAN NAME) on (REFERENCE DATE)?	
HIS	HIS15		On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	

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HIS	HIS16		On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop?	
HIS	HIS16A		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor?	
HIS	HIS20		What is the name of each of the (other) private plans that provided [your/(SP's)] medical insurance coverage between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	SELECT OR ADD ALL PRIVATE PLAN NAMES AT THIS ROSTER.
HIS	HIS20_IN			
HIS	HIS21		[Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	
HIS	HIS22		[Were you/Was (SP)] covered by (PRIVATE PLAN NAME) on (REFERENCE DATE)?	
HIS	HIS23		On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	
HIS	HIS24		On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?	
HIS	HIS25	CODE WITHOUT ASKING IF VOLUNTEERED.	Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?[EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]	
HIS	HIS26		Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract?	SELECT OR ADD ONLY ONE PERSON.

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HIS	HIS27		For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly with the (insurance company/managed care plan), or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?	
HIS	HIS29		How many family members, including [yourself/(SP)], were covered by [your/(MIP's)] (PRIVATE PLAN NAME) between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	
HIS	HIS31A		Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).[PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]Did [your/(MIP's)] (PRIVATE PLAN NAME) cover...	
HIS	HIS32		Was there a premium or cost for the (PRIVATE PLAN NAME) coverage?[Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may have had to pay.]	
HIS	HIS33		How much did [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage?[Please do not include any amount that may be paid for anyone other than [you/(SP)].][PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	
HIS	HIS33A		Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIS	HIS33B		Who else paid all or some portion of the cost for [your/[MIP's]] (PRIVATE PLAN NAME) coverage?	
HIS	HIS33C		Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)?[EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.]	
HIS	HIS34		What is the name of the Medicare Prescription Drug plan that covered [you/(SP)]?	SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.
HIS	HIS35		[Were you/Was (SP)] covered by or enrolled in (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (REFERENCE DATE)?	
HIS	HIS36		I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME) was [your/(SP's)] current Medicare Prescription Drug Plan on (REFERENCE DATE). Has this information changed?	
HIS	HIS37		What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIS	HISCLOSE		That covers the health insurance [you/(SP)] had at the time of the last interview. The next questions are about [your/(SP's)] insurance coverage between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).	
HIQ	HIMCINTR	SHOW CARD HIMC	The next questions are about health insurance. It's important to understand how beneficiaries cover the costs of their medical care, such as doctor visits, prescribed medicines, hospital stays, and other health care. As you know, there are many ways that people on Medicare receive health insurance benefits. This card outlines the types of health insurance that I'll be asking you about. You may want to refer to this card as we talk about [your/(SP's)] health insurance coverage.	
HIQ	MC1		As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in Medicare Advantage plans, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care. According to Medicare records, [you are/(SP) is] currently enrolled in a Medicare Advantage Plan called (CMS MEDICARE MANAGED CARE PLAN NAME). Is this information correct?	
HIQ	MC2		How is this information incorrect?	SELECT ONLY ONE. IF MORE THAN ONE RESPONSE IS APPLICABLE, SELECT THE RESPONSE THAT IS CLOSEST TO THE TOP OF THE LIST.
HIQ	MC2B		What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	MC3		In many Medicare Advantage Plans, such as HMOs or PPOs, the health plan gives the patient a list of doctors from which he chooses a primary care physician. This primary care physician provides the patient's usual medical care and can refer the patient to specialists, if necessary. (Do you/Does SP) have a primary care physician?	
HIQ	MC4		Is it possible that [your/(SP's)] current insurance plan is just another name for (CMS MEDICARE MANAGED CARE PLAN NAME), or are they not the same plans?	
HIQ	MC5		What is the name of the Medicare Advantage Plan that provides [your/(SP's)] health care?	SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.
HIQ	MC11		Do you refer to [your/(SP's)] Medicare coverage by any name besides Medicare?	
HIQ	MC12		What do you call [your/(SP's)] coverage?	SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.
HIQ	HIMC1A		At the time of the last interview [you were/(SP) was] covered by (MEDICARE MANAGED CARE PLAN NAME).[[Are you/Is (SP)] now covered by (MEDICARE MANAGED CARE PLAN NAME)?] [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	
HIQ	HIMC1B1		What is the most important reason [you/(SP)] stopped the (MEDICARE MANAGED CARE PLAN NAME) coverage?	
HIQ	HIMC1C	SHOW CARD HIMC1	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by any other Medicare Advantage Plans besides (MEDICARE MANAGED CARE PLAN)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HIMC1	(SHOW CARD HIMC1)	As you (may) know, Medicare allows beneficiaries in certain parts of the country to enroll in Medicare Advantage plans, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care. (Please look at this card.) At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION),] [have you/has (SP)/had (SP)] been enrolled in or covered by [any/(one of these/any)] Medicare Advantage plans?	
HIQ	HIMC3		[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Advantage Plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
HIQ	HIMC5		[What is the name of the Medicare Advantage Plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.
HIQ	HIMC6		[Do you/Does (SP)/Did (SP)] have prescribed medicine coverage through (CURRENT MEDICARE MANAGED CARE PLAN)? [PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has/(SP) personally had], not what the plan offers everyone.]	
HIQ	HIMC7		[Do you/Does (SP)/Did (SP)] have dental coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME)?	
HIQ	HIMC8		[Do you/Does (SP)/Did (SP)] have optical coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses?	
HIQ	HIMC9		[Do you/Does (SP)/Did (SP)] have coverage for preventive care such as routine annual physicals through (CURRENT MEDICARE MANAGED CARE PLAN NAME)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HIMC10		[Does your/Does (SP's)/Did (SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care over and beyond what Medicare normally covers?[EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2010, the first 20 days are paid in full and the next 80 days require a copayment of up to \$137.50 per day.]	
HIQ	HIMC11		Besides the cost of [your/(SP's)] Medicare Part B premium, (is/was) there an additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may (pay/have paid) as a co-payment for an office visit or a prescribed medicine.[EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.]	
HIQ	HIMC12		Not including the cost of [your/(SP's)] Medicare Part B premium, what (is/was) the additional amount that [you pay/(SP) pays/(SP) paid] for (your/his/her) (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may (be/have been) paid for anyone other than [you/(SP)].][PROBE IF NECESSARY: Is that per year, per month, per week, or what?]	
HIQ	HIMC12A		(Does/Did) anyone else, such as an employer, a union or professional organization pay all or some portion of the additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HIMC12B		Who else (pays/paid) all or some portion of the additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage?	
HIQ	HIMC16	SHOW CARD HIMC1	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Advantage Plans besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN)?	
HIQ	HIMC17		[Besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN), what other/What] Medicare Advantage Plans provided [your/(SP's)] health care since (REFERENCE DATE)?	SELECT OR ADD MEDICARE ADVANTAGE PLAN NAMES AT THIS ROSTER.
HIQ	HIMC19		Would you recommend (CURRENT MEDICARE MANAGED CARE PLAN NAME) to your family or friends?	
HIQ	HIMC24		How many years [have you/has (SP)] been enrolled in a managed care plan?	
HIQ	HI5INTRO	SHOW CARD HI3PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:	Medicaid (, also known as [READ FROM ABOVE],) is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this.	
HIQ	HI5INTRB	SHOW CARD HI4	Some people receive their Medicaid benefits from plans that have names like those listed on this card.	
HIQ	HI5		At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by Medicaid?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI6		(At the time of the last interview [you were/(SP) was] covered by Medicaid, (also known as [READ FROM ABOVE].) [Were you/Was (SP)] covered by Medicaid the whole time between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?	
HIQ	HI7		[[Are you/Is (SP)] now covered by Medicaid?] [Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	
HIQ	HI8		On what date did [your/(SP's)] Medicaid start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?	
HIQ	HI9		On what date [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [your/(SP's)] Medicaid coverage (most recently/last) stop?	
HIQ	HI10A		[Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries.] [At the time of the last interview [you were/(SP) was] enrolled in a Medicaid Managed Care Plan.] [Are you now/Is (SP) now/Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(MEDICAID COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]?	
HIQ	HI10B		As far as you can recall, [were you/was (SP)] given a choice to enroll in a Medicaid Managed Care Plan, or did (you/he/she) have to enroll to receive Medicaid benefits?	
HIQ	HI10C		Why [do you/does (SP)] no longer receive (your/his/her) Medicaid benefits through a managed care plan?	RECORD VERBATIM.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI10C1		(Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Medicare Prescription Drug plan, although the beneficiary may choose to switch to a different prescription plan.)At any time [since (REFERENCE DATE)/between (REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] enrolled in a Medicare Prescription Drug plan that (covers/covered) medicines prescribed by a doctor?	
HIQ	HI10C2		[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
HIQ	HI10C3		[What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]?]	SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.
HIQ	HI10C4		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)?[PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any (you/he/she) enrolled in on (your/his/her) own.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI10C5		Please tell me the names of (the other/all) Medicare Prescription Drug plans that (you have/he has/she has) been enrolled in since (REFERENCE DATE) [besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)].[PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any (you/he/she) enrolled in on (your/his/her) own.]	SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER.
HIQ	HI10D		(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor?	
HIQ	HIT1	SHOW CARD HIT1	As you (may) know, the Department of Defense sponsors a regionally managed health care program called TRICARE for active duty and retired members of the uniformed Armed Forces, their families, and survivors. Please look at this card. At any time [since (REFERENCE DATE)/ between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] enrolled in or covered by any of these TRICARE plans?[EXPLAIN IF NECESSARY: You may have received a reference card that looks like this (BACK OF SHOWCARD HIT1).]	
HIQ	HIT2		[At the time of the last interview [you were/(SP) was] covered by TRICARE.] [Were you/Was (SP)] covered by TRICARE the whole time between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?	
HIQ	HIT3		[[Are you/Is (SP)] now covered by TRICARE?] [Was (SP) covered by TRICARE on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION?)]	
HIQ	HIT4		(Does/Did) [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor?[PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has], not what the plan offers everyone.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HIT4A1	SHOW CARD HIT2	Where [do you/does (SP)/did you/did (SP)] usually obtain (your/his/her) medicines? [Do you/Does (SP)/Did you/Did (SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else?	
HIQ	HIT11		[We recorded that [you/(SP)] served in the Armed Forces of the United States.] Since (REFERENCE DATE), [have you/has (SP) received/did (SP) receive] health care or health services or prescribed medicines at a Military Treatment Facility or MTF? [EXPLAIN IF NECESSARY: A Military Treatment Facility is any military hospital, clinic, or NAVCARE clinic.]	
HIQ	HI36		[We recorded that [you/(SP)] served in the Armed Forces of the United States.] Since (REFERENCE DATE), [have you/has (SP) received/did (SP) receive] health care or health services or prescribed medicines through the Department of Veterans Affairs or V.A.?	
HIQ	HI11PREV		The next questions are about public plans [you were/(SP) was] covered by as of (REFERENCE DATE).	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI11		At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by any public program other than Medicaid that pays for medical care [for example, a public program that pays for prescribed medicines/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for prescribed medicines/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM1) or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2)/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM1), (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2), or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM3), public programs that pay for prescribed medicines]?	
HIQ	HI12		What is the name of each of the public programs other than Medicaid that covered [you/(SP)]?	SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER.
HIQ	HI12_IN			
HIQ	HI13		[At the time of the last interview [you were/(SP) was] covered by (PUBLIC PLAN NAME).] [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?	
HIQ	HI14		[[Are you/Is (SP)] now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	
HIQ	HI15		On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI16		On what date [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] (PUBLIC PLAN NAME) coverage (most recently/last) stop?	
HIQ	HI16A		(Does/Did) [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor?	
HIQ	HI16AB		At the time of the last interview [you were/(SP) was] covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME).[[Are you/Is (SP)] now covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME)?] [Was (SP) covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	
HIQ	HI16AC		What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage?	
HIQ	HI16AD		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (MEDICARE PRESCRIPTION DRUG PLAN CURRENT LAST ROUND)?	
HIQ	HI16B		(Medicare beneficiaries can receive insurance coverage for prescription drugs through Medicare Prescription Drug plans. These plans are also called "Medicare Part D" plans.)At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan that (covers/covered) medicines prescribed by a doctor?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI16B1		You mentioned that [you have/(SP) has/(SP) had] not been enrolled in a Medicare Prescription Drug plan associated with (your/his/her) Medicaid coverage. At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan in any way other than through Medicaid?	
HIQ	HI16C		[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
HIQ	HI16E		[What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?]	SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.
HIQ	HI16F		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/ INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)?	
HIQ	HI16G		[Besides (CURRENT PRESCRIPTION DRUG PLAN), what other/Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other/What] Medicare Prescription Drug plans covered [your/(SP's)] medicines since (REFERENCE DATE)?	SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER.
HIQ	HI17PREV		The next questions are about private plans [you were/(SP) was] covered by as of (REFERENCE DATE).	
HIQ	HI17PREV_IN			

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI17		We've talked about [READ PLAN(S) LISTED ABOVE].(Now, I would like to ask about other types of health insurance.) At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by (any other) private health insurance or private managed care (plan/plans)? By "private", I mean a supplemental or Medigap plan, or a plan that is provided by a former or current employer. Such plans cover the cost of hospital or doctor visits, prescribed medicines, or dental care.	
HIQ	HI19		Some people who are eligible for Medicare have additional coverage through a private insurance carrier. This is sometimes referred to as Medigap or Medicare Supplement. At any time since (REFERENCE DATE) did [you/(SP)] have this type of health insurance coverage?	
HIQ	HI20		What is the name of each of the (other) private plans that (provide/provided) [your/(SP's)] medical insurance coverage?	SELECT OR ADD ALL PRIVATE PLAN NAMES AT THIS ROSTER.
HIQ	HI20_IN			
HIQ	HI21		[At the time of the last interview [you were/(SP) was] covered by (PRIVATE PLAN NAME).] [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between (REFERENCE DATE) and (today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?	
HIQ	HI22		[[Are you/Is (SP)] now covered by (PRIVATE PLAN NAME)?] [Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI23		On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?	
HIQ	HI23A	SHOW CARD HIMC2A	What is the most important reason [you/(SP)] decided to get coverage through (PRIVATE PLAN NAME)?	
HIQ	HI24		On what date since [(REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?	
HIQ	HI25	CODE WITHOUT ASKING IF VOLUNTEERED.	(Is/Was) this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?[EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]	
HIQ	HI26		Who (is/was) listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract?	SELECT OR ADD ONLY ONE PERSON.
HIQ	HI27		For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly, or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?	
HIQ	HI29		How many family members, including [yourself/(SP)], (are/were) covered by [your/(MIP's)] (PRIVATE PLAN NAME)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI30		Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PLAN NAME) coverage (includes/included).[PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally (have/has/had), not what the plan offers everyone.](Does/Did) [your/(MIP's)] (PRIVATE PLAN NAME) plan cover prescribed medicines?	
HIQ	HI31A		(Does/Did) [your/(MIP's)] (PRIVATE PLAN NAME) cover...[PROBE IF NECESSARY: I am asking about the type of insurance coverage that [you/(SP)] personally (have/has/had), not what the plan offers everyone.]	
HIQ	HI32		(Do/Does/Did) [you/(MIP)] pay any or all of the premium or cost for the (PRIVATE PLAN NAME) coverage?[Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may (have/have had) to pay.]	
HIQ	HI33		How much (do/does/did) [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage?[Please do not include any amount that may be paid for anyone other than [you/(SP)].][PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]	
HIQ	HI33A		(Does/Did) anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	
HIQ	HI33B		Who else (pays/paid) all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HIQ	HI33C		Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. (Are/Were/Is/Was) [you/(SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)?[EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.]	
HIQ	HI35		We've talked about [READ PLAN(S) LISTED ABOVE]. [Do you/Does (SP)/Did (SP)] have medical coverage under any (other) private insurance plans we haven't talked about?	
HIQ	HI34		[Other than the plans you have already told me about, [do you/does (SP)/did (SP)]/[Do you/Does (SP)/Did (SP)]] have any insurance that (pays/paid) just for nursing home care or other long term care?	
DMQ	DM1INT		Now, I'd like to ask about another type of health care coverage that [you/(SP)] reported during the last interview.	
