

Category	ItemTag	Fields	FullPathName
AVQ	AV1	VERIFY	AV1.AVSPAddress.tmpVerify
CLQ	CL60	THANK_SUPP	CL.Thank_SUPP
CLQ	CL61	THANK_PROXYPLANNER	CL.Thank_ProxyPlanner
HIQ	HI11	PUBCOVER	HI.HIPubPriv.PUBCOVER
HIQ	HI17	PRVCOVER	HI.HIPubPriv.PRVCOVER
HIQ	HI5INTRO	MCAIDINT	HI.HIMcAid.MCAIDINT
HIQ	HIMC1	MHMOCOV	HI.HIEntry.MHMOCOV
IAQ	IAINTRO1	IAINT1	IA.IAINT1
INQ	IN1AA	ATDOOR	Intro.INMres.ATDOOR; INRestart.CEINMres.ATDOOR; ENSRestart.CEINMres.ATDOOR; HARestart.CEINMres.ATDOOR; HISRestart.CEINMres.ATDOOR; HIRestart.CEINMres.ATDOOR; DMRestart.CEINMres.ATDOOR; DURestart.CEINMres.ATDOOR; ERRestart.CEINMres.ATDOOR; IPRestart.CEINMres.ATDOOR; OPRestart.CEINMres.ATDOOR; IURestart.CEINMres.ATDOOR; HHSRestart.CEINMres.ATDOOR; HHRestart.CEINMres.ATDOOR; MPRestart.CEINMres.ATDOOR; AC1Restart.CEINMres.ATDOOR; OMRestart.CEINMres.ATDOOR; PMSRestart.CEINMres.ATDOOR; PMRestart.CEINMres.ATDOOR; STRestart.CEINMres.ATDOOR; PSRestart.CEINMres.ATDOOR; NSRestart.CEINMres.ATDOOR; CPSRestart.CEINMres.ATDOOR; AC2Restart.CEINMres.ATDOOR; HFARestart.CEINMres.ATDOOR; HFFRestart.CEINMres.ATDOOR; HFJRestart.CEINMres.ATDOOR; HFPRestart.CEINMres.ATDOOR; HFSRestart.CEINMres.ATDOOR; HFACRestart.CEINMres.ATDOOR; HFKRestart.CEINMres.ATDOOR; HFLRestart.CEINMres.ATDOOR; HFMRestart.CEINMres.ATDOOR; HFTRestart.CEINMres.ATDOOR; USRestart.CEINMres.ATDOOR; SCRestart.CEINMres.ATDOOR; DIRestart.CEINMres.ATDOOR; KNRestart.CEINMres.ATDOOR; IARestart.CEINMres.ATDOOR; PARestart.CEINMres.ATDOOR; RXRestart.CEINMres.ATDOOR; AV2Restart.CEINMres.ATDOOR; CLRestart.CEINMres.ATDOOR; EXRestart.CEINMres.ATDOOR; ENDRestart.CEINMres.ATDOOR

Category	ItemTag	Fields	FullPathName
INQ	IN2	VERIFYSP	Intro.INMres.VERIFYSP; INRestart.CEINMres.VERIFYSP; ENSRestart.CEINMres.VERIFYSP; HARestart.CEINMres.VERIFYSP; HISRestart.CEINMres.VERIFYSP; HIRestart.CEINMres.VERIFYSP; DMRestart.CEINMres.VERIFYSP; DURestart.CEINMres.VERIFYSP; ERRestart.CEINMres.VERIFYSP; IPRestart.CEINMres.VERIFYSP; OPRestart.CEINMres.VERIFYSP; IURestart.CEINMres.VERIFYSP; HHSRestart.CEINMres.VERIFYSP; HHRestart.CEINMres.VERIFYSP; MPRestart.CEINMres.VERIFYSP; AC1Restart.CEINMres.VERIFYSP; OMRestart.CEINMres.VERIFYSP; PMSRestart.CEINMres.VERIFYSP; PMRestart.CEINMres.VERIFYSP; STRestart.CEINMres.VERIFYSP; PSRestart.CEINMres.VERIFYSP; NSRestart.CEINMres.VERIFYSP; CPSRestart.CEINMres.VERIFYSP; AC2Restart.CEINMres.VERIFYSP; HFARestart.CEINMres.VERIFYSP; HFFRestart.CEINMres.VERIFYSP; HFJRestart.CEINMres.VERIFYSP; HFPRestart.CEINMres.VERIFYSP; HFSRestart.CEINMres.VERIFYSP; HFACRestart.CEINMres.VERIFYSP; HFKRestart.CEINMres.VERIFYSP; HFLRestart.CEINMres.VERIFYSP; HFMRestart.CEINMres.VERIFYSP; HFTRestart.CEINMres.VERIFYSP; USRestart.CEINMres.VERIFYSP; SCRestart.CEINMres.VERIFYSP; DIRestart.CEINMres.VERIFYSP; KNRestart.CEINMres.VERIFYSP; IARestart.CEINMres.VERIFYSP; PARestart.CEINMres.VERIFYSP; RXRestart.CEINMres.VERIFYSP; AV2Restart.CEINMres.VERIFYSP; CLRestart.CEINMres.VERIFYSP; EXRestart.CEINMres.VERIFYSP; ENDRestart.CEINMres.VERIFYSP
INQ	IN4	SPPROXY	Intro.INMres.SPPROXY; INRestart.CEINMres.SPPROXY; ENSRestart.CEINMres.SPPROXY; HARestart.CEINMres.SPPROXY; HISRestart.CEINMres.SPPROXY; HIRestart.CEINMres.SPPROXY; DMRestart.CEINMres.SPPROXY; DURestart.CEINMres.SPPROXY; ERRestart.CEINMres.SPPROXY; IPRestart.CEINMres.SPPROXY; OPRestart.CEINMres.SPPROXY; IURestart.CEINMres.SPPROXY; HHSRestart.CEINMres.SPPROXY; HHRestart.CEINMres.SPPROXY; MPRestart.CEINMres.SPPROXY; AC1Restart.CEINMres.SPPROXY; OMRestart.CEINMres.SPPROXY; PMSRestart.CEINMres.SPPROXY; PMRestart.CEINMres.SPPROXY; STRestart.CEINMres.SPPROXY; PSRestart.CEINMres.SPPROXY; NSRestart.CEINMres.SPPROXY; CPSRestart.CEINMres.SPPROXY; AC2Restart.CEINMres.SPPROXY; HFARestart.CEINMres.SPPROXY; HFFRestart.CEINMres.SPPROXY; HFJRestart.CEINMres.SPPROXY; HFPRestart.CEINMres.SPPROXY; HFSRestart.CEINMres.SPPROXY; HFACRestart.CEINMres.SPPROXY; HFKRestart.CEINMres.SPPROXY; HFLRestart.CEINMres.SPPROXY; HFMRestart.CEINMres.SPPROXY; HFTRestart.CEINMres.SPPROXY; USRestart.CEINMres.SPPROXY; SCRestart.CEINMres.SPPROXY; DIRestart.CEINMres.SPPROXY; KNRestart.CEINMres.SPPROXY; IARestart.CEINMres.SPPROXY; PARestart.CEINMres.SPPROXY; RXRestart.CEINMres.SPPROXY; AV2Restart.CEINMres.SPPROXY; CLRestart.CEINMres.SPPROXY; EXRestart.CEINMres.SPPROXY; ENDRestart.CEINMres.SPPROXY
INQ	IN4A	PERSON_PROXY	Intro.INMres.PERSON_PROXY; INRestart.CEINMres.PERSON_PROXY; ENSRestart.CEINMres.PERSON_PROXY; HARestart.CEINMres.PERSON_PROXY; HISRestart.CEINMres.PERSON_PROXY; HIRestart.CEINMres.PERSON_PROXY; DMRestart.CEINMres.PERSON_PROXY; DURestart.CEINMres.PERSON_PROXY; ERRestart.CEINMres.PERSON_PROXY; IPRestart.CEINMres.PERSON_PROXY; OPRestart.CEINMres.PERSON_PROXY; IURestart.CEINMres.PERSON_PROXY; HHSRestart.CEINMres.PERSON_PROXY; HHRestart.CEINMres.PERSON_PROXY; MPRestart.CEINMres.PERSON_PROXY; AC1Restart.CEINMres.PERSON_PROXY; OMRestart.CEINMres.PERSON_PROXY; PMSRestart.CEINMres.PERSON_PROXY; PMRestart.CEINMres.PERSON_PROXY; STRestart.CEINMres.PERSON_PROXY; PSRestart.CEINMres.PERSON_PROXY; NSRestart.CEINMres.PERSON_PROXY; CPSRestart.CEINMres.PERSON_PROXY; AC2Restart.CEINMres.PERSON_PROXY; HFARestart.CEINMres.PERSON_PROXY; HFFRestart.CEINMres.PERSON_PROXY; HFJRestart.CEINMres.PERSON_PROXY; HFPRestart.CEINMres.PERSON_PROXY; HFSRestart.CEINMres.PERSON_PROXY; HFACRestart.CEINMres.PERSON_PROXY; HFKRestart.CEINMres.PERSON_PROXY; HFLRestart.CEINMres.PERSON_PROXY; HFMRestart.CEINMres.PERSON_PROXY; HFTRestart.CEINMres.PERSON_PROXY; USRestart.CEINMres.PERSON_PROXY; SCRestart.CEINMres.PERSON_PROXY; DIRestart.CEINMres.PERSON_PROXY; KNRestart.CEINMres.PERSON_PROXY; IARestart.CEINMres.PERSON_PROXY; PARestart.CEINMres.PERSON_PROXY; RXRestart.CEINMres.PERSON_PROXY; AV2Restart.CEINMres.PERSON_PROXY; CLRestart.CEINMres.PERSON_PROXY; EXRestart.CEINMres.PERSON_PROXY; ENDRestart.CEINMres.PERSON_PROXY

Category	ItemTag	Fields	FullPathName
INQ	IN6A	WHYPROXY; PNSPOS	Intro.INMres.WhyProxy[]; INRestart.CEINMres.WhyProxy[]; ENSRestart.CEINMres.WhyProxy[]; HARestart.CEINMres.WhyProxy[]; HISRestart.CEINMres.WhyProxy[]; HIRestart.CEINMres.WhyProxy[]; DMRestart.CEINMres.WhyProxy[]; DURestart.CEINMres.WhyProxy[]; ERRestart.CEINMres.WhyProxy[]; IPRestart.CEINMres.WhyProxy[]; OPRestart.CEINMres.WhyProxy[]; IURestart.CEINMres.WhyProxy[]; HHSRestart.CEINMres.WhyProxy[]; HHRestart.CEINMres.WhyProxy[]; MPRestart.CEINMres.WhyProxy[]; AC1Restart.CEINMres.WhyProxy[]; OMRestart.CEINMres.WhyProxy[]; PMSRestart.CEINMres.WhyProxy[]; PMRestart.CEINMres.WhyProxy[]; STRestart.CEINMres.WhyProxy[]; PSRestart.CEINMres.WhyProxy[]; NSRestart.CEINMres.WhyProxy[]; CPSRestart.CEINMres.WhyProxy[]; AC2Restart.CEINMres.WhyProxy[]; HFARestart.CEINMres.WhyProxy[]; HFFRestart.CEINMres.WhyProxy[]; HFJRestart.CEINMres.WhyProxy[]; HFPRestart.CEINMres.WhyProxy[]; HFSRestart.CEINMres.WhyProxy[]; HFACRestart.CEINMres.WhyProxy[]; HFKRestart.CEINMres.WhyProxy[]; HFLRestart.CEINMres.WhyProxy[]; HFMRestart.CEINMres.WhyProxy[]; HFTRestart.CEINMres.WhyProxy[]; USRestart.CEINMres.WhyProxy[]; SCRestart.CEINMres.WhyProxy[]; DIRestart.CEINMres.WhyProxy[]; KNRestart.CEINMres.WhyProxy[]; IARestart.CEINMres.WhyProxy[]; PARestart.CEINMres.WhyProxy[]; RXRestart.CEINMres.WhyProxy[]; AV2Restart.CEINMres.WhyProxy[]; CLRestart.CEINMres.WhyProxy[]; EXRestart.CEINMres.WhyProxy[]; ENDRestart.CEINMres.WhyProxy[]; Intro.INMres.PnSPOS; INRestart.CEINMres.PnSPOS; ENSRestart.CEINMres.PnSPOS; HARestart.CEINMres.PnSPOS; HISRestart.CEINMres.PnSPOS; HIRestart.CEINMres.PnSPOS; DMRestart.CEINMres.PnSPOS; DURestart.CEINMres.PnSPOS; ERRestart.CEINMres.PnSPOS; IPRestart.CEINMres.PnSPOS; OPRestart.CEINMres.PnSPOS; IURestart.CEINMres.PnSPOS; HHSRestart.CEINMres.PnSPOS; HHRestart.CEINMres.PnSPOS; MPRestart.CEINMres.PnSPOS; AC1Restart.CEINMres.PnSPOS; OMRestart.CEINMres.PnSPOS; PMSRestart.CEINMres.PnSPOS; PMRestart.CEINMres.PnSPOS; STRestart.CEINMres.PnSPOS; PSRestart.CEINMres.PnSPOS; NSRestart.CEINMres.PnSPOS; CPSRestart.CEINMres.PnSPOS; AC2Restart.CEINMres.PnSPOS; HFARestart.CEINMres.PnSPOS; HFFRestart.CEINMres.PnSPOS; HFJRestart.CEINMres.PnSPOS; HFPRestart.CEINMres.PnSPOS; HFSRestart.CEINMres.PnSPOS; HFACRestart.CEINMres.PnSPOS; HFKRestart.CEINMres.PnSPOS; HFLRestart.CEINMres.PnSPOS; HFMRestart.CEINMres.PnSPOS; HFTRestart.CEINMres.PnSPOS; USRestart.CEINMres.PnSPOS; SCRestart.CEINMres.PnSPOS; DIRestart.CEINMres.PnSPOS; KNRestart.CEINMres.PnSPOS; IARestart.CEINMres.PnSPOS; PARestart.CEINMres.PnSPOS; RXRestart.CEINMres.PnSPOS; AV2Restart.CEINMres.PnSPOS; CLRestart.CEINMres.PnSPOS; EXRestart.CEINMres.PnSPOS; ENDRestart.CEINMres.PnSPOS
INQ	IN6B	PNSPVB	Intro.INMres.PNSPVB; INRestart.CEINMres.PNSPVB; ENSRestart.CEINMres.PNSPVB; HARestart.CEINMres.PNSPVB; HISRestart.CEINMres.PNSPVB; HIRestart.CEINMres.PNSPVB; DMRestart.CEINMres.PNSPVB; DURestart.CEINMres.PNSPVB; ERRestart.CEINMres.PNSPVB; IPRestart.CEINMres.PNSPVB; OPRestart.CEINMres.PNSPVB; IURestart.CEINMres.PNSPVB; HHSRestart.CEINMres.PNSPVB; HHRestart.CEINMres.PNSPVB; MPRestart.CEINMres.PNSPVB; AC1Restart.CEINMres.PNSPVB; OMRestart.CEINMres.PNSPVB; PMSRestart.CEINMres.PNSPVB; PMRestart.CEINMres.PNSPVB; STRestart.CEINMres.PNSPVB; PSRestart.CEINMres.PNSPVB; NSRestart.CEINMres.PNSPVB; CPSRestart.CEINMres.PNSPVB; AC2Restart.CEINMres.PNSPVB; HFARestart.CEINMres.PNSPVB; HFFRestart.CEINMres.PNSPVB; HFJRestart.CEINMres.PNSPVB; HFPRestart.CEINMres.PNSPVB; HFSRestart.CEINMres.PNSPVB; HFACRestart.CEINMres.PNSPVB; HFKRestart.CEINMres.PNSPVB; HFLRestart.CEINMres.PNSPVB; HFMRestart.CEINMres.PNSPVB; HFTRestart.CEINMres.PNSPVB; USRestart.CEINMres.PNSPVB; SCRestart.CEINMres.PNSPVB; DIRestart.CEINMres.PNSPVB; KNRestart.CEINMres.PNSPVB; IARestart.CEINMres.PNSPVB; PARestart.CEINMres.PNSPVB; RXRestart.CEINMres.PNSPVB; AV2Restart.CEINMres.PNSPVB; CLRestart.CEINMres.PNSPVB; EXRestart.CEINMres.PNSPVB; ENDRestart.CEINMres.PNSPVB

