

Introduction (INQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|--|-----------------|------------|--|
| | BOX IN1 | routing | GO TO INV1 - CARIVER. | | | | |
| CARIVER | INV1 | code one | (THIS IS AN EXIT INTERVIEW: SELECT "RESPONDENT DOES NOT WANT TO BE RECORDED" WITHOUT READING SCREEN.) Some of this interview will be recorded for quality control purposes. I'd like to continue now, unless you have any questions. [INTERVIEWS COMPLETED BY TELEPHONE CANNOT BE RECORDED.] | (01) RESPONDENT AGREES TO CONTINUE WITH RECORDING (02) RESPONDENT DOES NOT WANT TO BE RECORDED | | | (01) IN1AA - ATDOOR (02) INV2 - NOCARI |
| NOCARI | INV2 | no entry | That's fine. The interview will not be recorded. | | | | IN1AA - ATDOOR |
| ATDOOR | IN1AA | no entry | REVIEW WITH THE RESPONDENT THE FOLLOWING IMPORTANT FACTS FROM THE "AT-THE-DOOR" SHEET: All survey information will be kept in strict confidence under the laws prescribed by the Privacy Act of 1974. Medicare benefits will not be affected in any way by survey responses or participation. REFER TO THE "AT-THE-DOOR" SHEET IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE. | | | | IN2 - VERIFYSP |
| VERIFYSP | IN2 | yes/no | VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE? FIRST NAME: (SP'S FIRST NAME) MIDDLE INITIAL: (SP'S MIDDLE INITIAL) LAST NAME: (SP'S LAST NAME) | (01) YES (02) NO | | | (01) BOX IN1A (02) IN3 - ROSTFNAM |
| ROSTFNAM | IN3 | text | MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME. | | | | IN3 - ROSTMINI |
| ROSTMINI | IN3 | text | MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME. | | | | IN3 - ROSTLNAM |
| ROSTLNAM | IN3 | text | MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME. | | | | BOX IN1A |
| SPAISTATUS | INS1 | code one | IS THE SP CURRENTLY: | (01) ALIVE AND NOT INSTITUTIONALIZED (02) ALIVE AND INSTITUTIONALIZED (03) DECEASED - DIED IN COMMUNITY (04) DECEASED - DIED IN INSTITUTION | | | (01) BOX INS1 (02) INS2 - SPINSTMM (03) INS3 - SPDIEMM (04) INS2 - SPINSTMM |
| SPINSTMM | INS2 | date | What was the first date since [REFERENCE DATE] that [SP] entered the facility? [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that an SP enters any facility and does not enter a hospital or return home.] | (01) continuous answer (-8) Don't Know (-9) Refused | | MM | IN2 - SPINSTDD |
| SPINSTDD | INS2 | date | What was the first date since [REFERENCE DATE] that [SP] entered the facility? [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that an SP enters any facility and does not enter a hospital or return home.] | (01) continuous answer (-8) Don't Know (-9) Refused | | DD | SPINSTYY |
| SPINSTYY | INS2 | date | What was the first date since (REFERENCE DATE) that (SP) entered the facility? [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that an SP enters any facility and does not enter a hospital or return home.] | (01) continuous answer | | YYYY | BOX INSA |

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|--------------|--------------------|---------------------|---|---|--|------|---|
| SPDIEMM | INS3 | date | On what date did (SP) die? | (01) continuous answer (-8) Don't Know (-9) Refused | | MM | (01) INS3 - SPDIEDD (-8) INS3 - SPDIEDD (-9) INS3 - SPDIEDD |
| SPDIEDD | INS3 | date | On what date did (SP) die? | (01) continuous answer (-8) Don't Know (-9) Refused | | DD | (01) INS3 - SPDIEYY (-8) INS3 - SPDIEYY (-9) INS3 - SPDIEYY |
| SPDIEYY | INS3 | date | On what date did (SP) die? | (01) continuous answer (-8) Don't Know (-9) Refused | | YYYY | (01) BOX INSA1 (-8) BOX INSA1 (-9) BOX INSA1 |
| INSTDATE | INS3A1 | no entry | YOU HAVE ENTERED THAT THE SP, (SP), WAS INSTITUTIONALIZED BEFORE JANUARY 1ST OF THIS YEAR. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND ENTER THE CORRECT DATE AT INS2. IF THIS IS CORRECT, YOU WILL NOT BE CONDUCTING THE COMMUNITY INTERVIEW WITH THE RESPONDENT. THIS CASE WILL BE CODED A 14 ON THE RECORD OF CALLS. DISCUSS THE CASE WITH YOUR SUPERVISOR. AFTER CLICKING "NEXT PAGE", YOU WILL RETURN TO CM-FIELD. | | | | INS3B - INTHANK |
| INTHANK | INS3B BOX INSB1 | no entry routing | 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. GO TO END1 - INTLANG. | | | | BOX INSB1 END1 - INTLANG. |
| | BOX INS1 | routing | IF SP IS DECEASED OR INSTITUTIONALIZED, SET RESPONDENT TO PROXY AND GO TO IN4A - PERSON_PROXY. ELSE GO TO IN4 - SPPROXY. | | | | |
| SPPROXY | IN4 | code one | WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY? | (01) SAMPLE PERSON (02) PROXY | | | (01) BOX INS2A (02) IN4A - PERSON_PROXY |
| | BOX INS2A | routing | IF SP IS IN THE EXIT SAMPLE, GO TO BOX INS4A. ELSE GO TO BOX INS5. | | | | |
| PERSON_PROXY | IN4A | roster | SELECT OR ADD THE NAME/RELATIONSHIP OF THE PROXY TO THE SP FOR THIS INTERVIEW. SELECT OR ADD ONLY ONE PERSON. | | | | BOX INS2AA |
| | BOX INS2AA | routing | IF PERSON IS ADDED AT IN4A, GO TO BOX INS2A-1. ELSE GO TO IN5 - VRFYPROX. | | | | |
| VRFYPROX | IN5 | yes/no | I would like to verify your name and relationship to (SP). I have you listed as [READ NAME AND RELATIONSHIP LISTED BELOW]. Is that correct? FIRST NAME: (PROXY'S FIRST NAME) LAST NAME: (PROXY'S LAST NAME) RELATIONSHIP: (PROXY'S RELATIONSHIP TO SP) | (01) YES (02) NO | | | (01) BOX INS2A-1 (02) IN6 - ROSTFNAM |