DMQ	DM1_IN			

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
DMQ	DM1		<p>During the last interview, we recorded that [you/(SP)] had (DISCOUNT MEMBERSHIP NAME), a discount or savings card or membership (that covered [READ SERVICES BELOW]). Did [you/(SP)] have the (DISCOUNT MEMBERSHIP NAME) discount or savings card or membership at any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?[EXPLAIN IF NECESSARY: A discount or savings card or membership helps people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.]</p>	
DMQ	DM2INTRO		<p>I'd like to ask about (a/another) type of health care coverage that some people have.</p>	
DMQ	DM2		<p>At any time since (REFERENCE DATE), did [you/(SP)] have (a/any other) health care discount or savings card or membership that offered discounts on prescription drug purchases or other health services (, besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW])? Do not include any state-run prescription discount programs [, discounts available through [your/(SP's)] health insurance plan(s) or Medicare health plan/, or discounts available through [your/(SP's)] health insurance plan(s)/, or discounts available through [your/(SP's)] Medicare health plan]. Also do not include discounts that some stores offer on all items throughout the store or on non-health related items.([EXPLAIN IF NECESSARY: A discount or savings card or membership is not health insurance. Discount savings cards or memberships help people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.])</p>	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
DMQ	DM3		What is the name of the discount savings membership or coverage? If you have a card or other paper that shows the name, it would be helpful for me to enter the name from that.	ADD ALL DISCOUNT MEMBERSHIPS AT THIS ROSTER.
DMQ	DM3_IN			
DMQ	DM4	SHOW CARD DM1	What types of services are covered by [your/(SP's)] (DISCOUNT MEMBERSHIP NAME) discount savings membership or coverage?	CHECK ALL THAT APPLY.
DMQ	DM5		(Is/Was) there a fee or charge for [your/(SP's)] (DISCOUNT MEMBERSHIP NAME) discount savings membership or coverage? This would include any enrollment fee or a premium amount to obtain the membership or card.	
DMQ	DM6		What is the fee or charge?	
DMQ	DM6A	ENTER ANY ADDITIONAL INFORMATION FROM THE DM CARD, BROCHURE, OR OTHER DOCUMENT THAT WILL HELP DETERMINE THE SOURCE OR SPONSOR OF THIS DISCOUNT MEMBERSHIP. INCLUDE ANY PHONE NUMBER, ADDRESS, OR PLAN SPECIFICS THAT HAVE NOT ALREADY BEEN ENTERED AT PREVIOUS QUESTIONS.		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
DMQ	DM7		At any time since (REFERENCE DATE), did [you/(SP)] have any other discount or savings card or membership besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW]?	
DUQ	DUINTRO		The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses.)First we'll talk about dental care.	
DUQ	DU1	SHOW CARD DU	Please look at this card. [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]	
DUQ	DU2		Who did [you/(SP)] see?	SELECT OR ADD ONLY ONE PROVIDER.
DUQ	DU3		Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	
DUQ	DU4		Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
DUQ	DU5		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
DUQ	DU5B		What is the most important reason [you/(SP)] did not see a dental provider associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a dental provider that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
DUQ	DU6		When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	ENTER ALL DATES.
DUQ	DU6_IN			
DUQ	DU7		For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done?	CHECK ALL THAT APPLY.
DUQ	DU8		Were X-rays taken on (any of these visits/this visit)?	
DUQ	DU9		Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)?	
DUQ	DU10		Were any of the prescriptions filled?	
DUQ	DU10A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.][IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
DUQ	DU11		Please tell me the names of these medicines.	ENTER ALL MEDICINES.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
DUQ	DU14		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other dental care visits to this or any other provider?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ERQ	ER1		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you gone/has (SP) gone/did (SP) go] to a hospital emergency room for medical care?	
ERQ	ER2		Where did [you/(SP)] go (to which hospital)?	SELECT OR ADD ONLY ONE HOSPITAL.
ERQ	ER3		Is (PROVIDER NAME) a Department of Veterans Affairs, or V.A., facility?	
ERQ	ER3A		Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
ERQ	ER3B		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
ERQ	ER3D		What is the most important reason [you/(SP)] did not go to an emergency room associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or an emergency room that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.
ACQ	AC7		[Were you/Was (SP)] admitted to the hospital from the emergency room?	
ERQ	ER4		When did [you/(SP)] go to the emergency room at (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	ENTER ALL DATES.
ERQ	ER4_IN			
ERQ	ER6		[Were you/Was (SP)] admitted to (PROVIDER NAME) from the emergency room?	
ERQ	ER7		During [your/(SP's)] visit to the emergency room, were any medicines prescribed for [you/(SP)]?	
ERQ	ER8		Were any of the prescriptions filled?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ERQ	ER8A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.][IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
ERQ	ER9		Please tell me the names of these medicines.	ENTER ALL MEDICINES.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.
ERQ	ER10		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to the emergency room at this or any other hospital?	
IPQ	IPS1		Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and (were/was) still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay?	
IPQ	IP1A		You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IPQ	IP1		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] [admitted to a hospital/admitted any other time to this or any other hospital] as an inpatient -- either for an overnight stay or for a "same day" procedure?	IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.
IPQ	IP2		Where [were you/was (SP)] admitted -- to which hospital?	SELECT OR ADD ONLY ONE HOSPITAL.
IPQ	IP3		Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility?	
IPQ	IP3A		Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
IPQ	IP3B		[Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
IPQ	IP3D		What is the most important reason [you/(SP)] did not go to a hospital associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a hospital that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.
IPQ	IP4		When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)?	
IPQ	IP4_ERR		INVALID DATE. THIS DATE OVERLAPS AN EXISTING IP STAY FROM (ADMISSION DATE) TO [(DISCHARGE DATE)/SP STILL IN HOSPITAL].	
IPQ	IP7		Were any operations performed on [you/(SP)] during the hospital stay that was (ADMISSION DATE) to (DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	
IPQ	IP10		Was this hospital stay for any specific condition?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IPQ	IP12		During this hospitalization, did [you/(SP)] have any special or private duty nursing care?	
IPQ	IP13		At the time [you were /(SP) was] discharged, were any medicines prescribed for [you/(SP)]?	
IPQ	IP14		Were any of the prescriptions filled?	
IPQ	IP14A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
IPQ	IP15		Please tell me the names of these medicines.	ENTER ALL MEDICINES.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
IPQ	IP16	IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure?	IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OPQ	OP1		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you gone/has (SP) gone/did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?	
OPQ	OP2		Where did [you/(SP)] go (to which hospital)?	SELECT OR ADD ONLY ONE HOSPITAL.
OPQ	OP3		Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility?	
OPQ	OP3A		Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
OPQ	OP3B		[Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
OPQ	OP3D		What is the most important reason [you/(SP)] did not go to a hospital outpatient department associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a hospital outpatient department that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.
OPQ	OP4		When did [you/(SP)] go to an outpatient department at (HOSPITAL NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	ENTER ALL DATES.
OPQ	OP4_IN			
OPQ	OP5		Were any operations or other surgical procedures performed on [you/(SP)] during (any of the/the) [VISIT ON EVENT DATE]?[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	
OPQ	OP8		(Was this visit/Were any of these visits) to the outpatient department for any specific condition?	
OPQ	OP10		During (this visit/any of these visits) to the outpatient department, were any medicines prescribed for [you/(SP)]?	
OPQ	OP11		Were any of the prescriptions filled?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OPQ	OP11A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.][IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
OPQ	OP12		Please tell me the names of these medicines.	ENTER ALL MEDICINES.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
OPQ	OP15		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to the outpatient department at this or any other hospital for services?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IUQ	IU1	SHOW CARD IU	[Since (REFERENCE DATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card?	LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES.
IUQ	IU2		Where [were you/was (SP)] a patient -- in which nursing home?	SELECT OR ADD ONLY ONE FACILITY.
IUQ	IU3		Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?	
IUQ	IU4		When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?	
IUQ	IU7	IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HHS	HHS1		We recorded that [you/(SP)] had been helped at home by (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). Has (anyone from) [READ PROVIDER BELOW] helped [you/(SP)] at home (since REFERENCE DATE/between REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?	
HHS	HHS2		We recorded that [you/(SP)] had received personal care or help with daily needs at home from (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [Have you/Has (SP)] received personal care or help with daily needs at home from (anyone from) [READ PROVIDER BELOW] (since REFERENCE DATE/between REFERENCE DATE and DATE OF DEATH/ INSTITUTIONALIZATION)?	
HHS	HHS3		Since (REFERENCE DATE), has (PROVIDER NAME) provided any services to [you/(SP)] other than delivering meals?	
HHQ	HH1	SHOW CARD HH1	(Besides what you have already mentioned,) [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] helped at home by any (other) health or medical professionals, such as those listed on this card? [Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, and hospice worker.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HHQ	HH2		What is the name of the health professional who helped [you/(SP)] at home [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF PLACE OR ORGANIZATION.ADD OR SELECT ONLY ONE PROVIDER.
HHQ	HH3		What kind of health professional is (PROVIDER NAME)?	
HHQ	HH4		Who does (PROVIDER NAME) work for, that is, for what place or organization?[PROBE: Or does (PROVIDER NAME) work for himself/herself?]	
HHQ	HH5		[Who does (PROVIDER NAME) work for, that is, what place or organization?][PROBE: Who would (you/SP) call if (PROVIDER NAME) did not show up?]	ADD OR SELECT ONLY ONE PROVIDER.
HHQ	HH6		What kind of place or organization is (PROVIDER NAME)?	
HHQ	HH7		[Between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (PROVIDER NAME) provide any services to [you/(SP)] other than delivering meals?	
HHQ	HH8		Is [(PROVIDER NAME) associated with/(PROVIDER NAME)] a Department of Veterans Affairs, or V.A., facility?	
HHQ	HH10A		Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
HHQ	HH10B		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
HHQ	HH10D		What is the most important reason [you/(SP)] did not see a home health provider associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a home health provider that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HHQ	HH11		[Between (REFERENCE DATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], how many times (has/did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] come to the home to help [you/(SP)]? [Remember to include all home health providers from (PROVIDER NAME).]	
HHQ	HH12		(Generally speaking, how long did/Generally speaking, how long does/How long did)[(PROVIDER NAME)/someone from (PROVIDER NAME)] stay with [you/(SP)]? [INCLUDE TIME SPENT SHOPPING OR RUNNING ERRANDS.][PROBE: We just need to know in general.]	
HHQ	HH13	SHOW CARD HH2	(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help [you/(SP)] by giving any medical or nursing treatment, such as the things shown on this card? ["MEDICAL OR NURSING TREATMENT" MEANS SUCH THINGS AS APPLYING STERILE BANDAGES OR DRESSINGS, GIVING MEDICATIONS, TAKING BLOOD PRESSURE, GIVING SHOTS OR INJECTIONS.] [PROBE: We just need to know in general.]	
HHQ	HH14	SHOW CARD HH3	(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] daily needs by doing things, such as the ones shown on this card? [HELP WITH DAILY NEEDS MEANS HELP IN USING THE TELEPHONE, DOING HOUSEWORK, PREPARING MEALS.][PROBE: We just need to know in general.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HHQ	HH15	SHOW CARD HH4	(Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [your/(SP's)] personal care by doing things such as those shown on this card? [HELP WITH PERSONAL CARE MEANS HELP WITH BATHING, SHOWERING, DRESSING, EATING, WALKING, USING THE TOILET.][PROBE: We just need to know in general.]	
HHQ	HH16		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals?	
HHQ	HH17		Other than the persons who (have) visited [you/(SP)] from (PROVIDER NAME) [or from the other(s) we've talked about], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/AGENCY LISTED BELOW]	
HHQ	HH18	SHOW CARD HH5	(Besides what you have already talked about, [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], because of health problems [have you/has (SP)/did (SP)] (received/receive) any personal care or help at home with daily needs from (any other) persons who (do/did) not live with (you/him/her), including home health aides, homemakers, friends, neighbors, or relatives?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HHQ	HH19		Who helped [you/(SP)]? What is the name of the person who helped (you/him/her)?	ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION.SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP.
HHQ	HH20		Is (PROVIDER NAME) a friend or neighbor, a relative, or some other type of home health provider?	
HHQ	HH21		How is (PROVIDER NAME) related to [you/(SP)]?	
HHQ	HH28		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)?	
HHQ	HH29		Other than the persons who have visited [you/(SP)] from (PROVIDER NAME) [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/AGENCY LISTED BELOW.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
MPQ	MP1		(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) any medical doctors?	INCLUDE ANY VISITS FOR TESTS/X-RAYS.SEE REFERENCE CARD FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY.
MPQ	MP2		Who did [you/(SP)] see?	SELECT OR ADD ONLY ONE PROVIDER.
MPQ	MP2A		What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)?	
MPQ	MP3		Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	
MPQ	MP4		Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
MPQ	MP5		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	
MPQ	MP5B		What is the most important reason [you/(SP)] did not see a doctor associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	SCROLL DOWN TO SEE RESPONSE CATEGORIES.
MPQ	MP6		When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	ENTER ALL DATES.
MPQ	MP6_IN			
MPQ	MP6B		We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
MPQ	MP7		Were any operations performed on [you/(SP)] during (any of the/the) [VISIT ON EVENT DATE]?[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	
MPQ	MP10		(Was this visit/Were any of these visits) to (PROVIDER NAME) for any specific condition?	
MPQ	MP12		During (this visit/any of these visits) to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]?	
MPQ	MP13		Were any of the prescriptions filled?	
MPQ	MP13A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.][IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
MPQ	MP14		Please tell me the names of these medicines.	ENTER ALL MEDICINE NAMES.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.
MPQ	MP17		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this doctor or any other medical doctor?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
MPQ	MP18	SHOW CARD MP1	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.]	INCLUDE ANY VISITS FOR TESTS/X-RAYS.
MPQ	MP25		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this practitioner or any other health practitioner?	
MPQ	MP26	SHOW CARD MP2	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.]	
MPQ	MP33		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this professional or any other mental health professional?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
MPQ	MP34	SHOW CARD MP3	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]	
MPQ	MP41		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this therapist or any other therapist?	
MPQ	MP42	SHOW CARD MP4	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.]	INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.
MPQ	MP49		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this person or any other medical person?	
MPQ	MP50	SHOW CARD MP5	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
MPQ	MP56		[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this place or any other type of medical place?	
OMQ	OM1		Next I'm going to ask you about other medical expenses that [you/(SP)] may have had between (REFERENCE DATE/SURVEY REFERENCE DATE) and (today/(DATE OF DEATH/DATE OF INSTITUTIONALIZATION)). [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, replace, or pay for repairs of eyeglasses or contact lenses?	
OMQ	OM2	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy or repair glasses or contact lenses? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM2_IN			
OMQ	OM2A		On (EVENT DATE), did [you/(SP)] buy or repair the glasses or contact lenses at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician, optometrist or other place that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM3		[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, replace, or pay for repairs of a hearing aid, amplifier for a telephone, or similar device to help [you/(SP)] hear or speak?	
OMQ	OM4	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy or repair a hearing or speech device? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM4_IN			
OMQ	OM4A		On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an audiologist, speech pathologist, or other provider that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OMS5INTR		The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE).	
OMQ	OMS5_IN			
OMQ	OMS5		At the time of the last interview, [you were/(SP) was] renting (ORTHOPEdic ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (was/were/is/are) the (ORTHOPEdic ITEM) being rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM5	SHOW CARD OM1	(Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support stockings, and braces or supports.]	
OMQ	OM6		What was the item?	
OMQ	OM6A		Did [you/(SP)] buy or repair the (ORTHOPEdic ITEM), or did [you/(SP)] rent (it/them)?	
OMQ	OM7	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy (or repair) the (ORTHOPEdic ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM7_IN			
OMQ	OM7AA		On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEdic ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the (ORTHOPEdic ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
OMQ	OM7A	ENTER ONLY ONE DATE AT THIS ROSTER.	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the (ORTHOPEdic ITEM).	
OMQ	OM7B		[Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEdic ITEM)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM7C		What was the last date the (ORTHOPEdic ITEM) (were/was) rented?	
OMQ	OM7CC		You said [you/(SP)] stopped renting the (ORTHOPEdic ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	
OMQ	OM7CCVB	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEdic ITEM).		RECORD VERBATIM.
OMQ	OM7D		Did [you/(SP)] rent the (ORTHOPEdic ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include renting the (ORTHOPEdic ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OM8		In addition to the orthopedic item(s) you just told me about, did [you/(SP)] buy, repair, or rent any other orthopedic items [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].?	
OMQ	OM9	SHOW CARD OM2	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy diabetic equipment or supplies, such as those listed on this card? [Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM10	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM10_IN			
OMQ	OM10A		On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying the diabetic equipment or supplies at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
OMQ	OM11		[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] use any ambulance or rescue squad service?	
OMQ	OM12	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM12_IN			
OMQ	OM12A		Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could mean that the ambulance was sent by the plan, or that [you/(SP)] or someone for [you/(SP)] contacted the plan for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM13	SHOW CARD OM3	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy or pay for repairs of any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and artificial or glass eye.]	