Category	ItemTag	Fields	FullPathName
INQ	INS1	SPAISTATUS	Intro.INMres.SPAISTATUS; INRestart.CEINMres.SPAISTATUS; ENSRestart.CEINMres.SPAISTATUS; HARestart.CEINMres.SPAISTATUS; HISRestart.CEINMres.SPAISTATUS; HIRestart.CEINMres.SPAISTATUS; DMRestart.CEINMres.SPAISTATUS; DURestart.CEINMres.SPAISTATUS; ERRestart.CEINMres.SPAISTATUS; IPRestart.CEINMres.SPAISTATUS; OPRestart.CEINMres.SPAISTATUS; IURestart.CEINMres.SPAISTATUS; HHSRestart.CEINMres.SPAISTATUS; HHRestart.CEINMres.SPAISTATUS; MPRestart.CEINMres.SPAISTATUS; AC1Restart.CEINMres.SPAISTATUS; OMRestart.CEINMres.SPAISTATUS; PMSRestart.CEINMres.SPAISTATUS; PMRestart.CEINMres.SPAISTATUS; STRestart.CEINMres.SPAISTATUS; PSRestart.CEINMres.SPAISTATUS; NSRestart.CEINMres.SPAISTATUS; CPSRestart.CEINMres.SPAISTATUS; AC2Restart.CEINMres.SPAISTATUS; HFARestart.CEINMres.SPAISTATUS; HFFRestart.CEINMres.SPAISTATUS; HFJRestart.CEINMres.SPAISTATUS; HFPRestart.CEINMres.SPAISTATUS; HFSRestart.CEINMres.SPAISTATUS; HFACRestart.CEINMres.SPAISTATUS; HFKRestart.CEINMres.SPAISTATUS; HFLRestart.CEINMres.SPAISTATUS; HFMRestart.CEINMres.SPAISTATUS; HFTRestart.CEINMres.SPAISTATUS; USRestart.CEINMres.SPAISTATUS; SCRestart.CEINMres.SPAISTATUS; DIRestart.CEINMres.SPAISTATUS; KNRestart.CEINMres.SPAISTATUS; IARestart.CEINMres.SPAISTATUS; PARestart.CEINMres.SPAISTATUS; RXRestart.CEINMres.SPAISTATUS; AV2Restart.CEINMres.SPAISTATUS; CLRestart.CEINMres.SPAISTATUS; EXRestart.CEINMres.SPAISTATUS; ENDRestart.CEINMres.SPAISTATUS
MPQ	MP1	MPPRMDOC	MP.MPPRmdoc
PMQ	PM1	PMFILLED	PM.PMFILLED
STQ	ST1	MHMOSTMT	ST.MHMOSTMT
STQ	ST2	MCSAVAIL	ST.MCSAVAIL2.MCSAVAIL
STQ	ST49	STTCHGPAID1	ST.CoroChgPaid.STTCHGPAID1
STQ	ST5	ST_CHARGEBUNDLE	ST.StatMcar.ST_CHARGEBUNDLE
STQ	ST53	STTCHGPAID1	ST.CoroChgPaid.STTCHGPAID1
STQ	ST57	STTCHGPAID1	ST.CoroChgPaidOther.STTCHGPAID1
STQ	ST5A	PDPTYPE	ST.StatMcar.tmpPDPTYPE
STQ	ST61	STTCHGPAID1	ST.CoroChgPaid.STTCHGPAID1
STQ	ST64	STTCHGPAID2	ST.STTChgPaid2.STTCHGPAID2
STQ	ST65	STADDSOP1	ST.STCostSOP1.STADDSOP1; CPS.CPSBeg.CPSPreCoro.CPSCoro.ASSOP.SOP.STADDSOP1
STQ	ST66	SOP_ST1	ST.STCostSOP1.SOP_ST1; CPS.CPSBeg.CPSPreCoro.CPSCoro.ASSOP.SOP.SOP_ST1
STQ	ST67	TSOPAMT	ST.STCostSOP1.ST67Grid.STSOP[.TSOPAMT; CPS.CPSBeg.CPSPreCoro.CPSCoro.ASSOP.SOP.ST67Grid.STSOP[.TSOPAMT

Category	ItemTag	Fields	FullPathName
STQ	ST78	EXPAYBK	ST.STCoRoExPay.EXPAYBK; CPS.CPSBeg.CPSPreCore.CPSCore.ASSOP.CPSSTExPay.EXPAYBK
STQ	ST79	EXPAYOUT	ST.STCoRoExPayOut.EXPAYOUT
MBQ	MB1	MTBLGTPL	
MBQ	MB2	MREDTRAV	
MBQ	MB13	MASKRIDE	
MBQ	MB4	MLIMDRIV	
MBQ	MB5	MGIVUPDR	
MBQ	MB6	MUSETRNS	
USQ	US44	ACOGTCAR	
USQ	US45INT	US45INTR	
USQ	US45	ACONDHLP	
USQ	US46	ACOHCLK	
USQ	US47	ACOGTHLP	
DIQ	DI1A	HISPORIG	

Category	ItemTag	Fields	FullPathName
DIQ	DI1B	HISPORTD, HISPDTOS	
DIQ	DI2A	RACECODE, RACEOS	
DIQ	DI2B	RACEASDT, RACEASOS	
DIQ	DI2C	RACEASDT, RACEASOS	
ENS	ENS1	HHSTILL	ENS.HHSTILL+A1
ENS	ENS2	HOUSEHOLD_NOT	ENS.HOUSEHOLD_NOT
ENS	ENS2A	NOTHHRN; NOTHHROS	ENS.ENSNotINHH.NOTHHRN; ENS.ENSNotINHH.NOTHHROS
ENS	ENS3	HHNEW	ENS.HHNEW
ENS	ENS4	HOUSEHOLD_ENS	ENS.HOUSEHOLD_ENS
ENS	ENS4A	HHMISS	ENS.HHMISS

Category	ItemTag	Fields	FullPathName
ENS	ENS5	HHPSEX; EHHD0BMM; EHHD0BDD; EHHD0BYY; HHPAGE	ENS.ENSNewHHGrid.ENSHHMember[1].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[2].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[3].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[4].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[5].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[6].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[7].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[8].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[9].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[10].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[11].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[12].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[13].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[14].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[15].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[16].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[17].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[18].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[19].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[20].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[21].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[22].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[23].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[24].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[25].HHPSEX; ENS.ENSNewHHGrid.ENSHHMember[1].EHHD0BMM; ENS.ENSNewHHGrid.ENSHHMember[2].EHHD0BMM; ENS.ENSNewHHGrid.ENSHHMember[3].EHHD0BMM; ENS.ENSNewHHGrid.ENSHHMember[4].EHHD0BMM; ENS.ENSNewHHGrid.ENSHHMember[5].EHHD0BMM
ACQ	AC13	OPDDRTEL	AC1.ACaccsOP.OPdDRTel; AC2.ACaccsOP.OPdDRTel; OP.OPaccsOP.OPdDRTel;
ACQ	AC25	MDDRTEL	AC1.ACaccsMP.MDDrTel; AC2.ACaccsMP.MDDrTel; MP.MPAccsMP1.MDDrTel; MP.MPAccsMP.MDDrTel;
HFQ	HFR1	COLHEAR	HFHeStPR.COLHEAR
HFQ	HFR3	COLHTEST	HFHeStPR.COLHTEST
HFQ	HFR4	COLHKIT	HFHeStPR.COLHKIT
HFQ	HFR4A	COLFDOC	HFHeStPR.COLFDOC
HFQ	HFR5	COLCARD	HFHeStPR.COLCARD

Category	ItemTag	Fields	FullPathName
HFQ	HFR7	COLRECNT	HFHeStPR.COLRECNT

Question Label	Validation or Design	Location	Proportion
Next, I would like to verify [your/(SP's)] home address. I have it listed as..[READ ADDRESS LISTED BELOW]. Is this correct?	V		1
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...	V		1
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.	V		1
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	V	HI only	1
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/ha	V	HI only	1
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 tha	V	HI only	1
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 c	V	HI only	1
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 (hi	V		1
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.	V	IN and on restart	1

Question Label	Validation or Design	Location	Proportion
FIRST NAME: (SP'S FIRST NAME) MIDDLE INITIAL: (SP'S MIDDLE INITIAL) LAST NAME: (SP'S LAST NAME)	V	IN and on restart	1
SP or Proxy?	V	IN and on restart	1
Relationship of proxy	V	IN and on restart	1

Question Label	Validation or Design	Location	Proportion
Why is proxy respondent necessary?	V	IN and on restart	1
Why must proxy answer questions?	V	IN and on restart	1

Question Label	Validation or Design	Location	Proportion
IS THE SP CURRENTLY...ALIVE/DECEASED - INSTITUTIONALIZED?	V	IN and on restart	1
Have you seen any medical doctors?	V		1
[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?	V		1
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 TRI	V		1
[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	V		1
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?	D		0.1
ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS.	D		0.1
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?	D		0.1
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?	D		0.1
SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE.	D		0.1
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?	D		0.1
[The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [(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 it	D		0.1
ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW?	D		0.1
ADD ALL ADDITIONAL SOURCES OF PAYMENT.	D		0.1
Who (else) paid besides Medicare? How much did (SOURCE) pay?	D		0.1

Question Label	Validation or Design	Location	Proportion
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?	D		0.1
Do you expect anyone to pay any of this amount?	D		0.1
My next questions are about [your/(SP)'s] travel activities and (your/his/her) health. Because of a health or physical problem, [have you/has (SP)]... had trouble getting places, like the doctor's office, a supermarket, or a friend's house since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
Because of a health or physical problem, [have you/has (SP)]... reduced (your/his/her) day-to-day travel since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
Because of a health or physical problem, [have you/has (SP)]... asked others for rides since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
Because of a health or physical problem, [have you/has (SP)]... limited driving to daytime since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
Because of a health or physical problem, [have you/has (SP)]... given up driving altogether since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
Because of a health or physical problem, [have you/has (SP)]... used a taxi or special transportation service since [March (CURRENT YEAR)/(REFERENCE DATE)]?	D		1
[EXPLAIN IF NECESSARY: A special transportation service may include a van or shuttle service for seniors or people with disabilities.]			
The questions that we just completed asked about one particular medical provider [you/(SP)] usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health. These next few questions ask about all of the different providers you saw for health care since [March (CURRENT YEAR)/(REFERENCE DATE)]?. Since (REFERENCE DATE), did [you/(SP)] get care, tests, or treatment from more than one particular medical provider? Please do not include the times [you/(SP)] saw a dentist.	D		1
The next few questions are about [your/(SP)'s] health care team. [Your/(SP)'s] health care team includes all of the doctors, nurses and other medical providers [you see/(SP) sees] for health care. It may also include people like those shown on this card, who work with the medical providers to coordinate your care.	D		1
Since [March (CURRENT YEAR)/(REFERENCE DATE)], did [you/(SP)] need help from (your/his/her) health care team to coordinate the care, tests, or treatment (you/he/she) received from these different providers? Examples of care coordination are shown on this card.	D		1
Since [March (CURRENT YEAR)/(REFERENCE DATE)], did [you/(SP)] and anyone on (your/his/her) health care team talk about the need to coordinate the care, tests, or treatment (you/he/she) received from these different providers?	D		1
Since [March (CURRENT YEAR)/(REFERENCE DATE)], did [you/(SP)] get help from (your/his/her) health care team to coordinate the care, tests, or treatment (you/he/she) received from these different providers?	D		1
[Are you/Is (SP)] of Hispanic, (Latino/Latina), or Spanish origin?	D		1