| ROSTFNAM | IN6 | text | [What is your correct name and relationship to (SP)?] | (01) continuous answer | | | IN6 - ROSTLNAM |
| ROSTLNAM | IN6 | text | [What is your correct name and relationship to (SP)?] | (01) continuous answer | | | IN6 - ROSTREL |

| | | | | | | | |
|----------|-------------|---------------|---|---|--|----------|--|
| | | | | (01) SAMPLE PERSON (02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (50) PARTNER/ROOMMATE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER RELATIVE (92) OTHER NON-RELATIVE (-8) Don't Know (-9) Refused | | | (01) BOX INS2A-1 DO NOT DISPLAY (02) BOX INS2A-1 (03) BOX INS2A-1 (04) BOX INS2A-1 (05) BOX INS2A-1 (06) BOX INS2A-1 (07) BOX INS2A-1 (08) BOX INS2A-1 (09) BOX INS2A-1 (10) BOX INS2A-1 (11) BOX INS2A-1 (12) BOX INS2A-1 (13) BOX INS2A-1 (14) BOX INS2A-1 (50) BOX INS2A-1 DO NOT DISPLAY (51) BOX INS2A-1 (52) BOX INS2A-1 (53) BOX INS2A-1 (54) BOX INS2A-1 (55) BOX INS2A-1 (56) BOX INS2A-1 (57) BOX INS2A-1 (91) IN6 - ROSTREOS (92) IN6 - ROSTREOS (-8) BOX INS2A-1 (-9) BOX INS2A-1 |
| ROSTREL | IN6 | code one | [What is your correct name and relationship to (SP)?] | | | | |
| | BOX INS2A-1 | routing | IF SP IS INSTITUTIONALIZED (SPALIVE = 2), SET REASON WHY RESPONDENT IS PROXY TO "SP IS INSTITUTIONALIZED" (WHYPROXY = 07) AND GO TO BOX INS3. ELSE IF SP IS DECEASED (SPALIVE = 3), SET REASON WHY RESPONDENT IS PROXY TO "SP IS DECEASED" (WHYPROXY = 06) AND GO TO BOX INS3. ELSE GO TO IN6A - WHYPROXY. | | | | |
| | | | | (01) SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN'T SPEAK/HEAR (02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER (03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS (04) SP IN HOSPITAL (05) LANGUAGE PROBLEM (06) SP IS DECEASED (07) SP IS INSTITUTIONALIZED (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (CODE REASON WHY) (91) OTHER | | | (01) BOX INS2B (02) BOX INS2B (03) BOX INS2B (04) BOX INS2B (05) BOX INS2B (06) BOX INS2B (07) BOX INS2B (08) BOX INS2B (09) BOX INS2B (91) IN6A - PNSPOS |
| WHYPROXY | IN6A | code one | WHY IS WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT NECESSARY? CHECK ALL THAT APPLY. | | | | |
| | BOX INS2B | routing | IF RESPONSE TO IN6a - WHYPROXY ONLY INCLUDES 9/CodeReasonWhy, GO TO IN6B - PNSPVB. ELSE GO TO BOX INS3. | | | | |
| PNSPVB | IN6B | verbatim text | BRIEFLY EXPLAIN WHY PROXY MUST ANSWER QUESTIONS. | | | BOX INS3 | |
| | BOX INS3 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE AND IN6A - WHYPROXY = 6/SPisDeceased, GO TO IN6B1 - SUPPDIED. ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE AND IN6A - WHYPROXY = 7/SPisInstitute, GO TO IN6B2 - SUPPINST. ELSE IF SP IS IN THE EXIT SAMPLE AND SP IS NOT DECEASED, GO TO BOX INS4A. ELSE GO TO BOX INS5. | | | | |

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|----------|----------|----------|--|---|---|--|---|
| | BOXINS4A | routing | IF THIS IS A RESTART INTERVIEW AND CURRENT RESPONDENT IS THE SAME AS THE LAST RESPONDENT AT THE TIME OF THE BREAKOFF, GO TO BOX INS5. ELSE IF THIS IS A RESTART INTERVIEW AND CURRENT RESPONDENT IS NOT THE SAME AS THE LAST RESPONDENT AT THE TIME OF THE BREAKOFF, GO TO INS6A - EXITINFR. ELSE GO TO INS6 - EXITINFO. | | | | |
| EXITINFO | INS6 | no entry | As you know from all of the interviews that we have conducted, the Medicare Current Beneficiary Survey has been collecting data from over 100,000 beneficiaries since 1991. Data from the study have been extremely useful to many researchers who are looking at the availability and the cost of medical care for people such as [you/(SP)]. At this time, the survey is going to start interviewing some new beneficiaries and we will stop interviewing some of the people who have been with the survey for quite some time. [You are/(SP) is] one of the people that we will no longer interview. Therefore, this will be the last interview that will be conducted [with you/for (SP)]. I will not collect any new health care visit information. However, I will ask a series of income and assets questions. This will be a shorter interview, different from most of the others conducted. | | [you] respondent is the SP [SP] when respondent is proxy [You are] respondent is the SP [(SP) is] respondent is proxy [with you] respondent is the SP [for (SP)] respondent is proxy | | BOX IN8 |
| EXITINFR | INS6A | no entry | At this time, the survey is going to start interviewing some new beneficiaries and we will stop interviewing some of the people who have been with the survey for quite some time. [You are/(SP) is] one of the people that we will no longer interview. Therefore, this will be the last interview that will be conducted [with you/for (SP)]. I will not collect any new health care visit information. However, I will ask a series of income and assets questions. This will be a shorter interview, different from most of the others conducted. | | [You are] respondent is the SP [(SP) is] respondent is proxy [with you] respondent is the SP [for (SP)] respondent is proxy | | BOX INS5 |
| | BOX INS5 | routing | IF THIS IS A RESTART INTERVIEW, GO TO BOX CEBEG. ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO IN8 - CHEKBRTH. ELSE IF IT'S A FALL ROUND, GO TO BOX IN6. ELSE GO TO BOX IN8. | | | | |