OMQ	OM14	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM14_IN			
OMQ	OM14A		On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OMS19INTR		The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE DATE).	
OMQ	OMS19_IN			
OMQ	OMS19		At the time of the last interview, [you were/(SP) was] renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)] (is/was) the oxygen-related equipment being rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM19		(Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any (other) expenses for oxygen or supplies or oxygen-related equipment?	
OMQ	OM19A		What was that?	
OMQ	OM19B		Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it?	
OMQ	OM20	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did (you/(SP)) purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM20_IN			
OMQ	OM20AA		On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
OMQ	OM20A	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the oxygen-related equipment.	
OMQ	OM20B		[Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment?	
OMQ	OM20C		What was the last date the equipment was rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM20CC		You said [you/(SP)] stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	
OMQ	OM20CCVB	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.		RECORD VERBATIM.
OMQ	OM20D1		Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include renting the oxygen equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OM20D		In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did [you/(SP)] [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?	
OMQ	OMS21INTR		The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE DATE).	
OMQ	OMS21_IN			
OMQ	OMS21		At the time of the last interview, [you were/(SP) was] renting equipment for kidney dialysis. As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the equipment being rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM21		(Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?	
OMQ	OM21A		What was that?	
OMQ	OM21B		Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it?	
OMQ	OM22	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	
OMQ	OM22_IN			
OMQ	OM22AA		On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
OMQ	OM22A	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the kidney dialysis equipment.	
OMQ	OM22B		[Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment?	
OMQ	OM22C		What was the last date the equipment was rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM22CC		You said [you/(SP)] stopped renting the dialysis equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	
OMQ	OM22CCVB	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.		RECORD VERBATIM.
OMQ	OM22D1		Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OM22D		In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did [you/(SP)] [(obtain any kidney dialysis equipment)/(buy any kidney dialysis supplies)]?	
OMQ	OMS23INTR		The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE DATE).	
OMQ	OMS23_IN			
OMQ	OMS23		At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (OTHER MEDICAL EXPENSE ITEM) being rented?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM23	SHOW CARD OM4	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked about? [Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, incontinence supplies such as Depends, Serenity or other brands of disposable undergarments, pads or briefs, bandages, dressings, tape supplies, pulmonary equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors, etc.]	
OMQ	OM24		What kind of equipment was the item?	
OMQ	OM24A		Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it?	
OMQ	OM25	THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE DATE).	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [[have you/has (SP)] bought or obtained/did (SP) buy or obtain] (OTHER MEDICAL EXPENSE ITEM)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM26	SELECT OR ADD ALL DATES AT THIS ROSTER.	When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]	
OMQ	OM26_IN			
OMQ	OM26AA		On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
OMQ	OM26A	ADD ONLY ONE DATE AT THIS ROSTER.	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)	
OMQ	OM26A1		[Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?	
OMQ	OM26B		What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	
OMQ	OM26BB		You said [you/(SP)] stopped renting the (OTHER MEDICAL EXPENSE ITEM). Is this because (you/he/she) no longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM26BBVB	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM).		RECORD VERBATIM.
OMQ	OM26C		Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
OMQ	OM27		In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other medical equipment [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
OMQ	OMS28INTR		The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE).	
OMQ	OMS28_IN			
OMQ	OMS28		Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
OMQ	OM28	SHOW CARD OM5	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]	
OMQ	OM29		What was the alteration?	
OMQ	OM30		On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	
OMQ	OM31		In addition to the alteration(s) you just told me about, did [you/(SP)] make any other alterations because of some illness or injury [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
PMS	PMSINTRA		During the last interview, we recorded the names of medicines that [you/(SP)] had obtained between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [HAND PM SUMMARY PAGE TO RESPONDENT.]You may want to refer to the medicine names to help you recall any medicines that [you/(SP)] may have obtained since that time, including any refills of these medicines.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMS	PMSINTRB	REFER TO SUMMARY PAGE FOR PRESCRIBED MEDICINES TO REVIEW PREVIOUS ROUND UTILIZATION.		CODE WITHOUT ASKING:
PMS	PMS2		What is the name of the medicine that needs to be added?	ADD ALL MEDICINES AT THIS ROSTER.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
PMS	PMS3	EDIT ALL MEDICINES AT THIS ROSTER.	What is the name of the medicine that needs to be edited?	
PMS	PMS4		What is the name of the medicine that needs to be deleted?	SELECT ALL MEDICINES FOR DELETION AT THIS ROSTER.
PMS	PMS6A	IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE.	How many times between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [you/(SP)] obtain (MEDICINE NAME)?	
PMS	PMS6A_IN			

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMS	PMS6A1		Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	
PMS	PMS6B		Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	
PMS	PMSINTB1	[ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.]	Now I need to ask you a few questions about the (MEDICINE NAME).	
PMS	PMS8	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT.	Do you have the medicine bottle, container, or bag available?	IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMS	PMSINTRC	COMPLETE PMS9 -- PMS16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.		
PMS	PMS9	IN WHAT FORM WAS THE MEDICINE?		
PMS	PMS10	WHAT WAS THE STRENGTH OF [EACH PILL/EACH PATCH/EACH SUPPOSITORY/THE (MEDICINE FORM)]?IF COMPOUND/MORE THAN ONE MEDICINE COMBINED: CHECK BOX BELOW AND THEN ENTER THE STRENGTH OF THE 1ST MEDICINE IN COMPOUND.		
PMS	PMS10B	WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND?		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMS	PMS11	HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED?		
PMS	PMS12	HOW MANY (PILLS/SUPPOSITORIES) WERE TO BE TAKEN IN A DAY?		
PMS	PMS13		How many (pills/suppositories) did [you/(SP)] usually take in a day?	
PMS	PMS14	HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN?		
PMS	PMS16	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED?		[PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]
PMQ	PMINTROA		[Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE).](While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]) (Now I'd like to talk about prescribed medicines.)	
PMQ	PM1		[Besides that medicine, /Besides those medicines,] [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [have you had/has (SP) had/did (SP) have] any (other) prescriptions filled?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM1A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
PMQ	PM2		What is the name of the medicine?	SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.
PMQ	PM3		People sometimes forget to mention refills of earlier prescriptions. (In addition to what you've told me about, did/Did) [you/(SP)] have any prescriptions refilled [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
PMQ	PM3A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM4		What is the name of the medicine?	SELECT OR ADD ALL MEDICINES AT THIS ROSTER.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
PMQ	PM5		People sometimes forget to mention prescriptions that were phoned in by a doctor. (In addition to what you've told me about, did/Did) [you/(SP)] get any medicine prescribed by a doctor in a telephone call to a drugstore or pharmacy [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
PMQ	PM5A		It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.][IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM6		What is the name of the medicine?	SELECT OR ADD ALL MEDICINES AT THIS ROSTER.CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.INCLUDE STRENGTH WITH NAME.
PMQ	PM6A	IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE.	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP)) obtain (MEDICINE NAME)]?	
PMQ	PM6AB	SHOW CARD PM1	Please think about the medicines you have obtained since (REFERENCE DATE), including [READ MEDICINE NAME(S) BELOW.] Since (REFERENCE DATE), how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never...	
PMQ	PM6A_IN			
PMQ	PM6A1		Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM6B		Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?[PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	
PMQ	PMINTROB	[ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.]	(Now) I need to ask you a few (more) questions about the (MEDICINE NAME).	
PMQ	PM8	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT.	Do you have the medicine bottle, container, or bag available?	IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.
PMQ	PM8A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW.	At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). Is this medicine in the same form?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PMINTROC	COMPLETE PM9 -- PM16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.		
PMQ	PM9	IN WHAT FORM IS THE MEDICINE?		
PMQ	PM9A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW.	At the time of the last interview, the strength of [each pill/each suppository/each patch/the (MEDICINE FORM)] was [READ STRENGTH BELOW].(STRENGTH 1)(STRENGTH 2)Is this medicine in the same strength?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM10	WHAT IS THE STRENGTH OF [EACH PILL/EACH PATCH/THE (MEDICINE FORM)]?IF COMPOUND/MORE THAN ONE MEDICINE COMBINED: CHECK BOX BELOW AND THEN ENTER THE STRENGTH OF THE 1ST MEDICINE IN COMPOUND.		
PMQ	PM10B	WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND?		
PMQ	PM11	HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED?		
PMQ	PM12	HOW MANY (PILLS/SUPPOSITORIES) ARE TO BE TAKEN IN A DAY?		
PMQ	PM13		How many (pills/suppositories) (do/did/does) [you/(SP)] usually take in a day?	
PMQ	PM14	HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN?		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM15A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW.	At the time of the last interview, the amount of the (PREVIOUS ROUND MEDICINE FORM) was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same amount?	
PMQ	PM16	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED?		[PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]
PMQ	PM16A1	SHOW CARD PM1	Since (REFERENCE DATE), how often did [you/(SP)] decide not to fill or refill (MEDICINE) because it cost too much?	
PMQ	PM16A	SHOW CARD PM1	Since (REFERENCE DATE), how often did [you/(SP)] delay filling or refilling a prescription for (MEDICINE NAME) because it cost too much?	
PMQ	PM16B	SHOW CARD PM1	Since (REFERENCE DATE), how often did [you/(SP)] skip doses of (MEDICINE NAME) to make the medicine last longer? [IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never skipped doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?]	
PMQ	PM16C	SHOW CARD PM1	Since (REFERENCE DATE), how often did [you/(SP)] take smaller doses of (MEDICINE NAME) to make the medicine last longer?[IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never took smaller doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PMQ	PM17	<p>[[NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]]REVIEW THIS INFORMATION WITH THE RESPONDENT.</p>	<p>[REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE) that we haven't talked about?]</p>	
STQ	ST1		<p>Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE. [Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].</p>	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST2		<p>[Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.]Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]?[PROBE IF NECESSARY: Please include any statements received about [your/(SP's)] Medicare prescription drug benefit.]</p>	
STQ	ST3	<p>BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP.</p>		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST4	[MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).]		[SELECT "MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT" AT THE NEXT SCREEN FOR ALL STATEMENTS FROM THE SP'S "(MHMO)" PLAN OR "(MPDP)" PLAN THAT REPORT PRESCRIPTION DRUG CLAIMS.]
STQ	ST5	ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS.		ADD ONE CHARGE BUNDLE AT THIS ROSTER.
STQ	ST7	ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH ONE CLAIM TOTAL. IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER "DON'T KNOW".		DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST8	PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN.		
STQ	ST9	YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY.	FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER)SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER)	WHICH IS CORRECT?
STQ	ST10	ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".		
STQ	ST11	ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST11B	ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT.		
STQ	ST12	WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)?		CHECK ALL THAT APPLY.
STQ	ST13	WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE?		SELECT OR ADD ONLY ONE PROVIDER.
STQ	ST14	THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER.		DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?
STQ	ST15			SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.
STQ	ST16	ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE.		ADD ALL EVENT DATES FOR THIS PROVIDER.
STQ	ST17		Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.	
STQ	ST18		What kind of medical person is (PROVIDER NAME)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST19		Is (PROVIDER NAME) associated with a Department of VeteransAffairs, or V.A. facility?	
STQ	ST20		Is (PROVIDER NAME) associated with [you/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
STQ	ST21		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READMANAGED CARE PLAN NAME(S) BELOW]?	
STQ	ST22A		What is the most important reason [you/(SP)] did not see a doctor associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	
STQ	ST22A_IN			
STQ	ST23		We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	
STQ	ST24			SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.
STQ	ST24A			ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.
STQ	ST25	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW?		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST26			SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.
STQ	ST27	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE?		SELECT OR ADD ONLY ONE PROVIDER.
STQ	ST28			ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE.
STQ	ST30			IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?
STQ	ST31		Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST32	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE.		
STQ	ST34	THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?		
STQ	ST35			SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.
STQ	ST36			WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST37			SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).
STQ	ST38			HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?
STQ	ST38A			HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE?
STQ	ST39	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?		
STQ	ST40			SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST41			SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).
STQ	ST42			HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?
STQ	ST43		Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]	
STQ	ST44	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?		
STQ	ST45			SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST46	SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.		
STQ	ST47	WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?		
STQ	ST47A	ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT.		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST48	ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW".[SEE SHOWCARD ST2 FOR TRICARE STATEMENT EXAMPLES.]		
STQ	ST49	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK:	So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	
STQ	ST50	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT:	TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT)TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT)TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT)AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING)	DO YOU WANT TO MAKE ANY CHANGES?

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST51	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).		
STQ	ST52	ENTER THE FOLLOWING AMOUNTS FROM THE MSN:		
STQ	ST53	REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK:	So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	
STQ	ST54	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) :	AMOUNT CHARGED: (TOTAL CHARGE AMOUNT)MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT)MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED)	DO YOU WANT TO MAKE ANY CHANGES?
STQ	ST55	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST56	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.		DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.
STQ	ST57	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK:	So, I have an amount remaining \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	
STQ	ST58	THESE AMOUNTS WERE ENTERED FROM THE MSN:	BENEFITS DAYS USED: (DAYS USED)NON-COVERED CHARGES: (NON COVERED CHARGES)DEDUCTIBLE AND COINSURANCE: (COINSURANCE)YOU MAY BE BILLED: (MAY BE BILLED)	DO YOU WANT TO MAKE ANY CHANGES?
STQ	ST59	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).		
STQ	ST60	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST61	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK:	So, I have an amount remaining (AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	
STQ	ST62	THESE AMOUNTS WERE ENTERED FROM THE MSN:	AMOUNT CHARGED: (TOTAL CHARGE AMOUNT)NON-COVERED CHARGES: (NON COVERED CHARGES)DEDUCTIBLE AND COINSURANCE: (COINSURANCE)YOU MAY BE BILLED: (MAY BE BILLED)	DO YOU WANT TO MAKE ANY CHANGES?
STQ	ST63	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST64	REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:)	[The total cost of prescriptions reported on this statement is (TOTAL CHARGE).] [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this?	
STQ	ST65	ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW?		SELECT "NO" TO ADD A SOURCE OF PAYMENT.
STQ	ST66	ADD ALL ADDITIONAL SOURCES OF PAYMENT.		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST67	(REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT).	Who (else) paid besides Medicare? How much did (SOURCE) pay?	ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.
STQ	ST67HE	THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN \$0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'.USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS.		
STQ	ST67BINT		Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	
STQ	ST67B_IN			
STQ	ST68		I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST69		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (ST66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
STQ	ST69A		I recorded previously that (CURRENT MEDICARE PRESCRIPTIONDRUG PLAN) was [your/(SP's)] current Medicare Prescription DrugCare Plan.Has this information changed?	
STQ	ST69B		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
STQ	ST69C		Before we continue, I would like to ask you a few questions aboutthe discount membership plan(s) you just added.	
STQ	ST70		There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount (unpaid/overpaid) is \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct?	IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST71			<p>THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED. IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.</p>
STQ	ST72			<p>[THE TOTAL OF NON-MEDICARE PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).] USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.</p>

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST73		There seems to be some amount still unpaid. The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct?	IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.
STQ	ST74			IS THERE ADDITIONAL INFORMATION ON THE MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID?
STQ	ST75			USE COMMENTS TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID.
STQ	ST78		I have recorded that [you have/(SP) has] paid \$(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount?	
STQ	ST79		Do you expect anyone to pay any of this amount?	
STQ	ST80		How much do you expect will be paid?	
STQ	ST81	IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)?		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
STQ	ST82	IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER?		
PSQ	PS1A		(Now/Next), let's look at the costs for the (OME ITEM TYPE) [you/(SP)] [rented and then bought/stopped renting/stopped renting on (EVENT END DATE)]. Since (REFERENCE DATE), were any payments made for the (OME ITEM TYPE)?	THIS INCLUDES PAYMENTS MADE BY SP, MEDICARE, INSURANCE, TRICARE, OR ANY OTHER SOURCE OF PAYMENT.
PSQ	PS2		[Do you/Does (SP)] expect any more rental or installment payments to be made for the (OME ITEM TYPE)?	THIS INCLUDES PAYMENTS MADE BY SP, MEDICARE, INSURANCE, TRICARE, OR ANY OTHER SOURCE OF PAYMENT.
NSQ	NS1_IN			
NSQ	NS1		[Now that we're done with [your/(SP's)] statements, let's/Let's] talk about the medical services and costs for which [you/(SP)] did not have a statement.] THERE ARE (TOTAL NUMBER OF NS EVENTS) EVENTS (REMAINING) TO ASK ABOUT. (Let's start with/Next let's look at) (the/[your/(SP's)]) costs for the (EVENT).	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS2		As far as you know, is anything expected in the mail from (Medicare, Insurance, and Tricare/Medicare and Tricare/Medicare and Insurance/Medicare) about [READ EVENT ABOVE]?[PROBE IF NECESSARY: Please include any statements received about [your/(SP's)] Medicare prescription drug benefit.]	