Question Label	Validation or Design	Location	Proportion
Looking at this card, [are you/is SP] Mexican, Mexican American, or (Chicano/Chicana), Puerto Rican, Cuban, or of another Hispanic, (Latino/Latina) or Spanish origin?	D		1
Looking at this card, what is [your/(SP's)] race?	D		1
[EXPLAIN IF NECESSARY: For this survey, Hispanic origins are not races.]			
Looking at this card, [are you/is (SP)] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group?	D		1
You can choose more than one group.			
Looking at this card, [are you/is (SP)] Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group?	D		1
You can choose more than one group.			
From our last interview on (REFERENCE DATE), we have listed that [(READ NAME(S) LISTED BELOW)] lived in the same household as [you/(SP)].			0.1
[As of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did/Do/Does] [READ NAME(S) LISTED BELOW] still live in the sam			
WHO NO LONGER IN THE HOUSEHOLD			0.1
Why (is/was) (HOUSEHOLD MEMBER NAME) no longer in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?			0.1
(At the time of the last interview, [you were living by yourself/(SP) was living by (himself/herself)]).			0.1
[Besides [you/(SP)], (is/was)/(Is/Was)] there anyone else living or staying in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? Re			
[Who else (is/was) living or staying in the household?]			0.1
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].			0.1
Have I missed any lodgers, boarders, or anyone else who usually (lives or stays			

Question Label	Validation or Design	Location	Proportion
DOB/SEX Grid			0.1
We are interested in knowing how the appointment was made for the visit to the hospital clinic or outpatient department you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the hospital clinic or outpatient department to set up the appointment ?			0.1
We are interested in knowing how the appointment was made for the visit to the doctor's office you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the doctor's office to set up the appointment?			0.1
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?			0.1
Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?			0.1
Has a doctor or other health professional ever performed a fecal occult blood test to test for blood in the stool while [you/(SP)] were at the doctor's office?			0.1
Did [you/(SP)] complete the samples and return them for (your/his/her) most recent test?			0.1

Question Label	Validation or Design	Location	Proportion
When did [you/(SP)] have (your/his/her) most recent blood stool test(using a home testing kit)?			0.1

IN1AA	Privacy screen	V	B
IN2	name verification	V	B
INS1	"Is the Sp currently..."	V	B
IN4	"Will the interview be conducted with the sample person or a proxy?"	V	B
IN4A	Select or add the name/relationship of the proxy	V	B
IN5	proxy verification	V	B
IN6A	"Why is a proxy respondent necessary?"	V	B
ENS3			
ENS4			
ENS4A			
HI questions?			
HISINTRO	"Now I'd like to review with you the information that we have about health insurance plans that [SP] had at the time of the last interview."	Q	C
HIS1	"[SP] had Medicare coverage and he was also covered by [PLAN NAME] on June 2, 2011. Is that correct."	Q	C
HISCLOSE	"That covers the health insurance [SP] had at the time of the last interview. The next questions are about [SP]'s insurance coverage between June 2, 2011 and today."	Q	C

HIMCINTR	<p>"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 medicine, 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 health insurance coverage."</p>
HIMC1	<p>Has [SP] been enrolled in or covered by (one of these/any of these) Medicare Advantage Plans?"</p>
HI5INTRO	<p>"Medicaid, also known as [], is a state run 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</p>
HI5INTRB	<p>"Some people receive their Medicaid benefits from plans that have names like those listed on the card."</p>
HI5	<p>"At any time since June 2, 2011, has [SP] been covered by Medicaid?"</p>
HIT1	<p>"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 January 1, 2011, have you been enrolled in or covered by any of these TRICARE plans?"</p>

	<p>"At the time of the last interview, [SP] was covered by TRICARE.</p>
HIT2	<p>Was [SP] covered by TRICARE the whole time between June 2, 2011 and today, or only part of the time?"</p>
HIT4	<p>"Does your TRICARE plan cover medicines prescribed by a doctor?"</p>
HI11	<p>"At any time since January 1, 2011, have you been covered by any public program other than Medicaid that pays for medical care [for example, a public program that pays for prescribed</p>
	<p>"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</p>
HI16B	<p>since January 1, 2011, have you been enrolled in a Medicare Prescription drug plan that covers medicines prescribed by a doctor?"</p>
	<p>"Now, I would like to ask about other types of health insurance. At any time since January 1, 2011, have you been covered by private health insurance or private managed care plans? By</p>
HI17	<p>'private', I mean a supplemental or Medigap plan, or a plan that is provided by a former to current employer. Such plans cover the cost of hospital or doctor visits, prescribed medicines, or dental care?"</p>
HI20	<p>"What is the name of each of the (other) private plans that provided your medical insurance coverage?"</p>
HI21	<p>"At the time of the last interview [SP] was covered by INSURANCE NAME. Was [SP] covered by BLUE CROSS/BLUE SHIELD the whole time between June 2, 2011 and today, or only</p>

HI22 "Is [SP] now covered by INSURANCE NAME?"
" We've talked about... At any time since June 2, 2011, has [SP]
HI17 been covered by any other private health insurance or private
managed care plan?"
HI35 "We've talked about ... Does [SP] have medical coverage under
any (other) private insurance plans we haven't talked about?"

DM2 run prescription
discount
programs, or
discounts
available
through your
health insurance
plan(s). Also do
not include
discounts that
some stores
offer on all items health
throughout the related
store or on non items."

DM3 "At any time since January 1, 2011, did you have a health care
discount or savings card or membership that offered discounts
on prescription drug purchases or other health services? Do not
include any state
"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."

DUINTRO	<p>"The next questions are about any medical care [SP] may have received between June 2, 2011 and today. Now would be a good time to get out the planner that [SP] may have used to record health care visits or other medical expenses. First we'll talk about dental care."</p>
IP13	<p>" At the time [SP] was discharged, were any medicines prescribed for [SP]?"</p>
IP14	<p>"Were any of the prescriptions filled?"</p>
IP14A	<p>"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</p>
IP15	<p>Please tell me the names of these medicines."</p>
MP13	<p>"Were any of these prescriptions filled?"</p>
MP14	<p>"Please tell me the names of these medicines."</p>
PSMINTRA	<p>"During the last interview, we recorded the names of medicines that [SP] had obtained between March 8, 2011 and June 2, 2011. You may want to refer to the medicine names to help you recall any medicines that [SP] may have obtained since that time, including any refills of these medicines.</p>
PSMINTRB	<p>Refer to summary page for prescribed medicines to review previous round utilization.</p>
PMS2	<p>"What is the name of this medicine that needs to be added?"</p>
PMS6A	<p>"How many times between March 8, 2011 and June 2, 2011 did [SP] obtain [PM NAME]?"</p>
PMS8	<p>"DO you have the medicine bottle, container, or bag available?"</p>

PM1 "Besides those medicines, since June 2, 2011 has [SP] had any other prescriptions filled?"

ST4 Match up Medicare, Insurance, and Tricare Statements by provider and date of service.

ST53 "So, I have any amount remaining [\$] that Medicare didn't pay. Has [SP] or any other source, such as TRICARE or an insurance plan, paid any of this amount?"

ST67 "Who (else) besides Medicare? How much did (SOURCE) pay?"

NS1 "Now that we're done with [SP]'s statements, let's talk about the medical services and costs for which [SP] did not have a statement. Next let's look at the costs for the visit to [DR] on July 06, 2011.

CL9 "As you may know, the Medicare Current Beneficiary Survey involves another interview. The next interview will be similar to the one that we had today. We will be calling in about 4 months to set up a convenient time for that interview. Is [PHONE NUMBER] the best phone number to call to arrange for the next

CL15 "During our last interview we recorded name and address information for [READ NAMES], who would know where [SP] could be contacted in case we have trouble arranging for the next interview.

END2 "Someone from the home office may be calling to verify that I was here to conduct this interview."

AV1 "Next, I would like to verify your home address. I have it listed as [ADDRESS]. Is this correct?"

AV4

"Next, I would like to verify your phone number(s). I have them listed as... Are these correct?"

Quality Control

Capture whole

statement/PM

loop for QC

purposes?

Category	ItemTag	Page_Text
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
ACQ	AC7	[Were you/Was (SP)] admitted to the hospital from the emergency room?
ACQ	AC8	Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department?
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 departme
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)] schedule an appointment after the visit?
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
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 i
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?]
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)] schedule an appointment after the visit?
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?
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 ser
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?]
ACQ	AC36	Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary?
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
AVQ	AV2	
AVQ	AV3	

AVQ	AV4	<p>Next, I would like to verify [your/(SP's)] phone number(s). I have them listed as ..[READ PHONE NUMBER(S) LISTED BELOW].</p> <p>Are these correct?</p> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p>
AVQ	AV5	What is [your/(SP's)] phone number?
AVQ	AV6	<p>Do you/Does (SP)] have a second phone number?</p> <p>[PROBE: What is that number?]</p>
AVQ	AV7	<p>I would also like to verify [your/(SP's)] mailing address. I have it listed as ... [READ ADDRESS LISTED BELOW.]</p> <p>Is this the correct mailing address for [you/(SP)]?</p> <p>NAME: (SP)</p> <p>MAILING ADDRESS 1: (MAILING ADDRESS LINE 1)</p> <p>MAILING ADDRESS 2: (MAILING A</p>
AVQ	AV8	What is [your/(SP's)] mailing address?
CLQ	CL1	What is your address?
CLQ	CL2	What is your phone number?
CLQ	CL3	<p>Do you have a second phone number?</p> <p>[PROBE: What is that number?]</p>
CLQ	CL4	<p>I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW].</p> <p>Is this correct?</p> <p>STREET ADDRESS 1: (STREET ADDRESS LINE 1)</p> <p>STREET ADDRESS 2: (STREET ADDRESS LINE 2)</p> <p>CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE)</p>
CLQ	CL5	ENTER CORRECT ADDRESS

CLQ	CL6	<p>Next, I would like to verify your phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW].</p> <p>Are these correct?</p> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p>
CLQ	CL7	What is your phone number?
CLQ	CL8	<p>Do you have a second phone number?</p> <p>[PROBE: What is that number?]</p>
CLQ	CL9	<p>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.</p> <p>Is (PREVIOUS BEST</p>
CLQ	CL10	<p>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.</p> <p>Is there a phone nu</p>
CLQ	CL12	And where is that phone located?
CLQ	CL13	What is this (CL12 RESPONSE) name?
CLQ	CL14	Under what name is that telephone number likely to be listed?
CLQ	CL15	<p>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.</p> <p>CONTACT 1: (FIRST CONTACT NAME FROM PREVIOUS ROUND)</p>
CLQ	CL16	<p>I'd like to verify (FIRST CONTACT NAME)'s address. I have it listed as...[READ ADDRESS LISTED BELOW]. Is this correct?</p> <p>STREET ADDRESS 1: (STREET ADDRESS LINE 1)</p> <p>STREET ADDRESS 2: (STREET ADDRESS LINE 2)</p> <p>CITY: (CITY) STATE: (STATE) ZIPCODE: (ZI</p>
CLQ	CL17	

CLQ	CL18	<p>Next, I would like to verify (FIRST CONTACT NAME)'s phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW].</p> <p>Are these correct?</p> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p>
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	<p>Is there a second phone number for contacting (FIRST CONTACT NAME)?</p> <p>[PROBE: What is that number?]</p>
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
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)].]
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	<p>Is there a second phone number for contacting (FIRST CONTACT NAME)?</p> <p>[PROBE: What is that number?]</p>
CLQ	CL29	Under what name is the second telephone number likely to to be listed?
CLQ	CL30	<p>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.</p> <p>Is this correct?</p> <p>CONTACT 2: (SECOND CONTACT NAME FROM PREVIOUS ROUND)</p>
CLQ	CL31	<p>I'd like to verify (SECOND CONTACT NAME)' s address. I have it listed as...[READ ADDRESS LISTED BELOW]. Is this correct?</p> <p>STREET ADDRESS 1: (STREET ADDRESS LINE 1)</p> <p>STREET ADDRESS 2: (STREET ADDRESS LINE 2)</p> <p>CITY: (CITY) STATE: (STATE) ZIPCODE: (Z</p>
CLQ	CL32	