| CHEKBRTH | IN8 | yes/no | I have [your/(SP's)] date of birth listed as (CMS BIRTH DATE). Is that correct? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is the SP [(SP)'s] respondent is proxy | | (01) IN10 - CHEKAGE (02) IN9 - HHDOBMM (-8) IN11 - ROSTSEX (-9) IN11 - ROSTSEX |
| HHDOBMM | IN9 | date | What is [your/(SP's)] date of birth? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is the SP [(SP)'s] respondent is proxy | | IN9 - HHDOBDD |
| HHDOBDD | IN9 | date | What is [your/(SP's)] date of birth? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is the SP [(SP)'s] respondent is proxy | | IN9 - HHDOBY |
| HHDOBY | IN9 | date | What is [your/(SP's)] date of birth? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is the SP [(SP)'s] respondent is proxy | | BOX IN3A |
| | BOX IN3A | routing | IF SP'S DATE OF BIRTH MONTH, DAY OR YEAR COLLECTED AT IN9 = DK OR RF, GO TO IN11 - ROSTSEX. ELSE GO TO IN10 - CHEKAGE. | | | | |
| CHEKAGE | IN10 | yes/no | That makes [you/(SP)] (AGE) today. Is that correct? THE SP IS LISTED AS A (MALE/FEMALE). IF SEX IS OBVIOUS, CODE BELOW WITHOUT ASKING. IF SEX IS NOT OBVIOUS, ASK: [Are you/Is (SP)] male or female? | (01) YES (02) NO | [you] respondent is the SP [SP] when respondent is proxy | | (01) IN11 - ROSTSEX (02) IN9 - HHDOBMM |
| ROSTSEX | IN11 | code one | [Are you/Is (SP)] male or female? | (01) MALE (02) FEMALE | [Are you] respondent is SP [Is (SP)] respondent is proxy | | BOX IN4 |
| | BOX IN4 | routing | IF NOT MISSING GENDER FROM CMS FILES AND SP'S GENDER FROM CMS DOES NOT MATCH GENDER ENTERED AT IN11 - ROSTSEX, GO TO IN12 - CHNGSEX. ELSE GO TO BOX IN6. | | | | |

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| CHNGSEX | IN12 | yes/no | YOU JUST CHANGED SP'S SEX FROM (MALE/FEMALE) TO (FEMALE/MALE). DID YOU INTEND TO DO THAT? | (01) YES (02) NO | | | (01) BOX IN6 (02) IN11 - ROSTSEX |
| | BOX IN6 | routing | IF SP'S AGE IS > 16, DK OR RF, GO TO IN13 - SPMARSTA. ELSE GO TO BOX IN8. | | | | |
| SPMARSTA | IN13 | code one | [Are you/Is (SP)/Was (SP)/Is (SP) currently/Are you currently] married, widowed, divorced, separated, or never married? | (01) MARRIED (02) WIDOWED (03) DIVORCED (04) SEPARATED (05) NEVER MARRIED (-8) Don't Know (-9) Refused | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased | | BOX IN7 |
| | BOX IN7 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO IN14 - SPCHNLNM. ELSE GO TO BOX IN8. | | | | |
| SPCHNLNM | IN14 | numeric | Including natural, adopted, and stepchildren, how many living children [did (SP)/does (SP)/do you] have? | (01) continuous answer (-8) Don't Know (-9) Refused | [did (SP)] respondent is proxy, SP deceased [does (SP)] respondent is proxy, SP alive [do you] respondent is SP | | BOX IN8 |
| | BOX IN8 | routing | GO TO NEXT SECTION | | | | |

Oupatient Utilization (OPQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|--------------------|--|--|--|------------|---|
| OPPROBE | OP1 | yes/no | [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? Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL. | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you gone] respondent is SP [has (SP) gone] respondent is proxy, SP alive [did (SP) go] respondent is proxy, SP deceased | | (01) OP2 - PROVIDER_OP (02) BOX OP7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX OP7 (-9) BOX OP7 |
| PROVIDER_OP | OP2 | roster | [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] | | [you] respondent is SP [(SP)] respondent is proxy | | BOX OP1 |
| | BOX OP1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO OP3 - VAPLACE. ELSE GO TO BOX OP1B. | | | | |
| VAPLACE | OP3 | yes/no | Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX OP1B |
| | BOX OP1B | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO OP3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO OP3B - HMOREFER. ELSE GO TO OP4 - EVENT_OP | | | | |
| HMOASSOC | OP3A | yes/no | Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? [Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] | | (01) OP4 - EVENT_OP (02) OP3B - HMOREFER (-8) OP3B - HMOREFER (-9) OP3B - HMOREFER |
| HMOREFER | OP3B | yes/no | [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | | OP4 - EVENT_OP |
| EVENT_OP | OP4 | roster | When did [you/(SP)] go to an outpatient department at (HOSPITAL NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] | | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | OP4_IN - NAVIGATOR |
| NAVIGATOR | OP4_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) OP5 - ANYOPERS (02) OP15 - OPMORE |
| ANYOPERS | OP5 | yes/no | Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [any of the] refers to multiple visits [the] refers to one visit | | (01) BOX OP2A (02) OP8 - SPECCOND (-8) OP8 - SPECCOND (-9) OP8 - SPECCOND |
| SPECCOND | OP8 | yes/no | [Was this visit/Were any of these visits] to the outpatient department for any specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Was this visit] refers to one visit [Were any of these visits] refers to multiple visits | | BOX OP2A |
| | BOX OP2A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO OP10 - PRESMDCN. | | | | |
| PRESMDCN | OP10 | yes/no | During [this visit/any of these visits] to the outpatient department, were any medicines prescribed for [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [this visit] refers to one visit [any of these visits] refers to multiple visits [you] respondent is SP [SP] respondent is proxy | | (01) OP11 - PRESFILL (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3 |