NSQ	NS3	REMINDER: "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT. IF YOU HAVE ENTERED THIS CODE IN ERROR, SELECT PREVIOUS PAGE AND ENTER THE CORRECT CODE AT NS2. OTHERWISE, EXPLAIN WHY YOU SELECTED "EVENT ENTERED IN ERROR" FOR THIS EVENT.		
NSQ	NS4		[Have you/Has (SP)] received a statement for the [READ EVENT ABOVE]?	
NSQ	NS5		Including any amounts that may be paid by Medicare or anyone else, what [was the charge for the (OME ITEM TYPE) rented (with the option to buy) between (REFERENCE DATE) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/was the total charge (that is, the total amount billed)]?	IF CHARGE REPORTED AS HOURLY RATE, CALCULATE AND ENTER THE TOTAL CHARGE FOR THE ENTIRE ROUND.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS6		What was the copayment amount for the [READ EVENT ABOVE]?[EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, for health services provided. For example, the person may pay \$10 for each office visit and \$5 for each drug prescription.]	ENTER 0 IF NO COPAYMENT FOR THE EVENT.
NSQ	NS7		How many months are covered by the charge for the period of time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
NSQ	NS8		How many of the times [you/(SP)] obtained [READ EVENT ABOVE]since (REFERENCE DATE) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]?	
NSQ	NS9		How many of the (NUMBER OF VISITS) (visits to the OPD at/lab services provided by/visits to) (PROVIDER NAME) during the month of (EVENT MONTH) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]?	
NSQ	NS10	DOES [THE TOTAL CHARGE/THIS/(TOTAL CHARGE)] COVER THIS (EVENT/ITEM/MEDICINE) ONLY OR DOES IT INCLUDE OTHER EVENTS/ITEMS/MEDICINES?		
NSQ	NS12		What else was included?	CHECK ALL THAT APPLY.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS13	WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE?		SELECT OR ADD ONLY ONE PROVIDER.
NSQ	NS14	THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER.		DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?
NSQ	NS15			SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.
NSQ	NS16	ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE.		ADD ALL EVENT DATES FOR THIS PROVIDER.
NSQ	NS17		Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.	
NSQ	NS18		What kind of medical person is (PROVIDER NAME)?	
NSQ	NS19		Is (PROVIDER NAME) associated with a Department of VeteransAffairs, or V.A. facility?	
NSQ	NS20		Is (PROVIDER NAME) associated with [you/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
NSQ	NS21		[Were you/Was (SP)] referred to (PROVIDER NAME) by [READMANAGED CARE PLAN NAME(S) BELOW]?	
NSQ	NS22A		What is the most important reason [you/(SP)] did not see a doctor associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?	
NSQ	NS22A_IN			

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS23		We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	
NSQ	NS24			SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.
NSQ	NS24A			ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.
NSQ	NS25	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE SHOWN BELOW?		
NSQ	NS26			SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.
NSQ	NS27	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE?		SELECT OR ADD ONLY ONE PROVIDER.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS30			IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?
NSQ	NS31		Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.	
NSQ	NS32	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.		PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE.
NSQ	NS34	THE FOLLOWING OME EVENTS HAVE BEEN ENTERED.		DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?
NSQ	NS35			SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.
NSQ	NS36			WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS37			SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE.
NSQ	NS38			HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?
NSQ	NS38A			HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE?
NSQ	NS39	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE SHOWN BELOW?		
NSQ	NS40			SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.
NSQ	NS41			SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS42			HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?
NSQ	NS43		Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]	
NSQ	NS44	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE SHOWN BELOW?		
NSQ	NS45			SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.
NSQ	NS64		[[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] already paid any of [the charge/the total charge/the copayment amount/this (TOTAL CHARGE)]?	
NSQ	NS65	ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW?		SELECT "NO" TO ADD A SOURCE OF PAYMENT.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS66	ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE.		
NSQ	NS67		Who (else) paid? How much did (SOURCE) pay?	ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.
NSQ	NS67BINT		Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	
NSQ	NS67B_IN			
NSQ	NS68		I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	
NSQ	NS69		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (NS66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
NSQ	NS69A		I recorded previously that (CURRENT MEDICARE PRESCRIPTIONDRUG PLAN) was [your/(SP's)] current Medicare Prescription DrugCare Plan.Has this information changed?	
NSQ	NS69B		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (NS66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
NSQ	NS69C		Before we continue, I would like to ask you a few questions aboutthe discount membership plan(s) you just added.	
NSQ	NS69C_IN			

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS70		There seems to be (some amount still unpaid/more payments than the charge).[REVIEW WITH RESPONDENT.] The total of all payments is \$(TOTAL PAYMENTS). The amount (unpaid/overpaid) is \$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE). Is that correct?	
NSQ	NS71			THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/COPAYMENT), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.
NSQ	NS72			[THE TOTAL OF PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS \$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).]USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NS78		I have recorded that [you have/(SP) has] paid \$(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount?	
NSQ	NS79		Do you expect anyone to pay any of this amount?	
NSQ	NS80		How much do you expect will be paid?	
NSQ	NSL1		You told me earlier that [you/(SP)] had other [visits to (PROVIDER NAME)/prescribed medicine purchases].Are any other [visits to (PROVIDER NAME)/prescribed medicine purchases] the same -- that is the [total charge was (TOTAL CHARGE)/copayment was (TOTAL CHARGE)] per (visit/purchase) with the following payments: [READ PAYMENTS LISTED ABOVE]?	
NSQ	NSL3		Which ones are the same?	REVIEW LIST WITH RESPONDENT AND SELECT ALL PRESCRIPTION MEDICINES WHERE THE COSTS AND PAYMENTS ARE THE SAME.
NSQ	NSL4		How many times are the same?	ENTER THE NUMBER OF PURCHASES OF EACH MEDICINE SHOWN BELOW THAT ARE THE SAME.
NSQ	NSL5		Which ones are the same?	REVIEW LIST WITH THE RESPONDENT AND SELECT ALL PROVIDER EVENTS WHERE THE COST AND PAYMENTS ARE THE SAME.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
NSQ	NSL6		How many times are the same for (EVENT)?	ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENTMONTH, YEAR) THAT ARE THE SAME.
NSQ	NS81	YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED. DO YOU HAVE ANY MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENTS THAT YOU HAVE NOT YET ENTERED?		
CPS	CPS1_IN			
CPS	CPS1		(Next, I will ask about some medical care that we talked about in a previous interview.)THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES (REMAINING) FOR SUMMARY.(First/Next), I want to ask about [READ EVENT(S) ABOVE].	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS2		[At the last interview, [you were/(SP) was] expecting to receive a statement or paper from (Medicare, Insurance, and TRICARE/Medicare and TRICARE/Medicare and Insurance/Medicare).] [Have you/Has (SP)] received a statement for the [READ EVENT(S) ABOVE] (since then/since the last interview)?([PROBE IF NECESSARY: Please include any statements received about (your/(SP's)] Medicare prescription drug benefit.])	
CPS	CPS3		Do you happen to know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE]?	
CPS	CPS4		Including any amounts that may be paid by Medicare or anyone else, what was the total charge [that is, the amount billed]?	ENTER 0 IF NO CHARGE FOR THE EVENT.
CPS	CPS5		What was the copayment amount for the [READ EVENT(S) ABOVE]?[EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, for health services provided. For example, the person may pay \$10 for each office visit and \$5 for each drug prescription.]	ENTER 0 IF NO COPAYMENT FOR THE EVENT.
CPS	CPS6		For the [READ OME ITEM ABOVE], how many months are covered by the charge for the period of time between (CHARGE BUNDLE REFERENCE PERIOD)?	
CPS	CPS7		How many of the times [you/(SP)] obtained (MEDICINE NAME/OME ITEM TYPE) for the period between (CHARGE BUNDLE REFERENCE PERIOD) [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?	
CPS	CPS8		How many of the [READ EVENT ABOVE] [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS9		[Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE)), and that no payment had been made.] [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of [the total charge/the copayment amount/this (TOTAL CHARGE)]?	
CPS	CPS10	YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE.		
CPS	CPS11		Last time, we recorded that [Medicare had paid [nothing/(MEDICARE PAYMENT AMOUNT)] and] after Medicare paid, there was an amount remaining of (AMOUNT REMAINING) for the [READ EVENT(S) ABOVE.] [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of this (AMOUNT REMAINING)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS12	YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID.		
CPS	CPS13		Let me review what we recorded last time. [REVIEW WITH RESPONDENT.] The total of all payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?	
CPS	CPS14	YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS15		Let me review what we recorded last time. [REVIEW ABOVE WITH RESPONDENT.] There seems to be some amount still unpaid. The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?	
CPS	CPS16	YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.		
CPS	CPS17		Do you expect that [you/(SP)] or any other source will pay any (of this amount/additional amount for [READ EVENT(S) ABOVE])?	
CPS	CPS18		How much do you expect will be paid?	
CPS	CPS19		Last time, [you/(SP)] [expected some source to pay/ (weren't/wasn't) sure whether some source would pay [you/(SP)] back] some or all of the (SP/FAMILY PAYMENT) (you/he/she) had paid for [READ EVENT(S) ABOVE].	
CPS	CPS20		Has any source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid [you/(SP)] back any of that amount?([PROBE IF NECESSARY: Please include any payments received from (your/(SP's)) Medicare prescription drug benefit.])	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS21		Do you still expect any source to pay [you/(SP)] back any amount for [READ EVENT(S) ABOVE]?	
CPS	CPS22		How much do you expect will be paid?	
CPS	CPS23	DID RESPONDENT MENTION (AN INSURANCE/A) REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?		
CPS	CPS24	DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?		
CPS	CPS25	ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW?		SELECT "NO" TO ADD A SOURCE OF PAYMENT.
CPS	CPS26	ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE.		
CPS	CPS27		Who (else) paid (besides Medicare)? How much did (SOURCE) pay?REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT)	ENTER ALL REIMBURESMENT AMOUNTS.
CPS	CPS27BINT		Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	
CPS	CPS27B_IN			
CPS	CPS28		I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CPS	CPS29		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
CPS	CPS29A		I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan.Has this information changed?	
CPS	CPS29B		[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	
CPS	CPS29C		Before we continue, I would like to ask you a few questions about the discount membership plan(s) you just added.	
CPS	CPS29C_IN			
CPS	CPS30	DOES THIS REIMBURSEMENT AMOUNT COVER ANY OTHER EVENTS BESIDES THOSE SHOWN ABOVE?		
CPS	CPS31	WHAT OTHER TYPE(S) OF EVENT(S) ARE COVERD BY THIS REIMBURSEMENT?		CHECK ALL THAT APPLY.
CPS	CPS32	PLEASE ENTER A COMMENT TO RECORD ANYTHING ELSE YOU KNOW ABOUT THIS REFUND (PROVIDER(S), DATE(S), ETC.)		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ACQ	ACINTRO		The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE).	
ACQ	AC1		Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room?	
ACQ	AC6A		Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	
ACQ	AC8		Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department?	DO NOT INCLUDE HOSPITAL INPATIENT STAYS.
ACQ	AC9		[I have a few more questions about visits that [you/(SP)] had in the past.]Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department. What was the reason [you/(SP)] went to the hospital clinic or outpatient department?[PROBE: Any other reason?]	CHECK ALL THAT APPLY.
ACQ	AC10		Was that for a specific condition?	
ACQ	AC12		Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?	
ACQ	AC13		Did someone at the hospital clinic or outpatient department tell [you/(SP)] when to come back during an earlier visit, or did [you/(SP)] call for an appointment?	
ACQ	AC14		How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	
ACQ	AC16A		[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.]How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ACQ	AC17		[Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place?	
ACQ	AC18		When [were you/was (SP)] last a resident or patient in a nursing home or similar place?	
ACQ	AC19		Next, I want to ask about [your/(SP)'s] visits to doctors since (REFERENCE DATE). [Have you/Has (SP)] seen a medical doctor since (REFERENCE DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital.	
ACQ	AC20		[I have a few more questions about visits that [you/(SP)] had in the past.]Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?	
ACQ	AC21		What was the reason [you/(SP)] saw the doctor?[PROBE: Any other reason?]	CHECK ALL THAT APPLY.
ACQ	AC22		Was that for a specific condition?	
ACQ	AC24		Did [you/(SP)] have an appointment for this visit with the doctor, or did (you/he/she) just walk in?	
ACQ	AC25		Did someone in the doctor's office tell [you/(SP)] when to come back during an earlier visit, or did [you/(SP)] call for an appointment?	
ACQ	AC26		How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	
ACQ	AC28A1		[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
ACQ	AC33		The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME). While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), [have you/has (SP)] had difficulty in obtaining referrals for the services of a specialist or other medical person within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that [you/(SP)] thought were necessary?	
ACQ	AC34A		What kind of specialist or medical person was this?	
ACQ	AC35		What kind of difficulty did [you/(SP)] have?[PROBE: Any other difficulty?]	CHECK ALL THAT APPLY.
ACQ	AC36		Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary?	
HFQ	HFA1		Now, I would like to ask you about [your/(SP's)] health. In general, compared to other people [your/(SP's)] age, would you say that (your/his/her) health is . . .	
HFQ	HFA2		Compared to one year ago, how would you rate [your/(SP's)] health in general now? Would you say [your/(SP's)] health is . . .	
HFQ	HFA3		How much of the time during the past month has [your/(SP's)] health limited [your/(SP's)] social activities, like visiting with friends or close relatives? Would you say . . .	
HFQ	HFB1		[Do you/Does (SP)] wear eyeglasses or contact lenses?	
HFQ	HFB2		Which statement best describes [your/(SP's)] vision (while wearing glasses or contact lenses): no trouble seeing, a little trouble, a lot of trouble, or no usable vision?	
HFQ	HFB3		Because of [your/(SP's)] difficulty seeing, how much trouble [do you/does (SP)] have with prescription labels or medical instructions? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFB4		Because of [your/(SP's)] difficulty seeing, how much trouble [do you/does (SP)] have finding out things (you need/he needs/she needs) to know about Medicare? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	
HFQ	HFB5		Because of [your/(SP's)] difficulty seeing, how much trouble [do you/does (SP)] have obtaining medical care, such as finding care or getting there when (you need/he needs/she needs) it? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	
HFQ	HFB6		[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)?	INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS.
HFQ	HFB7		How long has it been since [your/(SP's)] last eye examination by an eye doctor?	
HFQ	HFB10		[Have you/Has (SP)] ever had an operation for cataracts?	
HFQ	HFC1		[Do you/Does (SP)] use a hearing aid?	
HFQ	HFC2		Which statement best describes [your/(SP's)] hearing (with a hearing aid): no trouble hearing, a little trouble, a lot of trouble, or deaf?	
HFQ	HFC3		How much trouble [do you/does (SP)] have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	
HFQ	HFC4		How much trouble [do you/does (SP)] have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFD1A		How much trouble [do you/does (SP)] have eating solid foods because of problems with (your/his/her) mouth or teeth? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble?	
HFQ	HFE1			
HFQ	HFFINTRO		These next few questions are about preventive health care measures some people take.	
HFQ	HFF1		When was the most recent time [you/(SP)] had (your/his/her) blood pressure taken by a doctor or other health professional?	
HFQ	HFF2		When was the most recent time [you/(SP)] had (your/his/her) blood cholesterol checked?	
HFQ	HFF3		(These next few questions are about preventive health care measures some people take). [Have you/Has (SP)] had a mammogram or a breast X-ray since (LAST HF MONTH YEAR)?	
HFQ	HFF5		What is the reason that [you have/(SP) has] not had a mammogram since (LAST HF MONTH YEAR)?	CHECK ALL THAT APPLY.
HFQ	HFF6		[Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR)?	
HFQ	HFF8		What is the reason that [you have/(SP) has] not had a Pap smear test since (LAST HF MONTH YEAR)?	CHECK ALL THAT APPLY.
HFQ	HFF9		[Have you/Has (SP)] ever had a hysterectomy?	
HFQ	HFF10		[Since (LAST HF MONTH YEAR), [have you/has (SP)]/[Have you/has (SP)] ever] had surgery on (your/his) prostate?[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surgery can include complete or partial removal of the prostate.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFF11		These next few questions are about (preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery). [Have you/Has (SP)] had a digital rectal examination (of the prostate) since (LAST HF MONTH YEAR)? [EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]	
HFQ	HFF12		[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (LAST HF MONTH YEAR)? PSA = PROSTATE-SPECIFIC ANTIGEN [EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]	
HFQ	HFF14		What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR)?	CHECK ALL THAT APPLY.