CLQ	CL33	<p>Next, I would like to verify (SECOND CONTACT NAME)'s phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW].</p> <p>Are these correct?</p> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p>
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	<p>Is there a second phone number for contacting (SECOND CONTACT NAME)?</p> <p>[PROBE: What is that number?]</p>
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 someo
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)).]
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	<p>Is there a second phone number for contacting (SECOND CONTACT NAME)?</p> <p>[PROBE: What is that number?]</p>
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	<p>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].</p> <p>Is this correct?</p> <p>STREET ADDRESS 1: (VACATION HOME ADDRESS LINE 1)</p> <p>STREET ADDRESS 2: (VACATION H</p>
CLQ	CL49	[What is the correct address of that place?]
CLQ	CL50	<p>I would like to verify the phone number of the place where (you/(SP)) (spend/spends) some portion of the year.</p> <p>PHONE NUMBER: (VACATION HOME PHONE NUMBER)</p>
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 a
CLQ	CL53	[Please give me the name of someone who would be able to provide this information for [you/(SP)].]
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 coo
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 ins
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.
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.
CLT	CLT1	Those are all the questions that I have for you. You have made a very important contribution to the Medicare program and all of its beneficiaries by helping us test this new data collection tool. Thank you very much for your time and effort.
CLT	CLT2	
CND	Condition Roster	
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].
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] (s
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]?
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
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/w
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]?
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
CPS	CPS10	
CPS	CPS11	Last time, we recorded that (Medicare had paid [nothing and/(MEDICARE PAYMENT AMOUNT) and after Medicare paid,]) there was an amount remaining of (CPS AMOUNT REMAINING) for the [READ EVENT(S) ABOVE.] [Have you/Has (SP)] or any other source [, such as (
CPS	CPS12	
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 insuranc
CPS	CPS14	
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 CPS AMOUNT REMAININ
CPS	CPS16	
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.])
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	
CPS	CPS24	
CPS	CPS25	
CPS	CPS26	
CPS	CPS27	Who (else) paid (besides Medicare)? How much did (SOURCE) pay? REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT)
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?
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	
CPS	CPS31	
CPS	CPS32	
CTQ	INT2	YOU CAN REVIEW ROSTER OR CORRECT SPELLING OR RELATIONSHIP HERE. TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO LEAVE SCREEN, PRESS ESC. (PERSON NAME) (RELAT. TO SP) (PERSON'S SEX) (IN HH) (PERSON NAME) (RELAT

CTQ	INT3	<p>TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO ADD A PLAN, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC. When ESC selected, return to Interrupt Menu.</p>
CTQ	CT31	<p>1. MEDICAID/MEDICAID MANAGED CARE PLAN 2. OTHER PUBLIC PROGRAM OTHER THAN MEDICAID 3. PRIVATE HEALTH INSURANCE PLAN 4. MEDICARE MANAGED CARE PLAN 5. TRICARE Set flag to indicate insurance plan created in Interrupt.</p> <p>If CT31=1, display questions HI6 through</p>
CTQ	INT4	<p>YOU CAN REVIEW ROSTER OR CORRECT SPELLING HERE. TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO LEAVE SCREEN, PRESS ESC. When ESC selected, return to Interrupt Menu.</p>
CTQ	INT5	<p>YOU CAN REVIEW ROSTER OR CORRECT SPELLING HERE. TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO LEAVE SCREEN, PRESS ESC. When ESC selected, return to Interrupt Menu.</p>
CTQ	INT6	<p>YOU HAVE ENTERED THROUGH SECTION (XX) FOR THIS ROUND. YOU CAN ONLY REVIEW EVENTS HERE. [PRESS ENTER TO DISPLAY REMAINING EVENTS OR TO EXIT.] This option should be accessible to the interviewer for review throughout the interview (except during charge seri</p>
CTQ	CT71	<p>YOU CAN REVIEW ROSTER, CORRECT OR ADD PROVIDER NAMES HERE. [ENTER ONLY ONE PROVIDER.] TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ADD A PROVIDER, PRESS CTRL/A. TO ERASE AN X, PRESS SPACE BAR. TO LEAVE SCREEN, PRESS ESC.</p>
CTQ	CT71A	<p>NO PROVIDERS HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD A PROVIDER?</p>
CTQ	CT72	<p>YOU CAN REVIEW ROSTER, CORRECT, OR ADD DATES HERE. IF TYPE IS IP AND SP STILL IN HOSPITAL, ENTER 95 FOR MONTH IN STOP DATE. TO CORRECT DATE, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO ADD A DATE, PRESS CTRL/A. TO LEAVE SCREEN</p>

CTQ	CT72A	WHICH REFERENCE PERIOD IS THE HOME HEALTH EVENT FOR? [ST10a]HHROUND (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE) (PREVIOUS INT. REF. DATE - PREVIOUS INT. DATE) (PREVIOUS ROUND) 2 (PREVIOUS INT. DATE - TODAY) (CURRENT R
CTQ	REF	DATE) (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. DATE) (PREVIOUS INT. REF. DATE - TODAY) (CURRENT ROUND) 3
CTQ	CT73	Before we continue, I would like to ask you a few questions about the visit(s) I just added. [PRESS ENTER TO CONTINUE.]
CTQ	INT8	YOU CAN REVIEW ROSTER, CORRECT DATES, OR ADD OTHER MEDICAL EXPENSES HERE. [ENTER "95" IN MONTH FIELD IF ALTERATION NOT COMPLETED.] TO CORRECT DATE/NUMBER OF PURCHASES, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ADD AN ITEM, PRESS CTRL/A. TO ERASE AN X, PRES
CTQ	CT81A	.NO OTHER MEDICAL EXPENSES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD AN OTHER MEDICAL EXPENSE?
CTQ	INT9	TO CORRECT SPELLING/NUMBER OF PURCHASES, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR TO ADD A MEDICINE, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC. NUMBER OF (RXX) MEDICINE PURCHASES PREV. RND. PURCHASES When ESC entered, if medicin
CTQ	CT90AA	Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?
CTQ	CT90	Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]? [PROBE: This could include obtaining the
CTQ	CT91	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), container(s), or bag(s) for the medicine(s) you've just told me about.] [PRES

CTQ	CT91A	NO PRESCRIBED MEDICINES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD A MEDICINE?
CTQ	INT10	(NO STATEMENT CHARGE BUNDLES HAVE BEEN ENTERED FOR THIS INTERVIEW/THE FOLLOWING STATEMENT CHARGE BUNDLES WERE ENTERED DURING THIS INTERVIEW:) ([REVIEW ONLY.]) 1. [MED: XXXXXX] 2. [MED: XXXXXX] 3. etc. 1. YES 2. NO If 1 entered, go to ST3. After statement
CTQ	CPS17 OLD	DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?
CTQ	CPS19 OLD	[What type of health insurance plan is (SOP NAME)?]
CTQ	CPS20 OLD	WHAT (OTHER) TYPE(S) OF EVENT(S) ARE COVERED BY THIS REIMBURSEMENT? [CODE ALL THAT APPLY.] [PRESS CTRL\L TO LEAVE SCREEN.] () () () () () () () () () ()
CTQ	CPS21 OLD	PLEASE USE CTRL/K TO RECORD ANYTHING ELSE YOU KNOW ABOUT THIS REFUND (PROVIDER(S), DATE(S), ETC.). [PRESS ENTER TO CONTINUE.]
DAQ	DAINTRO	(We've talked a little about prescription drug discount cards.) Now I have some (more) questions about [(your /SP's) experience with] prescription drug discount cards. Answers to questions like these will help Medicare better understand how Medicare ben
DAQ	DA1	Looking at this card, how much do you think you know about prescription drug discount cards?
DAQ	DA2	In the past year, have you tried to find any information [for (SP)] about prescription drug discount cards?

DAQ	DA3	<p>Where did you find the information about prescription drug discount cards?</p> <p>[CODE ALL THAT APPLY.]</p> <p>[PROBE: Any other way?]</p> <p>[PRESS CTRL/L TO LEAVE SCREEN.]</p> <p>FNDAARP AARP/SENIOR CITIZENS ORGS./SENIOR CENTER 3 BOX DA2</p>
DAQ	DA4	<p>Considering all of the information sources you just mentioned, which source was the most helpful?</p> <p>(AARP/SENIOR CITIZENS ORGS./SENIOR CENTER) 3</p>
DAQ	DA5	<p>(You mentioned that you found information from more than one source.) Were your questions answered by the information that you received (from all of those sources)?</p>
DAQ	DA6	<p>Have you received any information [for (SP)] on prescription drug discount cards that you did not request or look for?</p>
DAQ	DA7	<p>From what source did you receive information you did not request on prescription drug discount cards?</p> <p>[CODE ALL THAT APPLY.]</p> <p>[PRESS CTRL/L TO LEAVE SCREEN.]</p> <p>RECAARP AARP/SENIOR CITIZENS ORGS./SENIOR CENTER 3</p>
DAQ	DA8	<p>How interested are you in getting (more) information [for (SP)] about prescription drug discount cards?</p>
DAQ	DA9	<p>This card lists some ways people prefer to receive information to keep up with developments about prescription drug discount cards. Looking at this card, please tell me all of the ways you would prefer to use to keep up with prescription drug discount ca</p>
DAQ	DA10	<p>Please look at this card and tell me which, if any, of the places listed offer prescription drug discount cards?</p> <p>[CODE ALL THAT APPLY.]</p> <p>[PROBE: Any other place?]</p> <p>[PRESS CTRL/L TO LEAVE SCREEN.]</p>
DAQ	DA11INT	<p>I'm going to read a series of statements about prescription drug discount cards. For each one, please tell me whether you think it is true or false, or whether you aren't sure.</p> <p>[PRESS ENTER TO CONTINUE.]</p>

DAQ	DA11	You can get information about prescription drug discount cards by calling the 1-800-Medicare toll-free line.
DAQ	DA12	You can find information about prescription drug discount cards at Medicare's Internet website.
DAQ	DA13	Some prescription drug discount cards are approved by Medicare.
DAQ	DA14	Prescription drug discount cards must be accepted at all drug stores and pharmacies in the United States.
DAQ	DA15	A person can have more than one prescription drug discount card at a time.
DAQ	DA16	The amount of money that a person can save depends on which prescription drug discount card is used.
DAQ	DA17	If a prescription drug discount card is used, the price of a drug will be the same no matter where it is purchased.
DAQ	DA18	With a prescription drug discount card, people get the same discount for each prescription, no matter which drug they are buying.
DAQ	DA19	How easy is it to understand how much (you/SP) can save on prescribed medicines using a prescription drug discount card? Would you say it is very easy, somewhat easy, somewhat hard, or very hard?
DAQ	DA20INT	Your responses to these next questions help us understand why some people do not have a prescription drug discount card. [PRESS ENTER TO CONTINUE.]
DAQ	DA20	(Have you/Has SP) ever had a prescription drug discount card?
DAQ	DA21	Have you ever thought about getting a prescription drug discount card [for (SP)]?
DAQ	DA22	What are the reasons that (you/SP) (do not/does not/no longer) (have/has) a prescription drug discount card? [CODE ALL THAT APPLY.] [PROBE: Any other reason?] [PRESS CTRL/L TO LEAVE SCREEN.]
DAQ	DA23	What is the main reason that (you/SP) (do not/does not/no longer) (have/has) a prescription drug discount card?

DAQ	DA24	How interested are you in getting a prescription drug discount card now [for (SP)]?
DAQ	DA25	How easy is it to know which prescription drug discount card to use when you buy (your/SP's) prescription drugs? Would you say it is very easy, somewhat easy, somewhat hard, or very hard?
DAQ	DA26	How easy is it to choose a prescription drug discount card? Would you say it is very easy, somewhat easy, somewhat hard, or very hard?
DAQ	DA27	Did anyone help (you/SP) choose a prescription drug discount card?
DAQ	DA28	<p>Looking at this card, please tell me who helped (you/SP) choose a prescription drug discount card.</p> <p>[CODE ALL THAT APPLY.]</p> <p>[PROBE: Anyone else?]</p> <p>[PRESS CTRL/L TO LEAVE SCREEN.]</p>
DAQ	DA29	Once (you/SP) chose which prescription drug discount card(s) to get, how easy was it to sign up? Would you say it was very easy, somewhat easy, somewhat hard, or very hard?
DAQ	DA30INT	<p>These next questions ask about some of (your/SP's) experiences using a prescription drug discount card.</p> <p>[PRESS ENTER TO CONTINUE.]</p>
DAQ	DA30	In the past year, (have you/has SP) used (your/his/her) (NAME OF CURRENT DM) card to purchase prescription drugs?
DAQ	DA31	How often (do you/does SP) use (your/his/her) (NAME OF CURRENT DM) card to purchase prescription drugs?
DAQ	DA32	Can (you/SP) use (your/his/her) (NAME OF CURRENT DM) card for all prescription drugs or only for a specified list of prescription drugs?
DAQ	DA33	How many of (your/SP's) prescriptions does (your/his/her) (NAME OF CURRENT DM) card usually cover? Would you say it covers...
DAQ	DA34	How easy is it to understand which drug stores and pharmacies accept the (NAME OF CURRENT DM) card? Would you say it is very easy, somewhat easy, somewhat hard, or very hard?