| | BOX OP2B | routing | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX OP2B (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3 |
| PRESFILL | OP11 | yes/no | | | | | |
| | BOX OP2B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO OP11A - OPPMMEDS. ELSE GO TO OP12 - MEDICINE_OP. | | | | |

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|-------------|--------------------|--------------------|---|---|---|
| OPPMEDS | OP11A | no entry | <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 medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.]</p> <p>[IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. Please tell me the names of these medicines.</p> | <p>[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy</p> | OP12 - MEDICINE_OP |
| MEDICINE_OP | OP12 BOX OP3 | roster routing | <p>ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. GO TO OP4_IN - NAVIGATOR.</p> | | BOX OP3 |
| OPMORE | OP15 | yes/no | <p>[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?</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy</p> | <p>(01) OP2 - PROVIDER_OP (02) BOX OP6 (-8) BOX OP6 (-9) BOX OP6</p> |
| | BOX OP6 BOX OP7 | routing routing | <p>IF FALL ROUND AND ((SP REPORTED AN OUTPATIENT DEPARTMENT VISIT AT OP4) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC9 - OPDREAS. ELSE GO TO BOX OP7. GO TO NEXT SECTION</p> | | |

Institutional Utilization (IUQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|-------------------|---|--|---|------------|---|
| | | | SHOW CARD IU1 | | | | |
| IUPROBE | IU1 | yes/no | [Since (REFERENCE DATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card? LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] Where [were you/was (SP)] a patient -- in which nursing home? SELECT OR ADD ONLY ONE FACILITY. | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE), have you been] respondent is SP [Since (REFERENCE DATE), has (SP) been] respondent is proxy, SP alive [Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)] respondent is proxy, SP deceased [Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] respondent is proxy, SP institutionalized [a] first loop [another] second or more loop | | (01) IU2 - PROVIDER_IU (02) BOX IU3 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IU3 (-9) BOX IU3 |
| PROVIDER_IU | IU2 | roster | [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE INSTITUTION.] IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IU3 - VAPLACE. | (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | | BOX IU1 |
| | BOX IU1 | routing | ELSE TO IU4 - EVBEGMM. | | | | |
| VAPLACE | IU3 | yes/no | Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused (01) continuous answer | | | IU4 - EVBEGMM |
| EVBEGMM | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | MM | IU4 - EVBEGDD |
| EVBEGDD | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | DD | IU4 - EVBEGYY |
| EVBEGYY | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | YY | IU4 - EVENDMM |
| EVENDMM | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | MM | IU4 - EVENDDD |
| EVENDDD | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused (01) continuous answer | [were you] respondent is SP [was (SP)] respondent is proxy | DD | IU4 - EVENDYY |
| EVENDYY | IU4 | date | When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)? | (-8) Don't Know (-9) Refused | [were you] respondent is SP [was (SP)] respondent is proxy | YY | IU7 - IUMORE |
| | | | IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care? | (01) YES (02) NO (-8) Don't know (-9) Refused | [Since (Reference Date)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you had] respondent is SP [has (SP) had] respondent is proxy, SP alive [did (SP) have] respondent is proxy, SP deceased | | (01) IU2 - PROVIDER_IU (02) BOX IU3 (-8) BOX IU3 (-9) BOX IU3 |
| IUMORE | IU7 BOX IU3 | yes/no routing | [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] GO TO NEXT SECTION | | | | |

Home Health Summary (HHS)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------------|--------------------|---|---|---|------------|---|
| | BOX HHS1 | routing | IF SP RECEIVED CARE FROM AT LEAST ONE HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2 | | | | |
| | BOX HHS1A | routing | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT GO TO HHS1 - PROFPROB. | | | | |
| PROFPROB | HHS1 | yes/no | We recorded that [you/(SP)] had been helped at home by (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). Has (anyone from) [READ PROVIDER BELOW] helped [you/(SP)] at home [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION)]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.] | (01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP deceased [(SP)] respondent is proxy, SP institutionalized | | (01) BOX HHS3 (02) BOX HHS5 (03) BOX HHS5 (-8) BOX HHS5 (-9) BOX HHS5 |
| | BOX HHS2 | routing | IF SP RECEIVED HOME HEALTH CARE FROM AT LEAST ONE FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A. ELSE GO TO BOX HHS6 | | | | |
| | BOX HHS2A | routing | CREATE CURRENT ROUND HERO RECORD FOR HH PROVIDER BEING ASKED ABOUT GO TO HHS2 - FRNDPROB. | | | | |