HFQ	HFF15		On a different topic ... Did [you/(SP)] have a flu shot for last winter? [EXPLAIN IF NECESSARY: Did [you/(SP)] get a flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]	
HFQ	HFF17		Why didn't [you/(SP)] get a flu shot last winter? [PROBE: Any other reason?]	CHECK ALL THAT APPLY.
HFQ	HFF18		Where did [you/(SP)] go for (your/his/her) most recent flu shot, was that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?[IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where was this?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFF20		Did [you/(SP)] have any trouble getting a flu shot when (you/he/she) wanted to because the vaccine was in short supply or unavailable?	
HFQ	HFF21		Was one reason that [you/(SP)] did not get a flu shot last winter because the vaccine was in short supply or unavailable?	
HFQ	HFF22		[Have you/Has (SP)] ever had a shot for pneumonia?	
HFQ	HFF23		Why didn't [you/(SP)] ever have a shot for pneumonia? [PROBE: Any other reason?]	CHECK ALL THAT APPLY.
HFQ	HFG1		[Have you/Has (SP)] ever smoked cigarettes, cigars, or pipe tobacco?	
HFQ	HFG2		[Do you/Does (SP)] smoke cigarettes, cigars, or pipe tobacco now?	
HFQ	HFG3		How many years did [you/(SP)] smoke?	
HFQ	HFG4		About how long has it been since [you/(SP)] last smoked regularly?	
HFQ	HFG5		How many years [have you/has (SP)] smoked?	
HFQ	HFG5A		Since (LAST HF MONTH YEAR), has a doctor or other health professional advised [you/(SP)] to quit smoking?	
HFQ	HFG6		During the past 12 months, [have you/has (SP)] stopped smoking for one day or longer because (you were/he was/she was) trying to quit smoking?	
HFQ	HFG7		The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage. Please think about a typical month in the past year. On how many days did [you/(SP)] drink any type of alcoholic beverage?	ENTER "0" FOR "NEVER DRANK" OR "NONE".
HFQ	HFG8		[Please think about a typical month in the past year.] On those days that [you/(SP)] drank alcohol, how many drinks did (you/he/she) have?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFG9		[Please think about a typical month in the past year.] On how many days did [you/(SP)] have 4 or more drinks in a single day?	ENTER "0" FOR "NEVER" OR "NONE".
HFQ	HFHINTRO		Now, I'm going to ask about how difficult it is, on the average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it.	
HFQ	HFH1	SHOW CARD HF1	How much difficulty, if any, [do you/does (SP)] have stooping, crouching, or kneeling? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?	
HFQ	HFH2	SHOW CARD HF1	How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?	
HFQ	HFH3	SHOW CARD HF1	What about reaching or extending arms above shoulder level?	
HFQ	HFH4	SHOW CARD HF1	How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it?	
HFQ	HFH5	SHOW CARD HF1	What about walking a quarter of a mile - that is, about 2 or 3 blocks?	
HFQ	HFH10INT		We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does].	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFH10		In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate?	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.
HFQ	HFH11		In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming?	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.
HFQ	HFH12		Now I'm going to ask you about activities [you/(SP)] may do to increase (your/his/her) muscle strength or flexibility. In a typical week, how much time [do you/does (SP)] spend doing exercises to increase (your/his/her) muscle strength or flexibility, such as lifting weights, push-ups, sit-ups, stretching, or yoga?	IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR.
HFQ	HFJINTRO		Next, I'm going to read a list of medical conditions. [Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had any of these conditions?	
HFQ	HFJ1		[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had... hardening of the arteries or arteriosclerosis?	
HFQ	HFJ2		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) (still have/still has/have/had)...] hypertension, sometimes called high blood pressure?	
HFQ	HFJ3		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) still had hypertension or high blood pressure?	
HFQ	HFJ4		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a myocardial infarction or heart attack?	
HFQ	HFJ5		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a myocardial infarction or heart attack?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFJ6		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) angina pectoris or coronary heart disease?	
HFQ	HFJ7		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of angina pectoris or coronary heart disease?	
HFQ	HFJ8		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) congestive heart failure?	
HFQ	HFJ9		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of congestive heart failure?	
HFQ	HFJ10		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) problems with the valves of the heart, such as aortic stenosis?	
HFQ	HFJ11		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of problems with the valves of the heart, such as aortic stenosis?	
HFQ	HFJ12		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) problems with the rhythm of (your/his/her) heartbeat, such as atrial fibrillation?	
HFQ	HFJ13		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of problems with the rhythm of (your/his/her) heart, such as atrial fibrillation?	
HFQ	HFJ14		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new episode of) any other heart condition?	
HFQ	HFJ15		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of any other heart condition?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFJ16		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a stroke, a brain hemorrhage, or a cerebrovascular accident?	
HFQ	HFJ17		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?	
HFQ	HFJ17A		Has a doctor ever told [you/(SP)] that (you/he/she) had high cholesterol?	
HFQ	HFJ17B		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had high cholesterol?	
HFQ	HFJ18		[I've recorded that [you/(SP)] previously reported having had skin cancer.] [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] (a new occurrence of) skin cancer?	
HFQ	HFJ19		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an occurrence of skin cancer?	
HFQ	HFJ20		[I've recorded that [you/(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].] [Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] any (other) kind of cancer, malignancy, or tumor other than skin cancer?	INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.
HFQ	HFJ21		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?	
HFQ	HFJ22		[Since the first time a doctor told [you/(SP)] that (you/he/she) had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor found? [PROBE: Any other part?]	CHECK ALL THAT APPLY.
HFQ	HFJ24		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] rheumatoid arthritis?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFJ25		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] arthritis, other than rheumatoid arthritis? [EXPLAIN IF NECESSARY: This includes osteoarthritis.]	
HFQ	HFJ26		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had arthritis in any part of (your/his/her) body, other than rheumatoid arthritis?	
HFQ	HFJ28		[Has a doctor ever told [you/(SP)] that (you/he/she) had...] an intellectual disability, sometimes called mental retardation?	
HFQ	HFJ29A		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] Alzheimer's disease?	
HFQ	HFJ29B		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] any type of dementia other than Alzheimer's disease?	
HFQ	HFJ30AA		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] depression?	
HFQ	HFJ30BB		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had depression?	
HFQ	HFJ30A		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a mental or psychiatric disorder other than depression?	
HFQ	HFJ31A		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a mental or psychiatric disorder other than depression?	
HFQ	HFJ32		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] osteoporosis, sometimes called fragile or soft bones?	
HFQ	HFJ33		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a broken hip?	
HFQ	HFJ34		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a broken hip?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFJ35		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] Parkinson's disease?	
HFQ	HFJ36		[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] emphysema, asthma, or COPD?	COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE
HFQ	HFJ37	[IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK:]	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] complete or partial paralysis?	
HFQ	HFJ38		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had complete or partial paralysis?	
HFQ	HFJ39	IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK:	What about absence or loss of an arm or a leg?	
HFQ	HFJ40		[[Before [you/(SP)] had prostate surgery, did a doctor ever tell/Since (LAST HF MONTH YEAR), has/Has]] a doctor (ever) told [you/(SP)] that (you/he) had...] an enlarged prostate or benign prostatic hypertrophy (BPH)?	
HFQ	HFJ41		Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)?	
HFQ	HFJ41A		Has a doctor ever told [you/(SP)] that (you/he/she) had any type of diabetes, including: sugar diabetes, high blood sugar, (borderline diabetes, pre-diabetes, or pregnancy-related diabetes/borderline diabetes, or pre-diabetes)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFJ41B	SHOW CARD HF6	Looking at this card, please tell me which type of diabetes the doctor said that [you have/(SP) has].	
HFQ	HFJ41C		[Were you/Was (SP)] told on two or more different visits that (you/he/she) had diabetes?	
HFQ	HFJ42		You told me that [you have/(SP) has] had [READ CONDITIONS LISTED BELOW]. (Was this/Were any of these) the original cause of [your/(SP's)] becoming eligible for Medicare?	
HFQ	HFJ43		What was the original cause of [your/(SP's)] becoming eligible for Medicare?	RECORD VERBATIM.
HFQ	HFJ44		Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?]	CHECK UP TO 8 CONDITIONS.
HFQ	HFPINTRO		Now I want to ask you about some things that [you/(SP)] may be doing to maintain (your/his/her) health, either by getting tested for health problems or by taking care of conditions that (you have/she has/he has).	
HFQ	HFP1		I recorded that [you were/(SP) was] told by a doctor that (you have/she has/he has) (Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes). How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had diabetes?	
HFQ	HFP2		Did [you/(SP)] have diabetes only during a pregnancy?	
HFQ	HFP4		Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]...	
HFQ	HFP5		How often [do you/does (SP)] take insulin?	
HFQ	HFP6		How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?	
HFQ	HFP7		How often [do you/does (SP)] test (your/his/her) blood for sugar or glucose? [PROBE: Include times when it is tested by a family member or friend, but do not include times when it is tested by a health professional.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFP8		How often [do you/does (SP)] check (your/his/her) feet for sores or irritations? [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	
HFQ	HFP10		In the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations?	
HFQ	HFP11		About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for (your/his/her) diabetes?	
HFQ	HFP13		A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"?	
HFQ	HFP14	SHOW CARD HF4	Would you say that [your/(SP's)] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less.	
HFQ	HFP14A		[Do you/Does (SP)] have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?	
HFQ	HFP15		[Do you/Does (SP)] have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?	
HFQ	HFP16		[Do you/Does (SP)] have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes? [EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]	
HFQ	HFP17		[Have you/Has (SP)] ever participated in a diabetes self-management course or class, or received special training on how (you/he/she) can manage (your/his/her) diabetes?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFP18		When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on how (you/he/she) can manage (your/his/her) diabetes?	
HFQ	HFP19	SHOW CARD HF3	How much do you think you know about managing your diabetes? Do you know . . .	
HFQ	HFP20		Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes?	
HFQ	HFP21		[I have recorded that [you have/(SP) has] never been told by a doctor that (you have/she has/he has) diabetes.] [Have you/Has (SP)] ever had a blood test to see if (you have/she has/he has) diabetes?	
HFQ	HFP22		When was the most recent time [you were/(SP) was] tested for diabetes?	
HFQ	HFP23		Before today, were you aware that there is a blood test to determine if a person has diabetes?	
HFQ	HFP24		Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for diabetes?	
HFQ	HFP25		In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes?	
HFQ	HFR1		Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had you ever heard of colorectal or colon cancer?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFR3		The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?	
HFQ	HFR4		Have you ever heard of this home testing kit?	
HFQ	HFR5		Did [you/(SP)] complete the samples and send the card in for (your/his/her) most recent test?	
HFQ	HFR7		When did [you/(SP)] have (your/his/her) most recent blood stool test using a home testing kit?	
HFQ	HFR8		Another test for early signs of colon cancer is performed in the doctor's office. The doctor uses a flexible lighted tube to examine the colon and rectum directly. This is called a sigmoidoscopy or colonoscopy. [Have you/Has (SP)] ever had this exam?	
HFQ	HFR9		When did [you/(SP)] have (your/his/her) most recent sigmoidoscopy or colonoscopy?	
HFQ	HFR10		Before today, had you ever heard of a sigmoidoscopy or colonoscopy?	
HFQ	HFR11		Has a doctor ever recommended that [you/(SP)] have this test?	
HFQ	HFR13		Before today, did you know that Medicare now helps pay the cost of screening tests for colorectal cancer?	
HFQ	HFSINTRO		Now I'd like to talk about a disease called osteoporosis, which can be treated if found early. In osteoporosis, the bones lose their calcium and become fragile and more easily broken.	
HFQ	HFS1		[Have you/Has (SP)] ever talked with (your/his/her) doctor or other health professional about osteoporosis?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFS2		Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for osteoporosis?	
HFQ	HFS3		There is a test to detect osteoporosis at an early stage, called Bone Mass Measurement or Bone Density Measurement, or DEXA scan. [Have you/Has (SP)] ever had a Bone Mass or Bone Density Measurement test?	
HFQ	HFS4		Before today, had you ever heard of this test?	
HFQ	HFS5		When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test?	
HFQ	HFS6		Before today, did you know that Medicare would pay for Bone Mass or Bone Density Measurement tests for Medicare beneficiaries who are at risk for osteoporosis?	
HFQ	HFAC29		Next, we are going to ask some questions about [your/(SP's)] health care needs during the past year. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any trouble getting health care that (you/he/she) wanted or needed?	
HFQ	HFAC30A		Why was that? [PROBE: Any other reason?]	CHECK ALL THAT APPLY.
HFQ	HFAC30B		Since (LAST HF MONTH YEAR), [have you/has (SP)] been told by a doctor's office that they cannot schedule an appointment with [you/(SP)]?	
HFQ	HFAC30C		What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with [you/(SP)]?[PROBE: Any other reason?]	CHECK ALL THAT APPLY
HFQ	HFAC30D		Did the doctor's office explain why (it is difficult for Medicare patients to get an appointment/Medicare is not accepted) at that practice?	
HFQ	HFAC30E		What was that explanation?	RECORD VERBATIM.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFAC30F	SHOW CARD HF7	In some situations your doctor or other health care provider may give you a form called either an Advance Beneficiary Notice or notice of noncoverage. This form is used when the health care provider has some doubt that a service will be covered by Medicare, and expects that you may have to pay for the service. In such cases, you can make a choice. You can choose to get or not get the service. If you sign the form, you can get the service right away; and, usually, the provider will collect payment from you. You can still ask the provider to bill Medicare, in case the provider is wrong and the service is covered. If the service is covered, then the money you paid the provider is returned to you. Since (LAST HF MONTH YEAR), has any doctor or other health care provider given you a form like one shown on this card?	
HFQ	HFAC30G		Think about the most recent time you received an Advance Beneficiary Notice, or "ABN". What items or services did the health care provider expect would not be paid by Medicare? [PROBE: What type(s) of health care items or services were described on the ABN?]	CHECK ALL THAT APPLY.
HFQ	HFAC30G1		Did you read the Advance Beneficiary Notice?	
HFQ	HFAC30H		How much trouble did you have understanding the Advance Beneficiary Notice for (the item or service/these items or services)? Would you say you had no trouble, a little trouble, or a lot of trouble?	
HFQ	HFAC30I		[Think about the most recent time you received an Advance Beneficiary Notice.] Did you sign the form?	
HFQ	HFAC30J		Why didn't you sign the form?	RECORD VERBATIM.
HFQ	HFAC30K		You mentioned that you received an ABN for [READ HEALTH CARE ITEMS AND SERVICES LISTED BELOW]. Did you choose to get (the item or service/these items or services) even though the health care provider expected Medicare would not pay?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFAC30K1		Did you ask that Medicare be billed for (the item or service/these items or services)?	
HFQ	HFAC30L		Did Medicare deny payment for (the item or service/these items or services)?	
HFQ	HFAC30M		What sources paid any part of the cost for (the item or service/these items or services)?[PROBE: Who else paid?]	CHECK ALL THAT APPLY.
HFQ	HFAC31		Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because (you were/he was/she was) worried about the cost?	
HFQ	HFKINTRO		Now I'm going to ask about some everyday activities and whether [you have/(SP) has] any difficulty doing them by (yourself/himself/herself).	
HFQ	HFKA1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... using the telephone?	
HFQ	HFKA2		[You said that using the telephone is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFKB1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... doing light housework (like washing dishes, straightening up, or light cleaning)?	
HFQ	HFKB2		[You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFKC1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... doing heavy housework (like scrubbing floors or washing windows)?	
HFQ	HFKC2		[You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFKD1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... preparing (your/his/her) own meals?	
HFQ	HFKD2		[You said that preparing (your/his/her) own meals is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFKE1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... shopping for personal items (such as toilet items or medicines)?	
HFQ	HFKE2		[You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFKF1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... managing money (like keeping track of expenses or paying bills)?	
HFQ	HFKF2		[You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFKA3		[[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... using the telephone?	
HFQ	HFKA4		You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help?	ENTER ALL HELPERS.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFKB3		[[You said that [your/(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult./You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... doing light housework (like washing dishes, straightening up, or light cleaning)?	
HFQ	HFKB4		You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?	ENTER ALL HELPERS.
HFQ	HFKC3		[[You said that [your/(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult./You said that heavy housework (like scrubbing floors or washing windows) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... doing heavy housework (like scrubbing floors or washing windows)?	