DAQ	DA35	When (you/SP) use(s) (your/his/her) (NAME OF CURRENT DM) card, (do/does) (you/he/she) save more than expected, about as much as expected, or less than expected?
DAQ	DA36	How easy is it to understand how much money (you/SP) will save when (you/he/she) use(s) (your/his/her) (NAME OF CURRENT DM) card? Would you say it is very easy, somewhat easy, somewhat hard, or very hard?
DAQ	DA37	Overall, how satisfied [are you/is (SP)] with the (NAME OF CURRENT DM) card?
DAQ	DA38	Would you recommend the (NAME OF CURRENT DM) card to your family or friends?
DAQ	DA39	Since (you/SP) first began using (a) prescription drug discount card(s), how much do you think (you/he/she) (have/has) saved on the cost of all of (your/his/her) prescription drugs? [PROBE IF NECESSARY: Compared to if (you/SP) had not used a prescriptio
DAQ	DA40	In the past year, what (else) (have you/has SP) done to reduce the cost of prescription drugs? [CODE ALL THAT APPLY.] [PROBE: Anything else?] [PRESS CTRL/L TO LEAVE SCREEN.] REDNONUS PURCHASED PRESCRIPTION DRUGS OUTSIDE THE U.S. 7
DAQ	DAEND	INTERVIEWER: HAND THE "MEDICARE INFORMATION (APRIL, 2004)" SHEET TO THE RESPONDENT. IT PROVIDES ANSWERS TO SOME OF THE QUESTIONS ASKED DURING THIS SUPPLEMENT. [PRESS ENTER TO CONTINUE.]
DIQ	DIINTROA	The next two questions are about Hispanic origin and race.
DIQ	DI1A	[Are you/Is (SP)] of Hispanic, Latino, or Spanish origin?
DIQ	DI2A	Looking at this card, what is [your/(SP's)] race? [EXPLAIN IF NECESSARY: For this survey, Hispanic origins are not races.]
DIQ	DI3INTRO	The next two questions are about education and income.
DIQ	DI3A	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, S

DIQ	DI5A	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
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	
DMQ	DM1	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 membershi
DMQ	DM2INTRO	I'd like to ask about (a/another) type of health care coverage that some people have.
DMQ	DM2	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])?
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.
DMQ	DM3_IN	
DMQ	DM4	What types of services are covered by [your/(SP's)] (DISCOUNT MEMBERSHIP NAME) discount savings membership or coverage?
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? [PROBE IF NECESSARY: Is that per year, per month, per week, or what?]
DMQ	DM6A	
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]?
DMR	DMRoster	
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
DUQ	DU1	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, endodo
DUQ	DU2	Who did [you/(SP)] see?

DUQ	DU3	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?
DUQ	DU4	Is (PROVIDER NAME) associated with [you/(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?
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)].
DUQ	DU6_IN	
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 P
DUQ	DU11	Please tell me the names of these medicines.
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?
END	END1	
END	END2	(Someone from the home office may be calling to verify that I was here to conduct this interview.)
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 sam
ENS	ENS2	
ENS	ENS2_IN	
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)]? Re
ENS	ENS4	[Who else (is/was) living or staying 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
ENS	ENS5	
ENS	ENS10	
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?]
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_I N	
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	Looking at this card, in which of these time periods did [you/(SP)] serve in the Armed Forces?
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?
ENS	ENS17	What [is [your/(SP's)]/was (SP's)] (current) V.A. disability rating?
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)?
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?
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)].

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?
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
ERQ	ER9	Please tell me the names of these medicines.
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?
EVA	EventRosterA	
EVb	EventRosterB	
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
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 [
HAQ	HAINTRO	I would like to ask a few questions about [your/(SP's)] housing situation or living arrangements.
HAQ	HA1	[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?
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	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	[IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing?
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	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
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?
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 show
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

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	HFB2A	[Have you/Has (SP)] been told that (you are/he is/she is) legally blind? [EXPLAIN IF NECESSARY: Informally, a person is legally blind when, even with corrective lenses, they cannot see well enough to drive.]
HFQ	HFB6	[Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)?
HFQ	HFB7	How long has it been since [your/(SP's)] last eye examination by an eye doctor?
HFQ	HFB7A	I have a couple of questions about [your/(SP's)] last eye examination. Was the eye examination given by an optometrist, ophthalmologist or some other type of doctor or eye care professional? [EXPLAIN IF NECESSARY: An optometrist is a doctor of optometr
HFQ	HFB7B	Again, thinking about [your/(SP's)] last eye examination, were dilating drops used in [your/(SP's)] eyes? [EXPLAIN IF NECESSARY: Dilating drops are used to enlarge the pupil for eye examinations. The drops often make your eyes more sensitive to bright
HFQ	HFB7C	I am going to read a list of eye conditions. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of these conditions. [Have you/Has (SP)] ever been told by a doctor that (you/he/she) had...
HFQ	HFB10	[Have you/Has (SP)] ever had an operation for cataracts?
HFQ	HFB11	Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. Have [you/(SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This d
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 trou
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,
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)?
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)?
HFQ	HFF9	[Have you/Has (SP)] ever had a hysterectomy?
HFQ	HFF10	<p>[Since (LAST HF MONTH YEAR), [have you/has (SP)]/[Have you/has (SP)] ever] had surgery on (your/his) prostate?</p> <p>[EXPLAIN IF NECESSARY: Surgery on the prostate gland is typically used as a treatment for prostate cancer or to correct urinary problems. Surg</p>
HFQ	HFF11	<p>These next few questions are about (preventive health care measures some people take/follow-up care sometimes prescribed after prostate surgery).</p> <p>[Have you/Has (SP)] had a digital rectal examination (of the prostate) since (LAST HF MONTH YEAR)?</p> <p>[EXPLA</p>

HFQ	HFF12	<p>[Have you/Has (SP)] had a blood test for detection of prostate cancer, known as a PSA, since (LAST HF MONTH YEAR)?</p> <p>PSA = PROSTATE-SPECIFIC ANTIGEN</p> <p>[EXPLAIN IF NECESSARY: The test may be used to detect prostate cancer, to determine whether cancer has</p>
HFQ	HFF14	What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR)?
HFQ	HFF15	<p>Did [you/(SP)] have a seasonal flu shot for last winter?</p> <p>[EXPLAIN IF NECESSARY: Did [you/(SP)] have a seasonal flu shot any time during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]</p>
HFQ	HFF17	<p>Why didn't [you/(SP)] get a seasonal flu shot last winter?</p> <p>[PROBE: Any other reason?]</p>
HFQ	HFF18	<p>Where did [you/(SP)] go for (your/his/her) most recent seasonal flu shot, was that a managed care plan or HMO center, a clinic, a doctor's office, a hospital, a health fair, shopping mall, or some other place?</p> <p>[IF CLINIC, ASK: Was it a hospital outpatient</p>
HFQ	HFF20	Did [you/(SP)] have any trouble getting a seasonal 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 seasonal 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	<p>Why didn't [you/(SP)] ever have a shot for pneumonia?</p> <p>[PROBE: Any other reason?]</p>
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	<p>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.</p> <p>Please think about a typical month in the past year. On how many days did [you/(SP)]</p>
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?

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?
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 difficult
HFQ	HFH1	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	How much difficulty, if any, [do you/does (SP)] have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot o
HFQ	HFH3	What about reaching or extending arms above shoulder level? [PROBE IF NECESSARY: 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	HFH4	How much difficulty, if any, [do you/does (SP)] have either writing or handling and grasping small objects? [PROBE IF NECESSARY: Would you say [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/
HFQ	HFH5	What about walking a quarter of a mile - that is, about 2 or 3 blocks? [PROBE IF NECESSARY: 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	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 ac
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?
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?
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, su
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?
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?
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].] [Has a doctor (ever) told [you/(SP)] that (you/he/she) had/Since (LAST HF MONTH YEAR), has a doctor told [you/(SP)] that (you/he/she
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?]
HFQ	HFJ24	[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] rheumatoid arthritis?
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, other than rheumatoid arthritis, in any part of (your/his/her) body?
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?
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?
HFQ	HFJ37	[[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	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)?
HFQ	HFJ41B	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?
HFQ	HFJ44	Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?]
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
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.]
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 hemoglob
HFQ	HFP14	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
HFQ	HFP14A1	In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction?
HFQ	HFP14A2	Please think about the most serious episode of hypoglycemia that [you have/(SP)has] experienced in the past year. [Were you/Was (SP)] able to treat (yourself/himself/herself) by taking some form of sugar, did (you/he/she) require treatment from others,
HFQ	HFP14A3	[Have you/Has (SP)] ever had any problems with (your/his/her) feet as a result of (your/his/her) diabetes?
HFQ	HFP14A	[Do you/Does (SP)] currently have any problems with (your/his/her) feet as a result of (your/his/her) diabetes?
HFQ	HFP14B	People with diabetes can develop many different foot problems. Please tell me if [you have/(SP) has] ever been told by a doctor that (you/he/she) had any of the following problems with (your/his/her) feet as a result of (your/his/her) diabetes. [Have you
HFQ	HFP15	[Do you/Does (SP)] have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?
HFQ	HFP16A1	[Have you/Has (SP)] ever had 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	HFP16	[Do you/Does (SP)] currently have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?
HFQ	HFP16A	[Have you/Has (SP)] ever been told by a doctor that (you have/she has/he has) chronic kidney disease?
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?
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	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?
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 t
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?
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	HFS2A	Have [you/(SP)] ever experienced a fracture that (your/his/her) doctor told (you/him/her) was related to 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?]
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?]
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?
HFQ	HFAC30F	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 Medica
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
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?

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?
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?]
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?
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	<p>[You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.]</p> <p>Is this because of a health or physical problem?</p>
HFQ	HFKF1	<p>Because of a health or physical problem, [do you/does (SP)] have any difficulty... managing money (like keeping track of expenses or paying bills)?</p>
HFQ	HFKF2	<p>[You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.]</p> <p>Is this because of a health or physical problem?</p>
HFQ	HFKA3	<p>[[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].]]</p> <p>[Do you/Does (SP)] receive help from another person with... using the telephone?</p>
HFQ	HFKA4	<p>You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help?</p>
HFQ	HFKB3	<p>[[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 do</p>
HFQ	HFKB4	<p>You mentioned that [you receive/(SP) receives] help with doing light housework (like washing dishes, straightening up, or light cleaning). Who gives that help?</p>
HFQ	HFKC3	<p>[[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].]]</p> <p>[Do you/D</p>
HFQ	HFKC4	<p>You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help?</p>
HFQ	HFKD3	<p>[[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].]]</p> <p>[Do you/Does (SP)] receive help from another person with... p</p>
HFQ	HFKD4	<p>You mentioned that [you receive/(SP) receives] help with preparing (your/his/her) own meals. Who gives that help?</p>
HFQ	HFKE3	<p>[[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].]]</p> <p>[Do</p>

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?
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 y
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?
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?
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?
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?

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 o
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?
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 with bathing and showering. Who gives that help?

HFQ	HFLB9	You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help?
HFQ	HFLC9	You mentioned that [you receive/(SP) receives] help with eating. Who gives that help?
HFQ	HFLD9	You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help?
HFQ	HFLE9	You mentioned that [you receive/(SP) receives] help with walking. Who gives that help?
HFQ	HFLF9	You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help?
HFQ	HFL10	Which of these persons gives [you/(SP)] the most help with these things?
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?
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?]
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	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?
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	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	HFQ2	[Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other medical professional?
HFQ	HFQ3	Has [your/(SP's)] doctor or other medical professional asked (you/him/her) about how (you/he/she) (feel/feels) about this problem?
HFQ	HFQ4	Has [your/(SP's)] doctor or other medical professional examined (you/him/her) to figure out why (you/he/she) (lose/loses) urine?
HFQ	HFQ5	Has [your/(SP's)] doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem?

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 hyperten
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?
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
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
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?
HHQ	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 profes
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)]?
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?]

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?
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
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	(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
HHQ	HH14	(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, DOIN
HHQ	HH15	(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, DRE
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) a
HHQ	HH18	(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 car

HHQ	HH19	Who helped [you/(SP)]? What is the name of the person who helped (you/him/her)?
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/h
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
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 D
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 a
HHS	HHS3	Since (REFERENCE DATE), has (PROVIDER NAME) provided any services to [you/(SP)] other than delivering meals?
HIQ	HIMCINTR	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
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 car
HIQ	MC2	How is this information incorrect?
HIQ	MC2B	What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?
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
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?
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?

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 IN
HIQ	HIMC1B1	What is the most important reason [you/(SP)] stopped the (MEDICARE MANAGED CARE PLAN NAME) coverage?
HIQ	HIMC1C	[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)?
HIQ	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 c
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)]?
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 of
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)?
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 nursin
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
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 am
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?

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	[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)?
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	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 tha
HIQ	HI5INTRB	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?
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
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.] [
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 Medic
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)]?]

HIQ	HI10C4	<p>[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)?</p> <p>[PROBE IF NECESSARY: PI</p>
HIQ	HI10C5	<p>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)].</p> <p>[PROBE IF NECESSARY: Please include Medicare Prescrip</p>
HIQ	HI10D	(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor?
HIQ	HIT1	<p>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.</p> <p>Please look at this card. At any time [since</p>
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	<p>(Does/Did) [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor?</p> <p>[PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has], not what the plan offers everyone.]</p>
HIQ	HIT4A1	<p>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 fac</p>
HIQ	HIT11	<p>[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?</p> <p>[EXPLA</p>
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).
HIQ	HI11PREV_IN	

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
HIQ	HI12	What is the name of each of the public programs other than Medicaid that covered [you/(SP)]?
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 t
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)?
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 DE
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 i
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 Prescrip
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)]?]
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)?
HIQ	HI17PREV	The next questions are about private plans [you were/(SP) was] covered by as of (REFERENCE DATE).
HIQ	HI17PREV_IN	
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/ha
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
HIQ	HI20	What is the name of each of the (other) private plans that (provide/provided) [your/(SP's)] medical insurance coverage?
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
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)?]
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	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	(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 car
HIQ	HI26	Who (is/was) listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract?

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)?
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 a
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?
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)
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?
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 the health 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 NAM
HIS	HIS2	What is the name of the plan that needs deletion?
HIS	HIS2A	

HIS	HIS2B	What is the name of the plan that is incorrect?
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)]?
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
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)?
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 dur
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
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 a
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?
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]
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 Prescr
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
HIS	HIS12	What is the name of the public program that covered [you/(SP)]?
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)?
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)?
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	<p>Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?</p> <p>[EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is</p>
HIS	HIS26	Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract?
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
HIS	HIS32	<p>Was there a premium or cost for the (PRIVATE PLAN NAME) coverage?</p> <p>[Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may have had to pay.]</p>
HIS	HIS33	<p>How much did [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage?</p> <p>[Please do not include any amount that may be paid for anyone other than [you/(SP)].]</p> <p>[PROBE IF NECESSARY: Was that per year, per month, per week, or what?]</p>
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?
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-o
HIS	HIS34	What is the name of the Medicare Prescription Drug plan that covered [you/(SP)]?
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?