| FRNDPROB | HHS2 | yes/no | We recorded that [you/(SP)] had received personal care or help with daily needs at home from (someone from) [READ PROVIDER BELOW] between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [Have you/Has (SP)] received personal care or help with daily needs at home from (anyone from) [READ PROVIDER BELOW] [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH)/ (DATE OF INSTITUTIONALIZATION)]? [IF THE RESPONDENT SAYS "SOMEONE ELSE CAME," PROBE TO DETERMINE IF THE PERSON WORKED FOR THE AGENCY SHOWN ON THE SCREEN.] | (01) YES (02) NO (03) HOME HEALTH ENTERED IN ERROR IN PREVIOUS ROUND (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [Have you] respondent is SP [Has (SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized If someone works for this Provider, display "someone from" and "anyone from". Else do not display. | | BOX HHS3 |
| | BOX HHS3 | routing | IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HHS3 - OTHMEALS. ELSE GO TO BOX HH1BB | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | |
| OTHMEALS | HHS3 | yes/no | Since (REFERENCE DATE), has (PROVIDER NAME) provided any services to [you/(SP)] other than delivering meals? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) BOX HHS3 (02) BOX HHS5 (-8) BOX HHS5 (-9) BOX HHS5 |
| | BOX HHS5 BOX HHS6 | routing routing | IF ASKING ABOUT HOME HEALTH PROFESSIONALS FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED CARE FROM ANOTHER HOME HEALTH PROFESSIONAL DURING THE PREVIOUS ROUND, GO TO BOX HHS1A. ELSE GO TO BOX HHS2. ELSE IF ASKING ABOUT HOME HEALTH CARE FROM A FRIEND OR RELATIVE FROM THE PREVIOUS ROUND, THEN IF SP RECEIVED HOME HEALTH CARE FROM ANOTHER FRIEND OR RELATIVE DURING THE PREVIOUS ROUND, GO TO BOX HHS2A. ELSE GO TO BOX HHS6. ELSE GO TO BOX HHS6. GO TO NEXT SECTION | | | | |

Home Health Utilization (HHQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Response | Input mask | Routing |
|-----------------|----------------|---------------|--|--|---|------------|--|
| HHPRPROF | HH1 | yes/no | SHOW CARD HH1 (Besides what you have already mentioned.) [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] helped at home by any (other) health or medical professionals, such as those listed on this card? [Health professionals include nurse (visiting nurse, private duty nurse, etc.), doctor, social worker, therapist, and hospice worker.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP. DO NOT DISPLAY. DATA EDITING ONLY. (-8) DONT KNOW (-9) REFUSED | If SP reported a Home Health visit during the current round, display "Besides what you already mentioned, [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]". Else display "[Since (REFERENCE ATE)/Between(REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]." If SP is deceased, display "was (SP)" Else if proxy interview, display "has (SP) been". Else display "have you been". If SP reported a Home Health Professional in Home Health Summary, display "other". | | (01) HH2 - PROVIDER_HHP (02) HH18 - HHPRFRND (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) HH18 - HHPRFRND (-9) HH18 - HHPRFRND |
| PROVIDER_HHP | HH2 | roster | What is the name of the health professional who helped [you/(SP)] at home [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF PLACE OR ORGANIZATION. [ADD OR SELECT ONLY ONE PROVIDER IF DIFFERENT PEOPLE COME FROM THE SAME ORGANIZATION, PROBE FOR THE PERSON WHO USUALLY COMES OR WHO COMES MOST OFTEN.] | (01) CONTINUOUS ANSWER | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] - respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | BOX HH1AAA |
| | BOX HH1AAA | routing | IF (HOME HEALTH PROVIDER WAS ADDED AT HH2) OR (AN EXISTING PROVIDER WAS SELECTED AT HH2 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH3 - PROVSPEC. ELSE GO TO BOX HH1BBB. | | | | |
| PROVSPEC | HH3 | code one | What kind of health professional is (PROVIDER NAME)? [SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY.] | (01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | | (01)-[34], (-8), (-9) HH4 - WORKSFOR (01) HH3 - PROVSPPOS |
| PROVSPOS | HH3 | text | OTHER MEDICAL PROVIDER (SPECIFY) | | | | HH4 - WORKSFOR |
| WORKSFOR | HH4 | code one | Who does (PROVIDER NAME) work for, that is, for what place or organization? [PROBE: Or does (PROVIDER NAME) work for himself/herself?] | (01) NAME OF ORGANIZATION GIVEN (02) WORKS FOR SELF (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). The SP has just reported that the provider just selected works for an organization. HH5 will collect the name of this organization. At HH5, continue to display the Provider Name for the Home Health provider selected prior to HH5, (PROVIDER NAME). Always display "Who does (PROVIDER NAME)..." in brackets. [you] respondent is SP [(SP)] respondent is proxy | | HH4 - WORKSFOR (01) HH5 - PROVIDER_HHPORG (02) BOX HH1AA (-8) BOX HH1AA (-9) BOX HH1AA |
| PROVIDER_HHPORG | HH5 | roster | [Who does (PROVIDER NAME) work for, that is, what place or organization?] [PROBE: Who would (you/SP) call if (PROVIDER NAME) did not show up?] ADD OR SELECT ONLY ONE PROVIDER. [DO NOT ADD A NEW ROSTER ENTRY IF A DIFFERENT PERSON CAME FROM AN ORGANIZATION ALREADY LISTED ON THE ROSTER.] | (01) CONTINUOUS ANSWER | | | BOX HH1AA |