HFQ	HFKC4		You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?	ENTER ALL HELPERS.
HFQ	HFKD3		[[You said that [your/(SP's)] health makes preparing (your/his/her) own meals difficult./You said that preparing (your/his/her) own meals is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... preparing (your/his/her) own meals?	
HFQ	HFKD4		You mentioned that [you receive/(SP) receives] help with preparing (your/his/her) own meals. Who gives that help?	ENTER ALL HELPERS.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFKE3		[[You said that [your/(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult./You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... shopping for personal items (such as toilet items or medicines)?	
HFQ	HFKE4		You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help?	ENTER ALL HELPERS.
HFQ	HFKF3		[[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do].] [Do you/Does (SP)] receive help from another person with... managing money (like keeping track of expenses or paying bills)?	
HFQ	HFKF4		You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help?	ENTER ALL HELPERS.
HFQ	HFLINTRO		Now I'll ask about some other everyday activities. I'd like to know whether [you have/(SP) has] any difficulty doing each one by (yourself/himself/herself) and without special equipment.	
HFQ	HFLA1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... bathing or showering?	
HFQ	HFLA2		[You said that bathing or showering is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLB1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... dressing?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFLB2		[You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLC1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... eating?	
HFQ	HFLC2		[You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLD1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... getting in or out of bed or chairs?	
HFQ	HFLD2		[You said that getting in or out of bed or chairs is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLE1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... walking?	
HFQ	HFLE2		[You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLF1		Because of a health or physical problem, [do you/does (SP)] have any difficulty... using the toilet?	
HFQ	HFLF2		[You said that using the toilet is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem?	
HFQ	HFLA3		[[You said [your/(SP's)] health makes bathing or showering difficult./You said that bathing or showering is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with bathing or showering?	
HFQ	HFLA4		Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLA5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with bathing or showering?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFLA6		How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .	
HFQ	HFLA7		Do you expect that [you/(SP)] will still need help with bathing or showering three months from now?	
HFQ	HFLB3		[[You said [your/(SP's)] health makes dressing difficult./You said that dressing is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with dressing?	
HFQ	HFLB4		Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLB5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with dressing?	
HFQ	HFLB6		How long [have you/has (SP)] needed help with dressing? Has it been . . .	
HFQ	HFLB7		Do you expect that [you/(SP)] will still need help with dressing three months from now?	
HFQ	HFLC3		[[You said [your/(SP's)] health makes eating difficult./You said that eating is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with eating?	
HFQ	HFLC4		Does someone usually stay nearby just in case [you need/(SP) needs] help with eating? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLC5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with eating?	
HFQ	HFLC6		How long [have you/has (SP)] needed help with eating? Has it been . . .	
HFQ	HFLC7		Do you expect that [you/(SP)] will still need help with eating three months from now?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFLD3		[[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs?	
HFQ	HFLD4		Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLD5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with getting in or out of bed or chairs?	
HFQ	HFLD6		How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . .	
HFQ	HFLD7		Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now?	
HFQ	HFLE3		[[You said [your/(SP's)] health makes walking difficult./You said that walking is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with walking?	
HFQ	HFLE4		Does someone usually stay nearby just in case [you need/(SP) needs] help with walking? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLE5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with walking?	
HFQ	HFLE6		How long [have you/has (SP)] needed help with walking? Has it been . . .	
HFQ	HFLE7		Do you expect that [you/(SP)] will still need help with walking three months from now?	
HFQ	HFLF3		[[You said [your/(SP's)] health makes using the toilet difficult./You said that using the toilet is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with using the toilet?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFLF4		Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet? [That is, does someone usually stay or come into the room to check on (you/him/her)?]	
HFQ	HFLF5		[Do you/Does (SP)] use special equipment or aids to help (you/him/her) with using the toilet?	
HFQ	HFLF6		How long [have you/has (SP)] needed help with using the toilet? Has it been . . .	
HFQ	HFLF7		Do you expect that [you/(SP)] will still need help with using the toilet three months from now?	
HFQ	HFLA9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with bathing and showering. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.
HFQ	HFLB9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with dressing. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.
HFQ	HFLC9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with eating. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.
HFQ	HFLD9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with getting in or out of bed or chairs. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.
HFQ	HFLE9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with walking. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFLF9		You mentioned that [[you receive/(SP) receives] help/someone stays nearby in case [you need/(SP) needs] help] with using the toilet. Who [gives that help/stays nearby in case [you need/(SP) needs] help]?	ENTER ALL HELPERS.
HFQ	HFL10		Which of these persons gives [you/(SP)] the most help with these things?	SELECT ONLY ONE.
HFQ	HFM1		Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down?	
HFQ	HFM2		Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down?	ENTER "95" IF 95 OR MORE FALLS REPORTED.
HFQ	HFM3A		Thinking about the [most recent] time that [you/(SP)] fell, did (you/he/she) hurt (yourself/himself/herself) badly enough to get medical help?	
HFQ	HFM3B		What kind of injury did [you/(SP)] have in that (most recent) fall?[PROBE: Anything else?]	CHECK ALL THAT APPLY.
HFQ	HFM3C		Did [your/(SP's)] (most recent) fall cause (you/him/her) to limit (your/his/her) regular activities?	
HFQ	HFM3D		How long did it take [you/(SP)] to get back to regular activities after (your/his/her) (most recent) fall?	
HFQ	HFM3E		How would you rate [your/(SP's)] fear of falling on a scale of 1 to 6, where 1 is "Not at all afraid of falling" and 6 is "Extremely afraid of falling"?	
HFQ	HFN1		[Do you/Does (SP)] experience memory loss such that it interferes with daily activities?	
HFQ	HFN2		[Do you/Does (SP)] have problems making decisions to the point that it interferes with daily activities?	
HFQ	HFN3		[Do you/Does (SP)] have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?	
HFQ	HFN4	SHOW CARD HF4	In the past 12 months, how much of the time did [you/(SP)] feel sad, blue, or depressed? Would you say [you were/(SP) was] sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFN5		In the past 12 months, [have you/has (SP)] had 2 weeks or more when (you/he/she) lost interest or pleasure in things that (you/he/she) usually cared about or enjoyed?	
HFQ	HFQ1	SHOW CARD HF2	I'd like to ask about a health problem that is more common than people think. Please look at this card and tell me how often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] lost urine because (you/he/she) could not control (your/his/her) bladder.	
HFQ	HFT1		We have recorded that [you were/(SP) was] told by a doctor that (you had/he had/she had) hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that (you/he/she) had high blood pressure or hypertension?[EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.]	
HFQ	HFT2		How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure?	
HFQ	HFT6D		Because of (your/his/her) high blood pressure, [are you/is (SP)] now measuring (your/his/her) blood pressure at home?	
HFQ	HFT6G		Because of (your/his/her) high blood pressure, [are you/is (SP)] now taking prescribed medicine for (your/his/her) high blood pressure?	
HFQ	HFT6J		(You mentioned that in a typical month in the past year [you/(SP)] did not drink alcohol. Is that because of (your/his/her) high blood pressure?/[Have you/Has (SP)] cut down on drinking alcoholic beverages because of (your/his/her) high blood pressure?)	
HFQ	HFT7		How long [have you/has (SP)] been treated with prescribed medicines for (your/his/her) high blood pressure?	
HFQ	HFT8		How many different prescribed medicines [do you/does (SP)] take for (your/his/her) high blood pressure?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
HFQ	HFT11A		How often [do you/does (SP)] have trouble with side effects from (your/his/her) blood pressure (medicine/medicines)? Please tell me if (you/he/she) always, sometimes, or never (have/has) trouble with side effects.[EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.]	
HFQ	HFT12A		Doctors often recommend changing your habits or lifestyle, such as changing your diet, or getting regular exercise in order to control blood pressure. How confident are you that [you/(SP)] can follow these recommendation?Would you say that you are very confident, confident, somewhat confident, or not at all confident?	
HFQ	HFT13		[Do you/Does (SP)] have difficulty paying for the (medicine/medicines) (your/his/her) doctor prescribes for (your/his/her) high blood pressure?	
HFQ	HFT14		[Do you/Does (SP)] ever skip taking (your/his/her) medicine, take less medicine than prescribed, or share medicine because of the cost of the medicine?	
SCQ	SC1	SHOW CARD SC1	We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied you have been with the following: The overall quality of the health care [you have /(SP) has] received [over the past year/since (SURVEY REFERENCE DATE)].	
SCQ	SC2	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends.	
SCQ	SC3	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The ease and convenience of getting to a doctor from where [you/(SP)] (live/lives).	
SCQ	SC4	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The out-of-pocket costs [you/(SP)] paid for health care.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC5	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	
SCQ	SC6	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The follow-up care [you/(SP)] received after an initial treatment or operation.	
SCQ	SC7	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The concern of doctors for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	
SCQ	SC8	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] Getting all [your/(SP's)] health care needs taken care of at the same location.	
SCQ	SC8A	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.	
SCQ	SC8B	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .] The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.	
SCQ	SC8C	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .]The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.	
SCQ	SC8D	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .][Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]	
SCQ	SC8E	SHOW CARD SC1	[Please tell me how satisfied you have been with . . .]The ease of finding a pharmacy which accepts your prescription drug plan.[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC8F		<p>Would [you/(SP)] recommend (your/his/her) prescription drug plan to other people like (you/him/her)?[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]</p>	
SCQ	SC8G		<p>[Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans./[You receive/(SP) receives] (your/his/her) prescription drug coverage through a (Medicare Prescription Drug plan/Medicare Advantage plan).] And, in most Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole". I have a picture to help explain this term.SHOW CARD</p> <p>SC1ACoverage is divided into four phases in most Medicare drug plans. Depending on the plan, in the first phase, the beneficiary may pay a deductible. In the second phase, the beneficiary pays a portion of the total cost of each prescription and the drug plan pays a portion of the cost. In the third phase, there is a gap in coverage, when most people must pay 100 percent of their drug costs out of their own pockets. This phase is commonly known as the coverage gap, or "doughnut hole". After paying a certain amount of out-of-pocket costs, the fourth phase of coverage begins. In the fourth phase, the beneficiary pays a small percentage of the total cost of each prescription and the drug plan pays the remaining amount. Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare drug plans?</p>	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC8H		As you may know, there are Federal and state programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a “low-income subsidy” or “extra help”. Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan’s monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.[Are you/Is (SP)] receiving this type of help to pay for (your/his/her) Medicare prescription drug coverage?]	
SCQ	SC8I	SHOW CARD SC1A	Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or “doughnut hole”?[EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage when (your/his/her) plan will either stop paying for all prescription drugs or it will offer only limited coverage.]	
SCQ	SC8J		For the next several questions, it would be helpful if I could look at [your/(SP)'s] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] medicine statements. The statements often contain the information required by these questions.First, once [you reach/(SP) reaches] the coverage gap, does (your/his/her) [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan stop paying for all prescription drugs or does (your/his/her) plan offer some type of coverage for prescription drug costs?	REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC8K		What type of coverage does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan offer once [you reach/(SP) reaches] the start of the coverage gap? Does it cover generic drugs only, brand-name and generic drugs, or does it provide some other type of coverage?	REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.
SCQ	SC8L	SHOW CARD SC1A	[Have you/Has (SP)] reached the start of the coverage gap during [CURRENT YEAR]?[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when (your/his/her) plan will either stop paying for all prescription drugs or it will offer only limited coverage.]	REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.
SCQ	SC8M		How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?	
SCQ	SC8N	SHOW CARD SC1A	[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR]?[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total cost of each prescription and (your/his/her) drug plan pays the remaining amount.]	REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.
SCQ	SC8O		For [CURRENT YEAR], how worried (are/is/were/was) [you/(SP)] about (your/his/her) ability to pay for (your/his/her) medicines during the coverage gap? Would you say that [you/(SP)] (are/is/were/was) very worried, somewhat worried, or not at all worried?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC9		Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?	RECORD VERBATIM.
SCQ	SC10A		Please tell me whether each of the following statements is true or false.	
SCQ	SC11		During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think (you/he/she) should have seen a doctor or other medical person, but did not?	
SCQ	SC12AA		What was the health problem or condition?	ENTER ALL CONDITIONS.
SCQ	SC12A		Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]?(CONDITION 1 FROM SC12AA)(CONDITION 2 FROM SC12AA)(CONDITION 3 FROM SC12AA)[PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]	
SCQ	SC13A	SHOW CARD SC2	This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA)(CONDITION 2 FROM SC12AA)(CONDITION 3 FROM SC12AA)[PROBE: Any other reason?]	CHECK ALL THAT APPLY.
SCQ	SC14A		Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.](CONDITION 1 FROM SC12AA)(CONDITION 2 FROM SC12AA)(CONDITION 3 FROM SC12AA)	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
SCQ	SC15		During (CURRENT YEAR), were any medicines prescribed for [you/(SP)] that (you/he/she) did not get? Please include refills of earlier prescriptions as well as prescriptions that were written or phoned in by a doctor.	
SCQ	SC16		What were the names of those medicines?	ENTER ALL MEDICINES.
SCQ	SC17INTR	SHOW CARD SC3	This card lists some reasons people have given for not having prescriptions filled or refilled.	
SCQ	SC17A		Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?[MEDICINE 1 FROM SC16][MEDICINE 2 FROM SC16][MEDICINE 3 FROM SC16][MEDICINE 4 FROM SC16][MEDICINE 5 FROM SC16][PROBE: Any other reason?]	CHECK ALL THAT APPLY.
SCQ	SC18A		Which of these was the main reason [you/(SP)] did not obtain (this medicine/these medicines) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.][MEDICINE 1 FROM SC16][MEDICINE 2 FROM SC16][MEDICINE 3 FROM SC16][MEDICINE 4 FROM SC16][MEDICINE 5 FROM SC16]	
SCQ	SC20	SHOW CARD SC4	Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...	
SCQ	SC21	SHOW CARD SC4	Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...	
SCQ	SC22	SHOW CARD SC4	Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...	
USQ	US1		Is there a particular medical person or a clinic [you/(SP)] usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
USQ	US2		What kind of place [do you/does (SP)] usually go to when (you are/he is/she is) sick or for advice about (your/his/her) health -- is that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, or some other place?IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?IF SOME OTHER PLACE, ASK: Where is this?	
USQ	US2A		Is this (doctor/medical clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	
USQ	US3A		What is the complete name of the [place/HMO/(US2 RESPONSE)] that [you/(SP)] (go to/goes to)?	
USQ	US4		Is there a particular doctor [you/(SP)] (usually see/usually sees) at this [place/HMO/(US2 RESPONSE)] ?	
USQ	US5A		What is the complete name of that doctor?	
USQ	US6A		What is (US5A PROVIDER NAME'S) specialty?	
USQ	US7		Does [(US5A PROVIDER NAME)/a doctor from (US3A PROVIDER NAME)] make house calls?	
USQ	US8		How [do you/does (SP)] usually get to [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]?[EXPLAIN IF NECESSARY: [Do you/Does (SP)] get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?]	
USQ	US9		About how long does it usually take for [you/(SP)] to get there?	
USQ	US10		[Do you/Does (SP)] usually have someone accompany (you/him/her) there?	
USQ	US11		Who usually goes with [you/(SP)]?	SELECT OR ADD ONLY ONE PERSON.
USQ	US11A1		How often (are you/is that person) with [you/(SP)] while [you/(SP)] (see/sees) the doctor or other medical person? Would you say always, sometimes, or never?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
USQ	US11AA		What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there? What (do you/does this person) do?[PROBE: Any other reason?]	CHECK ALL THAT APPLY.
USQ	US15	SHOW CARD US1	How long [have you/has (SP)] been [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)]?	
USQ	US17		Before [you/(SP)] started [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)], had [you/(SP)] usually been going to some other place or seeing some other doctor for medical care?	
USQ	US27	SHOW CARD US2	Now I am going to read some statements people have made about their health care. Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.	
USQ	US32	SHOW CARD US2	[Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).]	
USQ	US37	SHOW CARD US2	[Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).]	
USQ	US39		I am going to read some reasons that people have given for not having a usual source of health care. For each one, please tell me whether or not it is a reason [you do/(SP) does] not have a usual place for health care.	
USQ	US42		Why is [your/(SP's)] usual source of health care no longer available?	
USQ	US43		Thinking about other possible reasons that people have for not having a usual source of health, please tell me if this statement applies to [you/(SP)]:	
DIQ	DIINTROA		The next two questions are about ethnicity and race.	
DIQ	DI1A		[Are you/Is (SP)] of Hispanic or Latino origin?	
DIQ	DI2A	SHOW CARD DI	Looking at this card, what is [your/(SP's)] race?	CHECK ALL THAT APPLY.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
DIQ	DI3INTRO		The next two questions are about education and income.	