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).
IAQ	IAINT8	
IAQ	IAINT9	
IAQ	IAINTRO	<p>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)].</p> <p>As with all information collected by the MCBS, the data are confidential and covered by the</p>
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 (hi
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)]. . .
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,
IAQ	IA14	<p>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).</p> <p>[PROBE: In estimating (your/his/her/their) total income you can respond for</p>
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)?
IAQ	IA17A	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 yo
IAQ	IA18A	<p>The next questions are about the place where [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] (live/lives/lived).</p> <p>(Do/Did/Does) [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] own the place where (you/he/</p>
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 est

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)?
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 ans
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?
IAQ	IA31	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
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
IAQ	IA31B	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
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 p
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?
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?

INQ	IN1AA	<p>All survey information will be kept in strict confidence under the laws prescribed by the Privacy Act of 1974.</p> <p>Medicare benefits will not be affected in any way by survey responses or participation.</p>
INQ	IN2	<p>FIRST NAME: (SP'S FIRST NAME)</p> <p>MIDDLE INITIAL: (SP'S MIDDLE INITIAL)</p> <p>LAST NAME: (SP'S LAST NAME)</p>
INQ	IN3	
INQ	INS1	
INQ	INS2	<p>What was the first date since (REFERENCE DATE) that (SP) entered the facility?</p> <p>[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 en</p>
INQ	INS3	On what date did (SP) die?
INQ	INS3A	
INQ	INS3A1	
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	
INQ	IN4A	
INQ	IN5	<p>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?</p> <p>FIRST NAME: (PROXY'S FIRST NAME)</p> <p>LAST NAME: (PROXY'S LAST NAME)</p> <p>RELATIONSHIP: (PROXY'S</p>
INQ	IN6	[What is your correct name and relationship to (SP)?]
INQ	IN6A	
INQ	IN6B	
INQ	IN6B1	
INQ	IN6B2	
INQ	IN6B3	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	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

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. Ther
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?
INQ	IN11	[Are you/Is (SP)] male or female?
INQ	IN12	
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?
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)?
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 over
IPQ	IP2	Where [were you/was (SP)] admitted -- to which 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?
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?
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
IPQ	IP15	Please tell me the names of these medicines.
IPQ	IP16	[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
IRQ	IR1	
IRQ	IR3	
IRQ	IR4	
IRQ	IR5	
IRQ	IR5OV	
IRQ	IR5A	
IRQ	IR5AA	
IRQ	IR5AAA	
IRQ	IR5B	
IRQ	IR5C	
IRQ	IR5D	
IRQ	IR5I	
IRQ	IR6	
IRQ	IR6A	
IRQ	IR6B	
IRQ	IR6C	
IRQ	IR7	
IRQ	IR7OV	
IRQ	IR7A	
IRQ	IR8	
IRQ	IR8A	
IRQ	IR10	
IUQ	IU1	[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)
IUQ	IU2	Where [were you/was (SP)] a patient -- in which nursing home?
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	[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?

KNQ	KNINTRO	<p>Now I have some questions that ask how you get information about the Medicare program [for (SP)]. Your answers will help Medicare provide the information that people need.</p> <p>Keep in mind that, generally, there are no right or wrong answers to these ques</p>
KNQ	KN1	<p>Overall, how easy or difficult do you think the Medicare program is to understand?</p> <p>[PROBE IF NECESSARY: Would you say it is very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?]</p>
KNQ	KN2	<p>How much do you think you know about the Medicare program?</p> <p>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 t</p>
KNQ	KN24A	<p>This card lists different health care topics and programs. Please look at this card and tell me the three topics that are important for you to have more information about, starting with the most important.</p> <p>[PROBE IF NECESSARY: Which of these topics wou</p>
KNQ	KN25A	<p>This card lists some people and places that could provide information about the latest developments in Medicare. Please look at this card and tell me all of the people and places you would prefer to use to keep up with Medicare.</p> <p>[PROBE: Any other source</p>
KNQ	KN25B1	In the past year, have you tried to find any information [for (SP)] about Medicare?
KNQ	KN25C	How interested are you in getting (more) information [for (SP)] about Medicare?
KNQ	KN26	How satisfied are you in general with the availability of information about the Medicare program when you need it [for (SP)]?
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)]
KNQ	KN27	Did [you/(SP)] receive a copy of this book, called "Medicare and You 2012", 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	<p>How easy or difficult did you find (the parts you read/this book) to understand?</p> <p>[PROBE IF NECESSARY: Would you say (they were/it was) very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand]</p>
KNQ	KN34B1	<p>We're interested in the knowledge that you may have gained when getting information about the Medicare program [for (SP)]. 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 cov</p>

KNQ	KN34B2	Does Medicare cover...
KNQ	KN34B3	Does Medicare cover...
KNQ	KN34B4	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	<p>Medicare usually covers non-emergency care received while a beneficiary is traveling outside the United States.</p> <p>[PROBE: Do you think this is true or false or are you not sure?]</p>
KNQ	KNTF5	<p>People are eligible for Medicare because they have low or moderate incomes.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF6A	<p>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.</p> <p>[PROBE: Do you think this is</p>
KNQ	KNTF7	<p>The premium or monthly payment that Medicare beneficiaries have to pay for Medicare Part B can change at any time during the year.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF10	<p>People with limited income and resources may save money on their Medicare costs with the help of Medicare Savings Programs.</p> <p>[PROBE: Do you think this is true or false or are you not sure?]</p>
KNQ	KNTF13	<p>Medicare Advantage plans, such as HMOs and PPOs, often cover more health services, like eye exams or hearing aids, than original Medicare.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF14	<p>Most people enrolled in a Medicare Advantage plan can change to another plan any time during the year.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF16	<p>If you are enrolled in a Medicare Advantage plan, your choice of doctors or hospitals may be limited.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF18	<p>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.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>
KNQ	KNTF19	<p>A Medicare Advantage plan can raise its fees or change its benefits each year.</p> <p>[PROBE: Do you think this is true or false, or are you not sure?]</p>

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?]
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 "Annual 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?
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
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
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?
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?
KNQ	KNEND	
LJS	LJS1	
LJS	LJS2	
LJS	LJS3	
LJS	LJS3A	
LJS	LJS4	
LJS	LJS5	
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?

MPQ	MP2	Who did [you/(SP)] see?
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?
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)].
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]?
MPQ	MP7	<p>Were any operations performed on [you/(SP)] during (any of the/the) [VISIT ON EVENT DATE]?</p> <p>[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]</p>
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
MPQ	MP14	Please tell me the names of these medicines.
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?
MPQ	MP18	(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 thi
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	(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
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?
MPQ	MP34	(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? [
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	(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 c
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	(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 lis
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?
NSQ	NS1_IN	
NSQ	NS1	<p>[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.]</p> <p>THERE ARE (TOTAL NUMBER OF NS EVENTS) EVENTS (REMAINING) TO ASK ABOUT.</p> <p>(Let's start with/Next let'</p>
NSQ	NS2	<p>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]?</p> <p>[PROBE IF NECESSARY: Please include any statements received about [your/(SP's)] Me</p>
NSQ	NS3	
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,

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 dr
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 (COPAYME
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 co
NSQ	NS10	
NSQ	NS12	What else was included?
NSQ	NS13	
NSQ	NS14	
NSQ	NS15	
NSQ	NS16	
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 Veterans Affairs, or V.A. facility?
NSQ	NS20	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
NSQ	NS21	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED 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	
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	
NSQ	NS24A	
NSQ	NS25	
NSQ	NS26	
NSQ	NS27	
NSQ	NS30	
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	

NSQ	NS34	
NSQ	NS35	
NSQ	NS36	
NSQ	NS37	
NSQ	NS38	
NSQ	NS38A	
NSQ	NS39	
NSQ	NS40	
NSQ	NS41	
NSQ	NS42	
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	
NSQ	NS45	
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	
NSQ	NS66	
NSQ	NS67	Who (else) paid? How much did (SOURCE) pay?
NSQ	NS67HE	
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 PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care 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 about the discount membership plan(s) you just added.
NSQ	NS69C_IN	
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	
NSQ	NS72	
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 TEXT)/copayment was (
NSQ	NSL3	Which ones are the same?
NSQ	NSL4	How many times are the same?
NSQ	NSL5	Which ones are the same?
NSQ	NSL6	How many times are the same for (EVENT)?
NSQ	NS81	
NXQ	NX3 - ORIG	
NXQ	NXINTRO1	EVENT: XXXXXXXXXX [Now that we're done with (your/SP's) statements from (Medicare) (and) (,) (insurance) (and) (, and) (TRICARE), we would like to talk about the costs for the (medical visits/lab services) (and) (medicines) for which (you/SP) did not hav
NXQ	NX1	EVENT: XXXXXXXXXXXXXXXXXXXXXXXX As far as you know, is anything expected in the mail from Medicare (or insurance/, insurance, or TRICARE) about [this visit/these visits/this stay/the (ITEM)/the charge for the (ITEM) rented (with the option to buy) for the pe
NXQ	NX1AA	EVENT: XXXXXXXXXXXXXXXXXXXXXXXX REMINDER: "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT. IF YOU HAVE ENTERED THIS CODE IN ERROR, CTRL/B AND ENTER THE CORRECT CODE AT NS1. OTHERWISE, EXPLAIN WHY YOU SELECTED "EVENT ENTERED IN ERR
NXQ	NX1A	EVENT: XXXXX (Have you/Has SP) received a statement for the (READ EVENT ABOVE)?

NXQ	NX2A	<p>EVENT: (RENTAL ITEM) (RENTAL REFERENCE DATES)</p> <p>TOTAL CHARGE = (TOTAL CHARGE)</p> <p>How many months are covered by the charge for the period of time [since (PREV. INT. DATE)/between [(PREV. INT. DATE) and (DATE OF DEATH OR INSTITUTIONALIZATION)]]?</p> <p>[ENTER 96</p>
NXQ	NX2B	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>What was the copayment amount for the [READ EVENT ABOVE]?</p> <p>[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 o</p>
NXQ	NX3A	<p>(For) How many of the (NUMBER) [visits to (PROVIDER)/visits to the OPD at (PROVIDER) during the month of (MONTH)/lab services provided by (PROVIDER) during the month of (MONTH)] [were covered by the (TOTAL CHARGE)/was there no charge/were covered by the (</p>
NXQ	NX4	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>INTERVIEWER: DOES [ACTUAL AMOUNT FROM NS2/THE TOTAL CHARGE/THIS] COVER THIS (EVENT/ITEM/MEDICINE) ONLY OR DOES IT INCLUDE OTHER EVENTS/ITEMS/MEDICINES?</p>
NXQ	NX5	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXXXXXX</p> <p>What else was included?</p> <p>[CODE ALL THAT APPLY.] [PRESS CTRL/L TO LEAVE SCREEN.]</p>
NXQ	NX6	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXXXXXX</p> <p>Which medical providers are included?</p> <p>[ENTER ALL PROVIDERS]</p>

NXQ	NX7	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXX</p> <p>PROVIDER: XXXXXXXXXXXXXXXXXXXX</p> <p>Please tell me all the dates that are included. [SELECT, CORRECT, ADD DATES INCLUDED IN THE TOTAL CHARGE.]</p> <p>TYPE: 1=SEPARATELY BILLING LAB (SL) 2=SEPARATELY BILLING D</p>
NXQ	NX7A	<p>WHICH REFERENCE PERIOD IS THIS HOME HEALTH EVENT FOR?</p> <p>[ST10a]</p> <p>(REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)</p> <p>(PREVIOUS INT. REF. DATE - PREVIOUS INT. DATE) (PREVIOUS ROUND) 2</p> <p>(PREVIOUS INT. DATE - TODAY) (CURRENT ROUND)</p>
NXQ	NX8	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXX</p> <p>PROVIDER: XXXXXXXXXXXXXXXXXXXX</p> <p>ARE ALL OF THE PROVIDER EVENTS SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?</p> <p>PROVIDER(S):</p> <p>NAMETYPE DATE [TO DATE] (ORP)(XX VISITS)</p> <p>NAMETYPE DATE [TO DATE] (ORP)</p>
NXQ	NX9	<p>Before we continue, I would like to ask you a few questions about the visit(s) I just added.</p> <p>[PRESS ENTER TO CONTINUE.]</p>
NXQ	NX9A	<p>INTERVIEWER: IS (PROVIDER) THE NAME OF AN ORGANIZATION OR THE NAME OF A PERSON?</p> <p>[ST12a]</p>
NXQ	NX10	<p>What kind of medical person is (PROVIDER)?BOX NS7</p>

NXQ	NX11	Is [(PROVIDER) associated with/(PROVIDER)] a Department of Veterans Affairs, or VA, facility? [PROVVA, FACLVA]
NXQ	NX12	Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan? [HMOPLAN]
NXQ	NX13	(Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [HMOREFD]
NXQ	NX13A	[HMONO]
NXQ	NX14	.EVENT: XXXXXXXXXXXXXXXXXXXX TOTAL CHARGE: XXXXXXXXXXXX Please tell me all the items that are included. [SELECT, CORRECT, OR ADD OTHER MEDICAL EXPENSES THAT ARE INCLUDED IN THE TOTAL CHARGE.] ITEM: 1=GLASSES/CONTACTS 2=HEARING/SPEECH DEVICE 3=ORTH
NXQ	NX14AA	EVENT: XXXXXXXXXXXXXXXXXXXX Did (you/SP) buy or repair the (ITEM ADDED AT NS14), or did (you/SP) rent (it/them)?
NXQ	NX14BB	ORIGINAL RENTAL EVENT(S) ITEM/TYPE: (XXXXXXX) START DATE: (XX/XX/XX) STOP DATE: (XX/XX/XX) ITEM/TYPE: (XXXXXXX) START DATE: (XX/XX/XX) STOP DATE: (XX/XX/XX) ITEM/TYPE: (XXXXXXX) START DATE: (XX/XX/XX) STOP DATE: (
NXQ	NX14CC	USE CTRL/B TO RETURN TO THE OME ROSTER. AT THE ROSTER, DELETE THE RENTAL ITEM THAT YOU JUST ADDED AND SELECT THE ORIGINAL RENTAL ITEM. [PRESS CTRL/B TO LEAVE THE SCREEN.]