| | BOX HH1AA | routing | IF HH4 - WORKSFOR = 1, [Organization Given], SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE HOME HEALTH ORGANIZATION SELECTED AT HH5, AND GO TO HH6 - HHPLACE. ELSE SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT HH2, HH19, ST27 OR NS27, AND GO TO BOX HH1BB. | | | | |
| HHPLACE | HH6 | code one | PROVIDER NAME: (PROVIDER NAME) What kind of place or organization is (PROVIDER NAME)? | (01) MANAGED CARE PLAN (SUCH AS HMO) (02) MEAL PROGRAM (SUCH AS MEALS ON WHEELS) (03) VISITING NURSE ASSOCIATION (04) HOME HEALTH AGENCY (05) HOSPITAL (06) PRIVATE PHYSICIAN/GROUP PRACTICE (07) HOSPICE (08) REHABILITATION OR SPORTS MEDICINE THERAPY (09) LOCAL GOVERNMENT ORGANIZATION (10) CHURCH OR COMMUNITY ORGANIZATION (11) ASSISTED LIVING/RETIREMENT HOME (91) OTHER (SPECIFY) (-8) DONT KNOW | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | | (01) BOX HH1BB (02) BOX HH1BBB (03) BOX HH1BB (04) BOX HH1BB (05) BOX HH1BB (06) BOX HH1BB (07) BOX HH1BB (08) BOX HH1BB (09) BOX HH1BB (10) BOX HH1BB (11) BOX HH1BB (91) HH6 - HHPLACOS (-8) BOX HH1BB |
| HHPLACOS | HH6 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | If PROV.HHPLACOS has already been filled, PROV.HHPLACOS ^= empty, display previously collected response and allow it to be updated. | | |
| | BOX HH1BBB | routing | SET HOME HEALTH PROVIDER FOR THIS VISIT TO THE PROVIDER SELECTED AT HH2 OR HH19. IF TYPE OF HOME HEALTH PROVIDER ORGANIZATION IS A MEAL PROGRAM, GO TO HH7 - OTHMEALS. ELSE GO TO BOX HH1BB. | | | | |
| OTHMEALS | HH7 | yes/no | [Between (REFERENCE DATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], did (PROVIDER NAME) provide any services to [you/(SP)] other than delivering meals? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | [between (REFERENCE DATE) and today] - respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP | | BOX HH1BB |
| | BOX HH1BB | routing | IF TYPE OF HOME HEALTH PROVIDER IS A MEAL PROGRAM THAT DID NOT PROVIDE ANY OTHER SERVICES BESIDES MEALS, GO TO BOX HH3. ELSE IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (TYPE OF HOME HEALTH PROVIDER IS A LOCAL GOVERNMENT, CHURCH OR COMMUNITY ORGANIZATION), GO TO HH11 - HELPUNIT. ELSE GO TO BOX HH1. | | | | |
| | BOX HH1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO HH8 - VAPLACE. ELSE GO TO BOX HH1A | | | | |
| VAPLACE | HH8 | yes/no | Is [(PROVIDER NAME) associated with/(PROVIDER NAME)] a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). If someone works for this provider, display "(PROVIDER NAME)". Else display "(PROVIDER NAME) associated with". | | BOX HH1A |

| | | | | | | |
|----------|----------|---------------|---|---|--|--|
| | BOX HH1A | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO HH10A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO HH10B - HMOREFER. ELSE GO TO HH11 - HELPUNIT. | | | |
| HMOASSOC | HH10A | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). [your] respondent is SP [(SP)'s] respondent is proxy [Were you] - respondent is Sp [Was (SP)] - respondent is proxy | (01) HH11 - HELPUNIT (02) HH10B - HMOREFER (-8) HH10B - HMOREFER (-9) HH10B - HMOREFER |
| HMOREFER | HH10B | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | HH11 - HELPUNIT |
| HELPUNIT | HH11 | quantity unit | [Between (REFERENCE DATE) and (today/DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], how many times (has/did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] come to the home to help [you/(SP)]? [Remember to include all home health providers from (PROVIDER NAME).] [ENTER "TOTAL NUMBER OF TIMES" WHENEVER POSSIBLE.] [DO NOT ENTER VISITS SEPARATELY FOR PEOPLE WHO WORK FOR THE SAME ORGANIZATION.] | (01) TOTAL NUMBER OF TIMES (02) NUMBER OF TIMES PER DAY (03) NUMBER OF TIMES PER WEEK (04) NUMBER OF TIMES PER MONTH (-8) DONT KNOW (-9) REFUSED | [Between (REFERENCE DATE) and today] - respondent is SP [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized If someone works for this Provider, display "someone from (PROVIDER NAME)". Else display "(PROVIDER NAME)". If someone works for this Provider, display "[Remember to include all home health providers from (PROVIDER NAME)]". Always display this sentence in brackets. Else do not display. Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | (01) HH11 - HELPNUM (02) HH11 - HELPNUM (03) HH11 - HELPNUM (04) HH11 - HELPNUM (-8) HH12 - STAYUNIT (-9) HH12 - STAYUNIT |
| HELPNUM | HH11 | numeric | | (01) CONTINUOUS ANSWER | | HH12 - STAYUNIT |
| STAYUNIT | HH12 | quantity unit | (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.] | (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). If someone works for this provider, display "someone from (PROVIDER NAME)". Else display "(PROVIDER NAME)". If Home Health provider only visited the SP once during the specified reference period, HH11 - HELPUNIT = 1/NumberOfTimes and HH11 - HELPNUM = 1, display "How long did". Else if SP is deceased or institutionalized, display "Generally speaking, how long did." Else display "Generally speaking, how long does". | (01) HH12 - STAYHOUR (02) HH12 - STAYMIN (03) HH12 - STAYHOUR (-8) HH13 - NEEDNURS (-9) HH13 - NEEDNURS |
| STAYHOUR | HH12 | numeric | | (01) CONTINUOUS ANSWER | | If HH12 - STAYUNIT = 1/HoursOnly, go to HH13 - NEEDNURS. Else go to HH12 - STAYMIN. HH13 - NEEDNURS |