DIQ	DI3A	SHOW CARD DI1A	What is the highest degree or level of school [you have/(SP) has] completed?	
DIQ	DI4INTRO		In studies like this, people are sometimes grouped together according to income.	
DIQ	DI4		Was [your and your spouse's/(SP's) and (his/her) spouse's/[your/(SP's)]] total income during the past 12 months less than \$25,000 or \$25,000 or more, before taxes? Include income from jobs, Social Security, Railroad Retirement, other retirement income, Supplemental Security Income (SSI), pensions, interest, and any other sources. [PROBE IF NECESSARY: In estimating [your/(SP's)] total income, you can respond for all of the past 12 months, or provide a one month estimate.][EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]	
DIQ	DI5A	SHOW CARD (DI2/DI3)	Looking at this card, which letter best represents [your and your spouse's/(SP's) and (his/her) spouse's/[your/(SP's)]] total income before taxes during the past 12 months? Include income from jobs, Social Security, Railroad Retirement, other retirement income, and the other sources of income we just talked about.[EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KNINTRO		Now I have some questions about how you get information about the Medicare program. Your answers will help Medicare provide the information that people need. Keep in mind that, generally, there are no right or wrong answers to these questions. Your opinions and experiences are important to us.	
KNQ	KN1	SHOW CARD KN1	Overall, how easy or difficult do you think the Medicare program is to understand? Would you say it is very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?	
KNQ	KN2	SHOW CARD KN2	How much do you think you know about the Medicare program? Do you know just about everything you need to know, most of what you need to know, some of what you need to know, a little of what you need to know or almost none of what you need to know about the Medicare program?	
KNQ	KN24A	SHOW CARD KN4	This card lists different health care topics and programs. Which of these topics would be the most important for you to have more information about? Which would be the next most important? Which would be the next most important?	PROBE FOR TOP THREE.
KNQ	KN25A	SHOW CARD KN9	This card lists some sources of information that people might use to keep up with developments in Medicare. Looking at this card, please tell me all of the sources you would prefer to use to keep up with Medicare. [PROBE: Any other source?]	CHECK ALL THAT APPLY.
KNQ	KN25B		In the past year, have you tried to find any information [for (SP)] about Medicare?	
KNQ	KN25C	SHOW CARD KN13	How interested are you in getting (more) information [for (SP)] about Medicare?	
KNQ	KN26	SHOW CARD KN6	How satisfied are you in general with the availability of information about the Medicare program when you need it [for (SP)]?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KN27INT		We've talked about [different topics that you [or (SP)] may have wanted information about and] how you [or (SP)] may want to receive information about the Medicare program. Now I would like to ask you about publications that are available to you [and (SP)] about the Medicare program.	
KNQ	KN27	SHOW CARD KN7	Did [you/(SP)] receive a copy of this book, called "Medicare and You 2010", which gives an overview of the Medicare program? This handbook is sent to Medicare beneficiaries every fall, and the cover looks like this.	
KNQ	KN28		Would you say you have read this book thoroughly, that you have read parts of it, or that you haven't read it at all?	
KNQ	KN29	SHOW CARD KN1	How easy to understand did you find (the parts you read/this book) - would you say (they were/it was) very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?	
KNQ	KN34B1		We're interested in what people understand about the Medicare program. I'm going to read a list of health care services. For each item, please tell me whether Medicare covers the service, or does not cover it. [READ IF NECESSARY: This is not a test. Your answers allow the Medicare agency to know how well information about the program is understood. At the end of the interview, I'll give you a fact sheet that explains these issues.] Does Medicare cover...	
KNQ	KN34B2		Does Medicare cover...	
KNQ	KN34B3		Does Medicare cover...	
KNQ	KNTFINT1		Now, I'm going to read a series of statements about Medicare. For each one, please tell me whether you think it is true or false, or whether you aren't sure.	
KNQ	KNTF4		Medicare usually covers non-emergency care received while a beneficiary is traveling outside the United States. [PROBE: Do you think this is true or false or are you not sure?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KNTF5		People are eligible for Medicare because they have low or moderate incomes. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF6A		Most people covered by Medicare have choices about how they get their Medicare health and prescription drug coverage; for example, they can choose between fee-for-service coverage and coverage provided by a managed care plan.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF7		The premium or monthly payment that Medicare beneficiaries have to pay for Medicare Part B can change at any time during the year.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF10		People with limited income and resources may save money on their Medicare costs with the help of Medicare Savings Programs. [PROBE: Do you think this is true or false or are you not sure?]	
KNQ	KNTF13		Medicare Advantage plans, such as HMOs and PPOs, often cover more health services, like eye exams or hearing aids, than original Medicare. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF14		Most people enrolled in a Medicare Advantage plan can change to another plan any time during the year.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF16		If you are enrolled in a Medicare Advantage plan, your choice of doctors or hospitals may be limited. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF18		If your Medicare Advantage plan leaves the Medicare program and you do not choose another one, you will be covered by the Original Medicare plan. [PROBE: Do you think this is true or false, or are you not sure?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KNTF19		A Medicare Advantage plan can raise its fees or change its benefits each year. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF21		Medicare offers a free counseling service in your state that beneficiaries can use to help them understand and compare health insurance options. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF25		People can report complaints to Medicare about their Medicare Advantage plans or supplemental insurance policies if they are not satisfied with them. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF28		You have a right to file an appeal if you disagree with decisions that are made by Medicare or your Medicare Advantage plan. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF29		No matter which Medicare health insurance option you choose, your out-of-pocket costs will be the same.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTFINT2		The next series of statements are about Medicare prescription drug coverage. Again, for each one, please tell me whether you think it is true or false, or whether you aren't sure.	
KNQ	KNTF30		Everyone with Medicare can choose to enroll in the voluntary Medicare prescription drug coverage regardless of their income or health. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF32		All Medicare prescription drug plans cover the same list of prescription drugs. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF33		Medicare prescription drug plans can change the price of prescription drugs only once per year.[PROBE: Do you think this is true or false, or are you not sure?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KNTF35		If you join a Medicare prescription drug plan, your plan must be accepted at all pharmacies in the U.S. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF36		Medicare prescription drug plans can change the list of prescription drugs that they cover at any time during the year.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF37		If you have limited income and resources, you may get extra help to cover prescription drugs for little or no cost to you. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF38		Generally, once you join a Medicare prescription drug plan, you can only change to another plan during the "Open Enrollment period" each year.[PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KNTF39		Your out-of-pocket costs are the same in all Medicare prescription drug plans. [PROBE: Do you think this is true or false, or are you not sure?]	
KNQ	KN50		Next, I'd like to ask about [your/(SP's)] use of computers. [Do you/Does (SP)] have a personal computer in (your/his/her) home?	
KNQ	KN51INT		Some people use the Internet to get different kinds of information. The next questions ask about the Internet. [EXPLAIN IF NECESSARY: The Internet includes web sites, e-mail, newsgroups, and other forums.]	
KNQ	KN51A		[Do you/Does (SP)] personally ever use the Internet to get information of any kind?	
KNQ	KN51B		[Do you/Does(SP)] have someone else, such as a friend, relative, or anyone else, get information for (you/him/her) on the Internet?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KN51B1		When ([you have/(SP) has] someone use the Internet for [you/him/her]/[you use/(SP) uses] the Internet) (do they/[do you/does (he/she)]) use a dial-up connection or (do they/[do you/does (he/she)]) use a high-speed connection? [EXPLAIN IF NECESSARY: A dial-up service connects to the Internet through a phone line and is generally slower. A high-speed service often connects to the Internet through a cable or satellite Internet provider and is generally faster.]	
KNQ	KN51C		How often [do you/does (SP)] access the Internet to seek information, either on (your/his/her) own or with someone else's help? Please do not include any time spent reading or sending e-mail.	
KNQ	KN53		(Has anyone/[Have you/Has (SP)]) ever visited or ever accessed the official website for Medicare information - www.medicare.gov (- for [you/(SP)])?	
KNQ	KN53A		"Hospital Compare" is a tool on the Medicare website that helps beneficiaries compare the quality of care and patient experiences at hospitals in their area. In the past year, (has anyone/[have you/has (SP)]) visited the Medicare website to use "Hospital Compare" (for [you/(SP)])?	
KNQ	KN53B		The "Medicare Prescription Drug Plan Finder" is a tool on the Medicare website that helps beneficiaries compare Medicare prescription drug plans in their area. In the past year, (has anyone/[have you/has (SP)]) visited the Medicare website to compare the quality and performance of Medicare prescription drug plans (for [you/(SP)])?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KN53D		Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When [you/(SP)] (visit/visits) (your/his/her) usual doctor, does the doctor generally enter [your/(SP's)] health information into a computer while (you are/he is/she is) present?[EXPLAIN IF NECESSARY: "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.]	
KNQ	KN53E	SHOW CARD KN14	I'm going to read three statements about computer-based medical records. Please tell me how strongly you agree or disagree with each statement.If the United States adopted a system where medical records were kept electronically and could be shared online, the overall quality of medical care in the country would be improved. Do you strongly agree, agree, disagree or strongly disagree with this statement?	
KNQ	KN53F	SHOW CARD KN14	If the United States. adopted a system where medical records were kept electronically and could be shared online, an unauthorized person could get access to [your/(SP's)] medical records. Do you strongly agree, agree, disagree or strongly disagree?	
KNQ	KN53G	SHOW CARD KN14	If the United States adopted a system where medical records were kept electronically and could be shared online, [your/(SP's)] doctors could do a better job coordinating (your/his/her) care. Do you strongly agree, agree, disagree or strongly disagree?	
KNQ	KN54		Most of the time, do you make decisions about Medicare health insurance on your own, do you get help from someone in making these decisions, or do you rely on someone else to make decisions about health insurance for you?	
KNQ	KN56		Before today, were you aware of the 1-800-MEDICARE toll-free line?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
KNQ	KN57		Have you ever called 1-800-MEDICARE to get information about Medicare?	
KNQ	KN58		As you know, this survey is sponsored by the Centers for Medicare and Medicaid Services, which is the government agency that runs Medicare. What are your suggestions or concerns about Medicare?	RECORD VERBATIM.
KNQ	KNEND	SHOW THE "MEDICARE INFORMATION" SHEET TO THE RESPONDENT AND ALLOW TIME FOR REVIEW. IT PROVIDES ANSWERS TO SOME OF THE QUESTIONS ASKED DURING THIS SUPPLEMENT. COLLECT THE SHEET FOR USE DURING THE NEXT INTERVIEW UNLESS THE RESPONDENT REQUESTS TO KEEP IT.		
IAQ	IAINT8	WAS SP'S SPOUSE LIVING IN THE HOUSEHOLD DURING THIS ROUND?		

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IAINT9	BESIDES SP (AND SP'S SPOUSE), WAS ANY OTHER ADULT, AGE 15 OR OLDER, LIVING IN THE HOUSEHOLD DURING THIS ROUND?		
IAQ	IAINTRO		Now I have some questions about (PREVIOUS YEAR) income and other financial resources for [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)]. Your answers will be combined with those of other respondents, and (your/his/her) Medicare benefits will not be affected in any way by your answers to these questions.	GIVE BROCHURE TO RESPONDENT. ALLOW A FEW MINUTES FOR RESPONDENT TO REVIEW BROCHURE IF NECESSARY.
IAQ	IAINTRO1		As the brochure explains, your responses to these questions can help us determine the impact of income on (your/his/her) use and access to health care. I will be asking a series of questions about [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income and other financial resources. First, I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of income or other resources. All these questions can be answered with a "yes" or a "no." Then, I will ask you to estimate [your/(SP's)/their] total income. [Please answer all questions for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)]. Please feel free to refer to any records or other persons who may be of assistance to you.	
IAQ	IA1A		In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .	
IAQ	IA1C		In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IA13		Not including anything you've already told me about, did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] receive income from any other sources, such as Department of Veterans Affairs payments, worker's or unemployment compensation, child support, or alimony?	
IAQ	IA14	SHOW CARD IA1	Taking all of these income sources into account, please estimate [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income for (PREVIOUS YEAR).[PROBE: In estimating (your/his/her/their) total income you can respond for all of (PREVIOUS YEAR), or, if you prefer, provide a one month estimate.] [PROBE: REVIEW THESE SOURCES WITH RESPONDENT: [Social Security or Railroad Retirement/(SSI/SSDI)/disability/pensions/job, business, professional practice, farm/public assistance programs/assistance from relatives or friends/withdrawal from retirement or savings/dividends/lump sum payments/other regular payments/rental properties/other sources]]	
IAQ	IA15		Was it more than (\$20,000/\$1,700/\$40,000/\$3,300)?	
IAQ	IA16		Was it more than (\$12,000/\$1,000/\$25,000/\$2,000)?	
IAQ	IA17		Was it more than (\$7,700/\$640/\$17,000/\$1,400)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IA17A	SHOW CARD IA1A	According to our records, other than [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)], at least one person 15 years of age or older lives in (your household/the household). Including their income as well as [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income, please look at this card and tell me which letter represents the total combined income of all the members of [your household/(SP's) household]. This includes income from jobs, Social Security, Railroad Retirement, other retirement, and any other money income received by all members of (your household/the household).	
IAQ	IA18		The next questions are about the place where [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] (live/lives/lived).(Do/Did/Does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] own the place where (you/he/she/they) (live/lives/lived), or (do/did/does) (you/he/she/they) rent it?	
IAQ	IA19		Please tell me the present value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] home. About how much do you think this (house and lot/condominium unit) would sell for if it were for sale? Please give your best estimate.	
IAQ	IA20		(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have a mortgage, deed of trust, home equity loan, or a land contract on the property?	
IAQ	IA21		How much (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] owe, in total, on any mortgages, deeds, loans, or land contracts for this property?	
IAQ	IA22		How much monthly rent (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] pay for the place where (you/he/she/they) (live/lives/lived)?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IAINTRO4		Now, let's turn to savings or other assets which can be used to provide income. I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of assets in (PREVIOUS YEAR). All these questions can be answered with a "yes" or a "no". [Please answer for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)].	
IAQ	IA23A		For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .	
IAQ	IA23B		For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] . . .	
IAQ	IA30		What type of asset is it?	CHECK ALL THAT APPLY.
IAQ	IA31	SHOW CARD IA2	You've mentioned [READ ASSETS LISTED BELOW]. Please estimate [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR). Do not include interest or dividend payments already reported as income. [Please exclude the value of (your/his/her/their) home.][(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IA31A		It is often difficult to place an exact dollar amount on the value of assets. Thinking about all of the assets that you mentioned, [READ ASSETS LISTED BELOW], would you say that the total value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR) was less than \$40,000.00 or was it \$40,000.00 or more?[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)][READ IF NECESSARY: Again do not include interest or dividend payments already reported as income [, and please exclude the value of (your/his/her/their) home]].	
IAQ	IA31B	SHOW CARD (IA3/IA4)	Which of these categories do you think is a good estimate of the total value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR)?[READ IF NECESSARY: You mentioned the following assets: [READ ASSETS LISTED BELOW].][(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]	
IAQ	IA32		(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have any outstanding debts associated with the [READ ASSETS LISTED BELOW]?[(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)]	
IAQ	IA33		How much (do/did/does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] owe, in total, on these debts?	
IAQ	IA34		(Do/Did/Does) [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)] have any (other) outstanding debts (that we haven't talked about), such as credit card charges, loans, medical bills, or legal bills?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
IAQ	IA35		If you added up all of these other debts for [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)], about how much would they amount to right now?	
IAQ	IA36		How much of the (AMOUNT FROM IA35) is for medical care costs?	
PAQ	PAINTRO		Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services. Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us.	
PAQ	PA1	SHOW CARD PA1	Please tell me how confident you are that you can identify when it is necessary for you to get medical care.	
PAQ	PA2	SHOW CARD PA1	[How confident are you that you can...] Identify when you are having side effects from your medications?	
PAQ	PA3	SHOW CARD PA1	Doctors often give instructions about how you should care for yourself at home, like changing a bandage, taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?	
PAQ	PA4	SHOW CARD PA1	Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of instruction, to change your habits or lifestyle?	
PAQ	PA5	SHOW CARD PA2	Please use this card to respond to the following statements. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate?	
PAQ	PA6	SHOW CARD PA2	How likely are you to tell your doctor when you disagree with him or her?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PAQ	PA9	SHOW CARD PA4	These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following: Do you always, usually, sometimes, or never read about health conditions in newspapers, magazines, or on the Internet?	
PAQ	PA10	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Read information about a new prescription, such as side effects and precautions?	