NXQ	NX14A	<p>EVENT: (RENTAL ITEM) (RENTAL BEGIN DATE) – (LAST RENTAL DATE)</p> <p>TOTAL CHARGE = \$(TOTAL CHARGE)</p> <p>How many months are covered by this total charge?</p> <p>[ENTER 96 IF LESS THAN ONE MONTH.]</p>
NXQ	NX15	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXXX</p> <p>ARE ALL OF THE OTHER MEDICAL EXPENSE ITEMS SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?</p> <p>OTHER MEDICAL EXPENSES:</p> <p>ITEMDATE [to (DATE/RR/OW)] (ORP) OR NUMBER OF PURCHASES</p> <p>PROVIDER(S):</p> <p>NAMETYPED</p>
NXQ	NX16	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXXX</p> <p>Please tell me all the medicines that are included. [SELECT, CORRECT, ADD PRESCRIPTION MEDICINES INCLUDED IN THE TOTAL CHARGE.]</p>
NXQ	NX17	<p>EVENT: XXXXXXXXXXXXXXXXXXXX</p> <p>TOTAL CHARGE: XXXXXXXXXXXXX</p> <p>ARE ALL OF THE PRESCRIBED MEDICINES SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?</p> <p>PRESCRIBED MEDICINES:</p> <p>NAMENUMBER OF PURCHASES</p> <p>PROVIDER(S):</p> <p>NAMETYPE DATE [TO DATE] (ORP)(XX VISITS)</p> <p>OTHER M</p>

NXQ	NX17AA	<p>SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX</p> <p>Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?</p>
NXQ	NX17A	<p>SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX</p> <p>Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BE</p>
NXQ	NX18	<p>Before we continue, 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).]</p> <p>[PRESS ENTER TO CONT</p>
NXQ	NX19	<p>EVENT:XXXXXXXXXXXXXXXXXXXXX</p> <p>(Have you/Has SP) or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] already paid any of [this (TOTAL CHARGE/AMOUNT FROM NS2)/the total charge/the charge/this (AMOUNT FROM NS2b)/the copaym</p>
NXQ	NX20	<p>.EVENT: XXXXX</p> <p>[Who covered this (EVENT)? [SELECT OR ADD ALL SOURCES OF COVERAGE. ENTER SHIFT/8 FOR AMOUNTS.]/Who (else) paid? How much did (SOURCE) pay? [ENTER ALL SOURCES.]</p> <p>TO SELECT A SOURCE, USE ARROW KEYS, PRESS X, PRESS ENTER.</p> <p>TO ADD A SOUR</p>
NXQ	NX21	<p>[What type of health insurance plan is (SOP NAME)?]</p>
NXQ	NX22	<p>TOTAL CHARGE:\$ XXXXXXXXXX.XX</p> <p>SOP 1:\$ XXXXXXXXXX.XX</p> <p>SOP 2: \$ XXXXXXXXXX.XX</p> <p>TOTAL PAYMENTS:\$ XXXXXXXXXX.XX</p> <p>AMOUNT UNPAID:\$ XXXXXXXXXX.XX</p> <p>There seems to be some amount still unpaid. [REVIEW WITH RESPONDENT.] Is that correct?</p>

NXQ	NX23	<p>TOTAL CHARGE:\$ XXXXXXXXXX.XX</p> <p>SOP 1:\$ XXXXXXXXXX.XX</p> <p>SOP 2: \$ XXXXXXXXXX.XX</p> <p>TOTAL PAYMENTS:\$ XXXXXXXXXX.XX</p> <p>AMOUNT OVERPAID:\$ XXXXXXXXXX.XX</p> <p>There seem to be more payments than the total charge. [REVIEW WITH RESPONDENT.] Is that correct?</p>
NXQ	NX23A	<p>TOTAL CHARGE:\$ XXXXXXXXXX.XX</p> <p>SOP 1:\$ XXXXXXXXXX.XX</p> <p>SOP 2: \$ XXXXXXXXXX.XX</p> <p>INTERVIEWER: THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE TOTAL CHARGE, WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.</p>
NXQ	NX22A	<p>TOTAL CHARGE:\$ XXXXXXXXXX.XX</p> <p>[NS22OV]SOP 1:\$ XXXXXXXXXX.XX</p> <p>[NS23OV]SOP 2: \$ XXXXXXXXXX.XX</p> <p>[NS23AOV](TOTAL PAYMENTS:\$ XXXXXXXXXX.XX)</p> <p>[AMOUNT (UNPAID/OVERPAID):\$ XXXXXXXXXX.XX]</p> <p>INTERVIEWER: USE CTRL/K TO EXPLAIN WHY THE TOTAL CHARGE SEEMS INCORRECT.</p>
NXQ	NX24	<p>CORRECT PAYMENT AMOUNTS. ADD SOURCES AS NECESSARY.</p> <p>USE ARROW KEYS. CTRL/A TO ADD A SOURCE. ARROW TO THE SELECT COLUMN AND ENTER X TO CORRECT SOURCE NAME OR ADD AMOUNT. TO ERASE AN "X," PRESS SPACE BAR. ESC TO LEAVE SCREEN.</p> <p>TOTAL CHARGE:\$ XXXXXXXXXX</p>
NXQ	NX25	<p>I have recorded that (you have/SP has) paid (SP/FAMILY PAYMENT AMOUNT). Do you expect any source to pay (you/SP) or (your/his/her) family back any or all of that amount?</p>

NXQ	NX26	<p>EVENT:XXXXX</p> <p>TOTAL CHARGE:\$ XXX.XX [\$(AMOUNT) (per visit/per purchase)]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>You told me earlier that (you/SP) had other (EVENT) (purchases). Are any other (EVENT) (purchases) the same –</p>
NXQ	NX26A	<p>EVENT:XXXXX</p> <p>COPAYMENT:\$ XXX.XX [\$(AMOUNT) per visit]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>[OTHER PROVIDER NAMES]</p> <p>You told me earlier that (you/SP) had other visits to [(PROVIDER)/providers such as [READ PROVIDER NAMES</p>
NXQ	NX26B	<p>EVENT:XXXXX</p> <p>COPAYMENT:\$ XXX.XX [\$(AMOUNT) per visit]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>USE ARROW KEYS. PRESS X TO SELECT EVENT. ESC TO LEAVE SCREEN.</p> <p>Which one(s) (is/are) the same?(How many times are the same?)</p>
NXQ	NX27	<p>EVENT:XXXXX</p> <p>TOTAL CHARGE:\$ XXX.XX [\$(AMOUNT) (per visit/per purchase)]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>USE ARROW KEYS. PRESS X TO SELECT EVENT. ESC TO LEAVE SCREEN.</p> <p>Which one(s) (is/are) the same?(How many times</p>

NXQ	NX27A	<p>EVENT:XXXXX</p> <p>COPAYMENT:\$ XXX.XX [\$(AMOUNT) per purchase]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>You told me earlier that (you/SP) had purchased other prescribed medicines through a managed care plan. Was the payment situa</p>
NXQ	NX27B	<p>EVENT:XXXXX</p> <p>COPAYMENT:\$ XXX.XX [\$(AMOUNT) per purchase]</p> <p>SP/FAMILY PAID:\$ XXX.XX</p> <p>[OTHER SOPS:(SOURCE OF PAYMENT)]</p> <p>USE ARROW KEYS. PRESS X TO SELECT EVENT. ESC TO LEAVE SCREEN.</p> <p>Which one(s) (is/are) the same?How many times are the same?</p>
NXQ	NXEND	<p>YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED. DO YOU HAVE ANY MEDICARE (OR INSURANCE/, INSURANCE, OR TRICARE) STATEMENTS THAT YOU HAVE NOT YET ENTERED?</p>
NXQ	NX28	<p>THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACKUP.</p> <p>[NOBACKUP]</p> <p>IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.</p> <p>OTHERWISE, PRESS ENTER TO CONTINUE.</p>
OMQ	OM1	<p>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)).</p> <p>[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE</p>
OMQ	OM2	<p>When did [you/(SP)] buy or repair glasses or contact lenses?</p> <p>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)].</p>
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
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
OMQ	OM4	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
OMQ	OMS5INT R	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?
OMQ	OM5	(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) orthope
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	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 (O
OMQ	OM7A	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)?
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	
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
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	[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
OMQ	OM10	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 equi
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	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

OMQ	OM13	[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 arti
OMQ	OM14	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
OMQ	OMS19INT R	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?
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 oxyge
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	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 INSTITUT
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
OMQ	OM20A	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?

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	
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 pl
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	OMS21INT R	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?
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 sup
OMQ	OM21A	What was that?
OMQ	OM21B	Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it?
OMQ	OM22	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 IN
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 (K
OMQ	OM22A	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?
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	
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 pl
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	OMS23INT R	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?
OMQ	OM23	[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
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	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)?
OMQ	OM26	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 repair
OMQ	OM26A	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?

OMQ	OM26BBVB	
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) a
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	OMS28INTER	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)]?
OMQ	OM28	[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 so
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)]?
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)?
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?

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)].
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 ski
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?
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
OPQ	OP12	Please tell me the names of these medicines.
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?
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. Y
PAQ	PA1	Please tell me how confident you are that you can identify when it is necessary for you to get medical care.
PAQ	PA2	[How confident are you that you can...] Identify when you are having side effects from your medications?
PAQ	PA3	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	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	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	How likely are you to tell your doctor when you disagree with him or her?

PAQ	PA9	<p>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:</p> <p>Do you always, usually, sometimes, or never read about health conditions in newspaper</p>
PAQ	PA10	<p>[Do you always, usually, sometimes, or never...]</p> <p>Read information about a new prescription, such as side effects and precautions?</p>
PAQ	PA11	<p>[Do you always, usually, sometimes, or never...]</p> <p>Bring with you to your doctor visits a list of questions or concerns you want to cover?</p>
PAQ	PA12	<p>[Do you always, usually, sometimes, or never...]</p> <p>Leave your doctor's office feeling that all of your concerns or questions have been fully answered?</p>
PAQ	PA13	<p>[Do you always, usually, sometimes, or never...]</p> <p>Take a list of all of your prescribed medicines to your doctor visits?</p>
PAQ	PA14	<p>[Do you always, usually, sometimes, or never...]</p> <p>Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?</p>
PAQ	PA15	<p>[Do you always, usually, sometimes, or never...]</p> <p>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?</p>
PAQ	PA16	<p>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.</p> <p>My doctor listens to what I have to say about my symptoms and concerns.</p>
PAQ	PA20	<p>My doctor explains things to me in terms that I can easily understand. Does that always, usually, sometimes, or never happen?</p>
PAQ	PA21	<p>I can call my doctor's office to get medical advice when I need it. Does that always, usually, sometimes, or never happen?</p>
PER	PersonRoster	
PLN	PlanRoster	

PMQ	PMINTRO A	<p>[Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE).]</p> <p>(While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.])</p> <p>(Now I'd like to talk about prescribed medicines.)</p>
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?
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
PMQ	PM2	What is the name of the medicine?
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
PMQ	PM4	What is the name of the medicine?
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) 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
PMQ	PM6	What is the name of the medicine?
PMQ	PM6A	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP)) obtain (MEDICINE NAME)]?
PMQ	PM6AB	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
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.?

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 p
PMQ	PMINTRO B	(Now) I need to ask you a few (more) questions about the (MEDICINE NAME).
PMQ	PM8	Do you have the medicine bottle, container, or bag available?
PMQ	PM8AA	At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM) . The strength of [each pill/each suppository/each patch/the (STRENGTH MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) [The amou
PMQ	PM8A	(I would like to record what is different about this medicine.) 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?
PMQ	PMINTRO C	
PMQ	PM9	
PMQ	PM9A	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?
PMQ	PM10	
PMQ	PM10B	
PMQ	PM11	
PMQ	PM12	
PMQ	PM13	How many (pills/suppositories) (do/did/does) [you/(SP)] usually take in a day?
PMQ	PM14	
PMQ	PM15A	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	
PMQ	PM16A1	Since (REFERENCE DATE), how often did [you/(SP)] decide not to fill or refill (MEDICINE) because it cost too much?
PMQ	PM16A	Since (REFERENCE DATE), how often did [you/(SP)] delay filling or refilling a prescription for (MEDICINE NAME) because it cost too much?