| STAYMIN | HH12 | numeric | | (01) CONTINUOUS ANSWER | | |
| NEEDNURS | HH13 | yes/no | SHOW CARD HH2 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help [you/(SP)] by giving any medical or nursing treatment, such as the things shown on this card? [MEDICAL OR NURSING TREATMENT MEANS SUCH THINGS AS APPLYING STERILE BANDAGES OR DRESSINGS, GIVING MEDICATIONS, TAKING BLOOD PRESSURE, GIVING SHOTS OR INJECTIONS.] [PROBE: We just need to know in general.] | (01) YES, AT LEAST ONE (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). If someone works for this provider, display "someone from (PROVIDER NAME)". Else display "(PROVIDER NAME)". If Home Health provider only visited the SP once during the specified reference period, HH11 - HELPUNIT = 1/NumberOfTimes and HH11 - HELPNUM = 1, display "How long did". Else if SP is deceased or institutionalized, display "Generally speaking, how long did." Else display "Generally speaking, how long does". | HH14 - NEEDMEAL |
| NEEDMEAL | HH14 | yes/no | SHOW CARD HH3 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help [you/(SP's)] daily needs by doing things, such as the ones shown on this card? [HELP WITH DAILY NEEDS MEANS HELP IN USING THE TELEPHONE, DOING HOUSEWORK, PREPARING MEALS.] [PROBE: We just need to know in general.] | (01) YES, AT LEAST ONE (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). If someone works for this provider, display "someone from (PROVIDER NAME)". Else display "(PROVIDER NAME)". If Home Health provider only visited the SP once during the specified reference period, HH11 - HELPUNIT = 1/NumberOfTimes and HH11 - HELPNUM = 1, display "How long did". Else if SP is deceased or institutionalized, display "Generally speaking, how long did." Else display "Generally speaking, how long does". | HH15 - NEEDCARE |
| NEEDCARE | HH15 | yes/no | SHOW CARD HH4 (Generally speaking, did/Generally speaking, does/Did) [(PROVIDER NAME)/someone from (PROVIDER NAME)] help with [you/(SP's)] personal care by doing things such as those shown on this card? [HELP WITH PERSONAL CARE MEANS HELP WITH BATHING, SHOWERING, DRESSING, EATING, WALKING, USING THE TOILET.] [PROBE: We just need to know in general.] | (01) YES, AT LEAST ONE (02) NO (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). If someone works for this provider, display "someone from (PROVIDER NAME)". Else display "(PROVIDER NAME)". If Home Health provider only visited the SP once during the specified reference period, HH11 - HELPUNIT = 1/NumberOfTimes and HH11 - HELPNUM = 1, display "How long did". Else if SP is deceased or institutionalized, display "Generally speaking, how long did." Else display "Generally speaking, how long does". | BOX HH3 |
| | BOX HH3 | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX S31B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS31B. ELSE IF CURRENTLY ADMINISTERING HHS, GO TO BOX HH55. ELSE IF CURRENTLY ASKING ABOUT HOME HEALTH FRIENDS OR FAMILY, GO TO BOX HH6. ELSE IF HOME HEALTH PROVIDER WORKED FOR SELF, GO TO HH16 - HHPMORE. ELSE GO TO HH17 - HHPOMORE. | | | |
| HHPMORE | HH16 | yes/no | [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? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | [Since (REFERENCE DATE)] - respondent is SP [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized If SP is deceased, display "was (SP)". Else if proxy interview, display "has (SP) been". Else display "have you been". | (01) HH2 - PROVIDER_HHP (02) HH18 - HHPFRFRND (-8) HH18 - HHPFRFRND (-9) HH18 - HHPFRFRND |
| HHPOMORE | HH17 | yes/no | Other than the persons who (have) visited [you/(SP)] from (PROVIDER NAME) [or from the other(s) we've talked about], [have you been/has (SP) been/was (SP)] helped at home by any other health professionals (since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION))? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/ AGENCY LISTED BELOW] | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | [since (REFERENCE DATE)] - respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized If SP is deceased, display "was (SP)". Else if proxy interview, display "has (SP) been". Else display "have you been". | (01) HH2 - PROVIDER_HHP (02) HH18 - HHPFRFRND (-8) HH18 - HHPFRFRND (-9) HH18 - HHPFRFRND |

| | | | | | | |
|--------------|----------|----------|--|--|--|--|
| HHPRFRND | HH18 | yes/no | SHOW CARD HH5 [Besides what you have already talked about, [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], because of health problems [have you/has (SP)/did (SP)] (received/receive) any personal care or help at home with daily needs from (any other) persons who (do/did) not live with (you/him/her), including home health aides, homemakers, friends, neighbors, or relatives? What is the name of the person who helped (you/him/her)? ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION. [SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP. IF DIFFERENT PEOPLE COME FROM THE SAME ORGANIZATION, PROBE FOR THE PERSON WHO USUALLY COMES OR WHO COMES MOST OFTEN.] IF (HOME HEALTH PROVIDER WAS ADDED AT HH19) OR (AN EXISTING PROVIDER WAS SELECTED AT HH19 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH20 - HHFTYPE. ELSE GO TO BOX HH1BBB. | (01) YES (02) NO (03) INDICATED YES BY DATAPREP DO NOT DISPLAY. DATA EDITING ONLY. (-8) DONT KNOW (-9) REFUSED | If SP reported a Home Health visit during the current round, display "Besides what you have already talked about, [(since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]." Else display "[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]." If SP is alive and not institutionalized, display "received" Else display "receive" | (01) HH19 - PROVIDER_HHF (02) BOX HH7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX HH7 (-9) BOX HH7 |