PAQ	PA11	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Bring with you to your doctor visits a list of questions or concerns you want to cover?	
PAQ	PA12	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Leave your doctor's office feeling that all of your concerns or questions have been fully answered?	
PAQ	PA13	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Take a list of all of your prescribed medicines to your doctor visits?	
PAQ	PA14	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?	
PAQ	PA15	SHOW CARD PA4	[Do you always, usually, sometimes, or never...] Talk with your doctor or other medical person about your options if you need tests, follow-up care, or a referral for care by a medical specialist?	
PAQ	PA16	SHOW CARD PA4	Now I am going to read some statements that may describe your relationship with your doctor. Please tell me if the following statements always, usually, sometimes, or never happen. My doctor listens to what I have to say about my symptoms and concerns. [Does that always, usually, sometimes, or never happen?]	
PAQ	PA20	SHOW CARD PA4	My doctor explains things to me in terms that I can easily understand. Does that always, usually, sometimes, or never happen?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
PAQ	PA21	SHOW CARD PA4	I can call my doctor's office to get medical advice when I need it. Does that always, usually, sometimes, or never happen?	
RXQ	RX1		Do you help (SP) make decisions regarding (his/her) health insurance coverage?	
RXQ	RXPD2	SHOW CARD PD1	Now I have a few questions regarding the Medicare Prescription Drug benefit. Overall, how easy or difficult do you think the Medicare Prescription Drug benefit is to understand? Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand?	
RXQ	RXPD3	SHOW CARD PD2	How much do you think you know about the Medicare Prescription Drug benefit? Do you know just about everything you need to know, most of what you need to know, some of what you need to know, a little of what you need to know, or almost none of what you need to know about the Medicare Prescription Drug benefit?	
RXQ	RXPD8A		[You/(SP)] currently (have/has) drug coverage through [READ PLAN(S) LISTED ABOVE]. Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [READ PLAN(S) LISTED ABOVE] with any Medicare Prescription Drug plans? [EXPLAIN IF NECESSARY: A Medicare Prescription Drug plan adds drug coverage to Original Medicare.]	
RXQ	RXPD9		([You/(SP)] currently (have/has) drug coverage through (CURRENT MEDICARE ADVANTAGE PLAN). Medicare calls this type of plan a Medicare Advantage plan. Medicare also offers separate plans that provide only drug coverage.) Did [you/(SP), or someone for (SP),] consider enrolling (her/him) in a separate Medicare Prescription Drug plan for (CURRENT YEAR)? [EXPLAIN IF NECESSARY: A separate Medicare Prescription Drug plan is typically used together with medical benefits from Original Medicare.]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
RXQ	RXPD10		Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [your/(SP's)] (CURRENT MEDICARE ADVANTAGE PLAN) plan with any other Medicare Advantage plans in [your/(SP's)] area?	
RXQ	RXPD11		Some people were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled", I mean that the beneficiary was assigned to a plan by Medicare, as opposed to selecting a plan on his or her own.[Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?	
RXQ	RXPD12		[Were you/Was (SP)] automatically enrolled in (your/his/her) current Medicare Prescription Drug plan - that is, (your/his/her) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan?([EXPLAIN IF NECESSARY: Some people with Medicare were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled," I mean that the beneficiary was assigned to a plan by Medicare as opposed to selecting a plan on his or her own.])	
RXQ	RXPD14		Before today, did you know that people who are automatically enrolled by Medicare in a Medicare Prescription Durg plan can switch plans at any time without a penalty?	
RXQ	RXPD15		Did [you/(SP), or someone for (SP),] compare (CURRENT YEAR) drug coverage offered by [your/(SP's)] (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan with any other Medicare Prescription Drug plans?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
RXQ	RXPD18		The next questions are about different things [you or (SP)/you] may have thought about when considering [your/(SP's)] options for (CURRENT YEAR) drug coverage. At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE ADVANTAGE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]...	
RXQ	RXPD18A		Which of these was the most important consideration when [you or (SP)]/you] thought about [your/(SP's)] options for (CURRENT YEAR) prescription drug coverage?[READ ITEMS BELOW IF NECESSARY.]	
RXQ	RXPD18B		As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help".[Are you/Is (SP)] receiving this type of help to pay for (your/his/her) (CURRENT YEAR) Medicare prescription drug coverage?[EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]	
RXQ	RXPD20		Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?	
RXQ	RXPD21		Was [your/(SP's)] application for extra help accepted or denied?	
RXQ	RXINTRO		I have a few questions regarding the prescribed drug coverage that [you now receive/(SP) now receives] through [(CURRENT MEDICARE MANAGED CARE PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)].	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
RXQ	RXPD23A	SHOW CARD RX2	At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE ADVANTAGE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], how satisfied were you with the information that you had to make that decision?	
RXQ	RX2	SHOW CARD RX1	How confident are you that [you now have/(SP) now has] the drug coverage that best meets (your/his/her) needs? Would you say you are...	
RXQ	RX3		[Have you/Has (SP)] used (your/his/her) [(CURRENT MEDICARE ADVANTAGE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage when purchasing medicines since January 1 of this year?	
RXQ	RX4		Compared to last year, is the cost of the monthly premium for [your/(SP's)] drug coverage more, less, or the same?	
RXQ	RX5		Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using (your/his/her) [(CURRENT MEDICARE ADVANTAGE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same compared to what (you/he/she) paid last year?	
RXQ	RX7		Are there any prescribed medicines that [you regularly take/(SP) regularly takes] that are not covered by (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE ADVANTAGE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
RXQ	RX8		[Have you/Has (SP)] had to change any of (your/his/her) prescribed medicines from a brand name to a generic medicine because of (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE ADVANTAGE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	
RXQ	RX9		[Have you/Has (SP)] had to switch to a different medication because a drug (you/he/she) needed was not available through (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE ADVANTAGE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	
RXQ	RX10		When purchasing prescribed medicines through [your/(SP's)] [(CURRENT MEDICARE ADVANTAGE PLAN) drug coverage/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan/(CURRENT PRIVATE PLAN NAMES WITH RX) plan(s)] in (CURRENT YEAR), [do you/does (SP)] pay more than you expected, about as much as expected, or less than expected?	
RXQ	RX16		Does the [(CURRENT MEDICARE ADVANTAGE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] drug plan network include the pharmacy that [you generally prefer/(SP) generally prefers] to use?	
RXQ	RX17	SHOW CARD RX2	Overall, how satisfied are you with [your/(SP's)] drug plan through [(CURRENT MEDICARE ADVANTAGE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)]?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
RXQ	RX18		Why [haven't you/hasn't (SP)] used (your/his/her) [(CURRENT MEDICARE ADVANTAGE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)?	CHECK ALL THAT APPLY.
RXQ	RX19		You said that [you are/(SP) is] not enrolled in a Medicare Prescription Drug plan. What is the reason (you are/he is/she is) not enrolled in such a plan?	CHECK ALL THAT APPLY.
CLQ	CL1		What is your address?	
CLQ	CL2		What is your phone number?	
CLQ	CL3		Do you have a second phone number?[PROBE: What is that number?]	
CLQ	CL4		I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct?STREET ADDRESS 1: (STREET ADDRESS LINE 1)STREET ADDRESS 2: (STREET ADDRESS LINE 2)CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE)	
CLQ	CL5	ENTER CORRECT ADDRESS.		CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.
CLQ	CL6		Next, I would like to verify your phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER)PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]	
CLQ	CL7		What is your phone number?	
CLQ	CL8		Do you have a second phone number?[PROBE: What is that number?]	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL9		As you may know, the Medicare Current Beneficiary Survey involves another interview. The next interview will be similar to the one we had today. We will be calling in about 4 months to set up a convenient time for the next interview.Is (PREVIOUS BEST PHONE NUMBER FOR NEXT INTERVIEW) the best phone number to call to arrange for the next interview?	
CLQ	CL10		As you may know, the Medicare Current Beneficiary Survey involves another interview. The next interview will be similar to the one we had today. We will be calling in about 4 months to set up a convenient time for the next interview.Is there a phone number to call to arrange for the next interview?	
CLQ	CL12		And where is that phone located?	
CLQ	CL13		What is this (CL12 RESPONSE) name?	ENTER ONLY ONE.
CLQ	CL14		Under what name is that telephone number likely to be listed?	
CLQ	CL15		During our last interview we recorded name and address information for [READ NAME(S) BELOW], who would know where [you/(SP)] could be contacted in case we have trouble arranging for the next interview.CONTACT 1: (FIRST CONTACT NAME FROM PREVIOUS ROUND)CONTACT 2: [(SECOND CONTACT NAME FROM PREVIOUS ROUND)/NONE]	IS CONTACT ONE INFORMATION CORRECT?REFER TO INFORMATION SHEET AND VERIFY INFORMATION WITH RESPONDENT.
CLQ	CL16		I'd like to verify (FIRST CONTACT NAME)' s address. I have it listed as...[READ ADDRESS LISTED BELOW]. Is this correct?STREET ADDRESS 1: (STREET ADDRESS LINE 1)STREET ADDRESS 2: (STREET ADDRESS LINE 2)CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE)	
CLQ	CL17	ENTER CORRECT ADDRESS.		CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL18		Next, I would like to verify (FIRST CONTACT NAME)'s phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER)PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]	
CLQ	CL19		Please give me a phone number for contacting (FIRST CONTACT NAME)	
CLQ	CL20		Under what name is that telephone number likely to be listed?	
CLQ	CL21		Is there a second phone number for contacting (FIRST CONTACT NAME)?[PROBE: What is that number?]	
CLQ	CL22		Under what name is the second telephone number likely to be listed?	
CLQ	CL23		(Besides yourself, please/Please) give me the name, address, and telephone number of a relative or close friend who would know where [(you/(SP))] would be in case we have trouble arranging for the next interview. Please give me the name of someone who is not living with [you/(SP)].	
CLQ	CL24		[Please give me the name of a relative or close friend who would know where [you/(SP)] would be. Please give me the name of someone who is not living with [you/(SP)].]	ENTER ONLY ONE CONTACT.
CLQ	CL25		[Please give me an address for contacting (FIRST CONTACT NAME).]	
CLQ	CL26		Please give me a phone number for contacting (FIRST CONTACT NAME)	
CLQ	CL27		Under what name is that telephone number likely to be listed?	
CLQ	CL28		Is there a second phone number for contacting (FIRST CONTACT NAME)?[PROBE: What is that number?]	
CLQ	CL29		Under what name is the second telephone number likely to to be listed?	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL30		You also named [READ NAME BELOW] as someone who would know where [you/(SP)] could be contacted in case we have trouble arranging for the next interview. Is this correct? CONTACT 2: (SECOND CONTACT NAME FROM PREVIOUS ROUND)	IS CONTACT TWO INFORMATION CORRECT? REFER TO INFORMATION SHEET AND VERIFY INFORMATION WITH RESPONDENT.
CLQ	CL31		I'd like to verify (SECOND CONTACT NAME)'s address. I have it listed as...[READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIP CODE: (ZIP CODE)	
CLQ	CL32	ENTER CORRECT ADDRESS.		CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.
CLQ	CL33		Next, I would like to verify (SECOND CONTACT NAME)'s phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER) PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]	
CLQ	CL34		Please give me a phone number for contacting (SECOND CONTACT NAME).	
CLQ	CL35		Under what name is that telephone number likely to be listed?	
CLQ	CL36		Is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?]	
CLQ	CL37		Under what name is the second telephone number likely to be listed?	
CLQ	CL38		(Besides yourself, please/Please) give me another name, address, and telephone number of a relative or close friend who would know where (you/(SP)) would be in case we have trouble arranging for the next interview. Again, please give me the name of someone who is not living with [you/(SP)].	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL39		[Please give me the name of another relative or close friend who would know where [you/(SP)] would be. Again, please give me the name of someone who is not living with [you/(SP)].]	ENTER ONLY ONE CONTACT.
CLQ	CL40		[Please give me an address for contacting (SECOND CONTACT NAME).]	
CLQ	CL41		Please give me a phone number for contacting (SECOND CONTACT NAME).	
CLQ	CL42		Under what name is that telephone number likely to be listed?	
CLQ	CL43		Is there a second phone number for contacting (SECOND CONTACT NAME)?[PROBE: What is that number?]	
CLQ	CL44		Under what name is the second phone number likely to be listed?	
CLQ	CL45		[Do you/Does (SP)] spend more than one month away, during the year, at another home other than your primary home?	
CLQ	CL46		[Please give me an address for this home.]	
CLQ	CL47		Please give me a phone number for this home.	
CLQ	CL48	CODE "YES" IF ALREADY KNOWN, OTHERWISE ASK.	I would like to verify the address of the place where [you/(SP)] (spend/spends) some portion of the year. I have it listed as... [READ ADDRESS LISTED BELOW].Is this correct?STREET ADDRESS 1: (VACATION HOME ADDRESS LINE 1)STREET ADDRESS 2: (VACATION HOME ADDRESS LINE 2)CITY: (VACATION HOME CITY) STATE: (VACATION HOME STATE) ZIPCODE: (VACATION HOME ZIPCODE)	
CLQ	CL49		[What is the correct address of that place?]	CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL50	CODE "YES" IF ALREADY KNOWN. OTHERWISE ASK:	I would like to verify the phone number of the place where [you/(SP)] (spend/spends) some portion of the year.PHONE NUMBER: (VACATION HOME PHONE NUMBER)	
CLQ	CL51		Please give me a phone number for this home.	
CLQ	CL52		During our remaining interviews, we will continue to collect information about health care visits and the costs of any health care [you/(SP)] may receive. If for some reason you could not do the interview, please give me the name of someone who would be able to provide the information for [you/SP)].	
CLQ	CL53		[Please give me the name of someone who would be able to provide this information for [you/(SP)].]	ENTER ONLY ONE PERSON.
CLQ	CL54		[Please give me an address for contacting (FUTURE PROXY NAME).]	
CLQ	CL55		Please give me a phone number for contacting (FUTURE PROXY NAME).	
CLQ	CL56		Under what name is that telephone number likely to be listed?	
CLQ	CL57		Is there a second phone number for contacting (FUTURE PROXY NAME)?[PROBE: What is that number?]	
CLQ	CL58		Under what name is the second telephone number likely to be listed?	
CLQ	CL59		[I would like to thank you for keeping the planner for this interview.] I would [also] appreciate it if you would [continue to] record health care visits and keep information about medical expenses for the next interview. Thank you for your time and cooperatoin during this interview.	CIRCLE TODAY'S DATE IN THE PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS AS NECESSARY.

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
CLQ	CL60		I would like to give you this planner [HAND PLANNER TO RESPONDENT] to record any health care visits [you have/(SP) has] with any kind of medical professional or facility. Here is a folder to keep any medical bills, receipts, Medicare statements, and insurance statements that would be connected to [your/(SP)'s] health care visits and other medical expenses so that we can talk about them during the next interview. I'd like to thank you for your time and cooperation and I look forward to seeing you soon.	CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.
CLQ	CL61		I would like to make sure you are aware of the planner we use to record health care visits as well as the folder for keeping information about medical expenses for the next interview.	CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.
CLQ	CL62		I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.	
EXQ	EX1		As I mentioned earlier, this is [your/(SP's)] final interview with this study. We have learned much from [your/(SP's)] participation in the MCBS. Data from the study have already been used to inform Congress of the problems Medicare beneficiaries might face regarding their access to health care. [Your/(SP's)] participation in this study has given the United States government a much clearer picture of [your/(SP's)] health care needs and those of more than 42 million Medicare participants.	

Current MCBS Questionnaire

Category	ItemTag	Interviewer Instructions I	Question Text	Interviewer Instructions II
EXQ	EX1A		I thank you sincerely for all the time and effort that you have put into this study. You have made a very important contribution to the Medicare program and all of its beneficiaries by sharing [your/(SP's)] health care experiences with us. Even though [you/(SP)] will no longer be a participant in our survey, [your/(SP's)] health care needs will continue to be covered through the Medicare program. I'd like to express to [you/you and (SP)] appreciation on behalf of the Centers for Medicare and Medicaid Services. Both Westat and the Centers for Medicare and Medicaid Services wish [you/you and (SP)] the very best for the future.	[RESPONDENT MAY KEEP THE CALENDAR.]
END	END1	WAS THIS INTERVIEW CONDUCTED MOSTLY IN ENGLISH,SPANISH, OR SOME OTHER LANGUAGE?		
END	END2		(Someone from the home office may be calling to verify that I was here to conduct this interview.)	THIS CASE IS CODED (CASE RESULT CODE) (CASE DISPOSITION) (CASE EXPLANATION).PRESS ENTER TO COMPLETE THE INTERVIEW.