PMQ	PM16B	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/h
PMQ	PM16C	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
PMQ	PM17	[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?]
PMR	PMRoster	
PMR	PMRoster	
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
PMS	PMSINTRB	
PMS	PMS2	What is the name of the medicine that needs to be added?
PMS	PMS3	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?
PMS	PMS6A	How many times between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [you/(SP)] obtain (MEDICINE NAME)?
PMS	PMS6A_IN	
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 p
PMS	PMSINTB1	Now I need to ask you a few questions about the (MEDICINE NAME).
PMS	PMS8	Do you have the medicine bottle, container, or bag available?
PMS	PMSINTRC	
PMS	PMS9	
PMS	PMS10	
PMS	PMS10B	
PMS	PMS11	
PMS	PMS12	

PMS	PMS13	How many (pills/suppositories) did [you/(SP)] usually take in a day?
PMS	PMS14	
PMS	PMS16	
PRH	HHProvRoster	
PRV	ProviderRoster	
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)?
PSQ	PS2	[Do you/Does (SP)] expect any more rental or installment payments to be made for the (OME ITEM TYPE)?
ROS	ROS1	
RXQ	RX1	Do you help (SP) make decisions regarding (his/her) health insurance coverage?
RXQ	RXPD2	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
RXQ	RXPD3	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
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]
RXQ	RXPD9	([You/(SP)] currently (have/has) drug coverage through (CURRENT MEDICARE MANAGED CARE 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
RXQ	RXPD10	Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [your/(SP's)] (CURRENT MEDICARE MANAGED CARE 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

RXQ	RXPD12	<p>[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?</p> <p>[[EXPLAIN IF NECESSARY: Some people with Medicare were automatically enrolled</p>
RXQ	RXPD14	<p>Before today, did you know that people who are automatically enrolled by Medicare in a Medicare Prescription Drug plan can switch plans at any time without a penalty?</p>
RXQ	RXPD15	<p>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?</p>
RXQ	RXPD18	<p>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.</p> <p>At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT M</p>
RXQ	RXPD18A	<p>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?</p> <p>[READ ITEMS BELOW IF NECESSARY.]</p>
RXQ	RXPD18B	<p>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".</p> <p>[Are you/Is (</p>
RXQ	RXPD20	<p>Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?</p>
RXQ	RXPD21	<p>Was [your/(SP's)] application for extra help accepted or denied?</p>
RXQ	RXINTRO	<p>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)].</p>
RXQ	RXPD23A	<p>At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], how satisfied were you with the information that you had to make that decision?</p>
RXQ	RX2	<p>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...</p>
RXQ	RX3	<p>[Have you/Has (SP)] used (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage when purchasing medicines since January 1 of this year?</p>
RXQ	RX4	<p>Compared to last year, is the cost of the monthly premium for [your/(SP's)] drug coverage more, less, or the same?</p>

RXQ	RX5	Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same compare
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 MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH R
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 MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRI
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 MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PL
RXQ	RX16	Does the [(CURRENT MEDICARE MANAGED CARE 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	Overall, how satisfied are you with [your/(SP's)] drug plan through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)]?
RXQ	RX18	Why [haven't you/hasn't (SP)] used (your/his/her) [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)?
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?
SCQ	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 qu
SCQ	SC2	[Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends.
SCQ	SC3	[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	[Please tell me how satisfied you have been with . . .] The out-of-pocket costs [you/(SP)] paid for health care.
SCQ	SC5	[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	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The follow-up care [you/(SP)] received after an initial treatment or operation.</p>
SCQ	SC7	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The concern of doctors for [your/(SP's)] overall health rather than just for an isolated symptom or disease.</p>
SCQ	SC8	<p>[Please tell me how satisfied you have been with . . .]</p> <p>Getting all [your/(SP's)] health care needs taken care of at the same location.</p>
SCQ	SC8A	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.</p>
SCQ	SC8B	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.</p>
SCQ	SC8C	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.</p>
SCQ	SC8D	<p>[Please tell me how satisfied you have been with . . .]</p> <p>[Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.</p> <p>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug co</p>
SCQ	SC8E	<p>[Please tell me how satisfied you have been with . . .]</p> <p>The ease of finding a pharmacy which accepts your prescription drug plan.</p> <p>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]</p>
SCQ	SC8F	<p>Would [you/(SP)] recommend (your/his/her) prescription drug plan to other people like (you/him/her)?</p> <p>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]</p>
SCQ	SC8G	<p>[[You receive/(SP) receives] (your/his/her) prescription drug coverage through a (Medicare Prescription Drug Plan/Medicare Advantage plan)./Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also</p>

SCQ	SC8I	Does [you/(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 during which there is a re
SCQ	SC8L	[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 during which there is a reduction in
SCQ	SC8M	How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?
SCQ	SC8N	[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]
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?
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
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?
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 o

SCQ	SC13A	<p>This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition.</p> <p>Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]?</p> <p>(CONDITION 1 F</p>
SCQ	SC14A	<p>Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)?</p> <p>[READ REASONS BELOW IF NECESSARY.]</p> <p>(CONDITION 1 FROM SC12AA)</p> <p>(CONDITION 2 FROM SC12AA)</p> <p>(CONDITION 3 FROM SC12AA)</p>
SCQ	SC15	<p>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.</p>
SCQ	SC16	<p>What were the names of those medicines?</p>
SCQ	SC17INTR	<p>This card lists some reasons people have given for not having prescriptions filled or refilled.</p>
SCQ	SC17A	<p>Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?</p> <p>[MEDICINE 1 FROM SC16]</p> <p>[MEDICINE 2 FROM SC16]</p> <p>[MEDICINE 3 FROM SC16]</p> <p>[MEDICINE 4 FROM SC16]</p> <p>[MEDICINE 5 FROM SC16]</p> <p>[PROBE: Any other reason?]</p>
SCQ	SC18A	<p>Which of these was the main reason [you/(SP)] did not obtain (this medicine/these medicines) during (CURRENT YEAR)?</p> <p>[READ REASONS BELOW IF NECESSARY.]</p> <p>[MEDICINE 1 FROM SC16]</p> <p>[MEDICINE 2 FROM SC16]</p> <p>[MEDICINE 3 FROM SC16]</p> <p>[MEDICINE 4 FROM SC16]</p> <p>[MEDICINE</p>
SCQ	SC20	<p>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...</p>
SCQ	SC21	<p>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...</p>
SCQ	SC22	<p>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...</p>

SCQ	SC23	Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical insurance copayment. For example, the discounted price may be \$4 to fill a one-month prescription. Please tell me how often during (CURRENT YEAR) [
SOP	SOPRoster	
STA	STEvent	
STB	STEventEdit	
STC	STOMEdit	
STE	STCharge	
STQ	ST1	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 TRI
STQ	ST2	[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
STQ	ST3	
STQ	ST4	
STQ	ST5	
STQ	ST5A	
STQ	ST7	
STQ	ST8	
STQ	ST9	FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER) SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER)
STQ	ST10	
STQ	ST11	
STQ	ST11B	
STQ	ST12	
STQ	ST13	
STQ	ST14	
STQ	ST15	
STQ	ST16	
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)?
STQ	ST19	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility?
STQ	ST20	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
STQ	ST21	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED 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	
STQ	ST24A	
STQ	ST25	
STQ	ST26	
STQ	ST27	
STQ	ST28	
STQ	ST30	
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.
STQ	ST32	
STQ	ST34	
STQ	ST35	
STQ	ST36	
STQ	ST37	
STQ	ST38	
STQ	ST38A	
STQ	ST39	
STQ	ST40	
STQ	ST41	
STQ	ST42	
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	
STQ	ST45	
STQ	ST46	
STQ	ST47	
STQ	ST47A	
STQ	ST48	
STQ	ST49	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	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)

STQ	ST51	
STQ	ST52	
STQ	ST53	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	AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT) MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED)
STQ	ST55	
STQ	ST56	
STQ	ST57	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	BENEFITS DAYS USED: (DAYS USED) NON-COVERED CHARGES: (NON COVERED CHARGES) DEDUCTIBLE AND COINSURANCE: (COINSURANCE) YOU MAY BE BILLED: (MAY BE BILLED)
STQ	ST59	
STQ	ST60	
STQ	ST61	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	AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) NON-COVERED CHARGES: (NON COVERED CHARGES) DEDUCTIBLE AND COINSURANCE: (COINSURANCE) YOU MAY BE BILLED: (MAY BE BILLED)
STQ	ST63	
STQ	ST64	[The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [[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 t
STQ	ST65	
STQ	ST66	
STQ	ST67	Who (else) paid besides Medicare? How much did (SOURCE) pay?
STQ	ST67HE	
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?
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 PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care 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 about the discount membership plan(s) you just added.
STQ	ST69C_IN	
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 c
STQ	ST71	
STQ	ST72	
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?
STQ	ST74	
STQ	ST75	
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 wil be paid?
STQ	ST81	
STQ	ST82	
UPD	UPD1	YOU HAVE ENTERED ID NUMBER (ID NUMBER) FOR (SP). IS THIS THE CORRECT CASE?

UPD	UPD1A	<p>SP'S NAME: (SP NAME)</p> <p>SP'S ADDRESS: (SP ADDRESS)</p> <p>SP'S PHONE 1: (SP'S FIRST PHONE NUMBER)</p> <p>SP'S PHONE 2: (SP'S SECOND PHONE NUMBER)</p> <p>PROXY'S NAME: (PROXY NAME/NO PROXY PREVIOUS INTERVIEW)</p> <p>RELATIONSHIP TO SP: (RELATIONSHIP TO SP)</p> <p>PROXY'S ADDRESS:</p>
UPD	UPD2	DO YOU WANT TO CHANGE ANY NAME OR ADDRESS INFORMATION ABOUT THE SP OR THE PROXY?
UPD	UPD2A	DO YOU WANT TO CHANGE THE INFORMATION ABOUT THE SAMPLE PERSON, THE PROXY, OR BOTH?
UPD	UPD3	<p>[MAKE ANY NECESSARY CORRECTIONS TO SP INFORMATION.]</p> <p>[PRESS ENTER FOR FIELDS WITH NO CORRECTIONS.]</p> <p>[ENTER "999" IN AREA CODE(S) IF SP DOES NOT HAVE A PHONE.]</p> <p>[ENTER "XXX" FOR STREET ADDRESS TO ERASE PREVIOUS ENTRY ON SECOND LINE.]</p> <p>STADDR1STATEZIPCODE</p>
UPD	UPD3A	WAS CHANGE MADE TO SP'S ADDRESS BECAUSE SP MOVED?
UPD	UPD4A	<p>[SELECT OR ADD THE NAME/RELATIONSHIP OF THE PROXY TO THE SP FOR THIS INTERVIEW.]</p> <p>[ENTER ONLY ONE.]</p> <p>ROSTFNAMTO SELECT A PERSON, USE ARROW KEYS, PRESS X, PRESS ENTER.</p> <p>ROSTLNAMTO ERASE AN X, PRESS SPACE BAR.</p> <p>ROSTRELTO ADD A PERSON, PRESS CTRL/A.</p> <p>TO LEAV</p>

UPD	UPD5	DO YOU WANT TO CORRECT ANY OF THE FOLLOWING INFORMATION ABOUT THE PROXY?
UPD	UPD6	[MAKE ANY NECESSARY CORRECTIONS.] [PRESS ENTER FOR FIELDS WITH NO CHANGES.]
UPD	UPD7	DOES (PROXY) LIVE AT THE SAME ADDRESS AS (SP)?
UPD	UPD8	WHAT IS (PROXY'S) ADDRESS AND PHONE NUMBER? [ENTER "999" IN AREA CODE(S) IF PROXY DOES NOT HAVE A PHONE.] STADDR1STATEZIPCODE STADDR2PHONEXCHPHONLOCL CITYPHONEX2PHONLO2
UPD	UPD9	DO YOU WANT TO CHANGE ANY ADDRESS OR PHONE INFORMATION FOR THE PROXY?
UPD	UPD10	[MAKE ANY NECESSARY CORRECTIONS.] [PRESS ENTER FOR FIELDS WITH NO CORRECTIONS.] [ENTER "999" IN AREA CODE(S) IF PROXY DOES NOT HAVE A PHONE.] [ENTER "XXX" FOR STREET ADDRESS TO ERASE PREVIOUS ENTRY ON SECOND LINE.] STADDR1STATEZIPCODE STADDR2PHONEXCH
UPD	UPD11	NAME/ADDRESS UPDATE SESSION IS COMPLETE. [FINSRU] [PRESS ENTER TO CONTINUE.]
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?
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 or HMO center, a clinic, a doctor's office, a hospital, or some other place? IF CLINIC, ASK: Is

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/managed care plan or HMO center/(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/managed care plan or HMO center/(US2 RESPONSE)] ?
USQ	US5A	What is the complete name of that doctor?
USQ	US6A	What is (US5A PROVIDER NAME'S) specialty?
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,
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)]?
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?
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?]
USQ	US15	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	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, disag
USQ	US32	[Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).]
USQ	US37	[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)]:
UTS	UTS1	The last time we were here, we asked for information about medical visits and medical items [you/(SP)] had between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).

UTS	UTS2	Please briefly review these calendar pages. There is a symbol on the calendar for any day of the month that [you/(SP)] had a medical visit or medical item. Printed at the bottom of each page are the dates and names of any medical providers that [you/(SP
UTS	UTS3	
UTS	UTS4	
UTS	UTS5	
UTS	UTS6	
UTS	UTS8	
UTS	UTS9	
UTS	UTS10	
UTS	UTS11	
UTT	UTST1	The last time we were here, we asked for information about medical visits and medical items [you/(SP)] had between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).
UTT	UTST2	Please briefly review these calendar pages. There is a symbol on the calendar for any day of the month that [you/(SP)] had a medical visit or medical item. Printed at the bottom of each page are the dates and names of any medical providers that [you/(SP
UTT	UTST3	
UTT	UTST4	
UTT	UTST5	