| PROVIDER_HHF | HH19 | roster | ENTER NAME OF PERSON WHO HELPED. DO NOT ENTER THE NAME OF THE PLACE OR ORGANIZATION. [SELECT OR ADD ONLY ONE PERSON. DO NOT ENTER A PERSON WHO LIVES WITH THE SP. IF DIFFERENT PEOPLE COME FROM THE SAME ORGANIZATION, PROBE FOR THE PERSON WHO USUALLY COMES OR WHO COMES MOST OFTEN.] IF (HOME HEALTH PROVIDER WAS ADDED AT HH19) OR (AN EXISTING PROVIDER WAS SELECTED AT HH19 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO HH20 - HHFTYPE. ELSE GO TO BOX HH1BBB. | (01) CONTINUOUS ANSWER | [you] respondent is SP [[SP]] respondent is proxy | BOX HH3AA |
| HHFTYPE | HH20 | code one | Is (PROVIDER NAME) a friend or neighbor, a relative, or some other type of home health provider? | (01) FRIEND OR NEIGHBOR (02) RELATIVE (03) OTHER TYPE OF HOME HEALTH PROVIDER (-8) DONT KNOW (-9) REFUSED | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | (01) BOX HH3A (02) HH21 - HHFRELAT (03) BOX HH3A (-8) BOX HH3A (-9) BOX HH3A (01) BOX HH3A DO NOT DISPLAY |
| HHFRELAT | HH21 | code one | How is (PROVIDER NAME) related to [you(SP)]? [CLASSIFY ANY "STEP" RELATIONSHIP WITH THE RELATED "NON-STEP" RELATIONSHIP (E.G., STEP-DAUGHTER = DAUGHTER).] | (01) SAMPLE PERSON (02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (50) PARTNER/ROOMMATE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER RELATIVE (92) OTHER NON-RELATIVE (01) CONTINUOUS ANSWER | Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). [you] respondent is SP [[SP]] respondent is proxy | (01) BOX HH3A DO NOT DISPLAY (02) BOX HH3A (03) BOX HH3A (04) BOX HH3A (05) BOX HH3A (06) BOX HH3A (07) BOX HH3A (08) BOX HH3A (09) BOX HH3A (10) BOX HH3A (11) BOX HH3A (12) BOX HH3A (13) BOX HH3A (14) BOX HH3A (50) BOX HH3A DO NOT DISPLAY (51) BOX HH3A (52) BOX HH3A (53) BOX HH3A (54) BOX HH3A (55) BOX HH3A (56) BOX HH3A (57) BOX HH3A (91) HH21 - HHFRELOS (92) HH21 - HHFRELOS BOX HH3A |
| HHFRELOS | HH21 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | |
| | BOX HH3A | routing | IF HH20 - HHFTYPE = 3/Other, DK, OR RF, GO TO HH3 - PROVSPEC. ELSE GO TO BOX HH1AA. | | | |
| | BOX HH6 | routing | IF (HOME HEALTH PROVIDER IS A FRIEND OR RELATIVE) OR (HOME HEALTH PROVIDER WORKS FOR SELF), GO TO HH28 - HHFMORE. ELSE GO TO HH29 - HHFOMORE. | | | |
| HHFMORE | HH28 | yes/no | [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | If SP is alive and not institutionalized, display "received". Else display "receive". Display "other" in "any other persons" in BOLD. [have you received] - respondent is SP [has (SP) received] - respondent is proxy, SP alive [did (SP) receive] - respondent is proxy, SP deceased [do] - SP is alive [did] - SP is deceased [you] - respondent is SP [him] - respondent is proxy, SP male Display Provider Name for Home Health provider currently being asked about, (PROVIDER NAME). | (01) HH19 - PROVIDER_HHF (02) BOX HH7 (-8) BOX HH7 (-9) BOX HH7 |
| HHFOMORE | HH29 | yes/no | Other than the persons who have visited [you(SP)] from (PROVIDER NAME) [(since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (received/receive) personal care or help at home with daily needs from any other persons who (do/did) not live with (you/him/her)? [DON'T INCLUDE ANY OTHER PERSONS COMING FROM THE SAME ORG/AGENCY LISTED BELOW.] | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | If SP is alive and not institutionalized, display "received". Else display "receive". Display "other" in "any other persons" in BOLD. [have you received] - respondent is SP [has (SP) received] - respondent is proxy, SP alive [did (SP) receive] - respondent is proxy, SP deceased [do] - SP is alive [did] - SP is deceased [you] - respondent is SP [him] - respondent is proxy, SP male | (01) HH19 - PROVIDER_HHF (02) BOX HH7 (-8) BOX HH7 (-9) BOX HH7 |

Medical Provider Utilization (MPQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|----------------------|----------------|-------------------------|--|--|--|------------|---|
| MPPRMDOC | MP1 | yes/no | (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] [seen/see] any medical doctors? INCLUDE ANY VISITS FOR TESTS/X-RAYS. SEE SHOWCARD AC1 FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP seen doctor [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP seen doctor [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP seen doctor [Since (REFERENCE DATE)] SP has not seen doctor, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP did not see doctor [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP had not seen doctor [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [did (SP)] respondent is proxy, SP deceased [seen] respondent is SP [see] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | | (01) MP2 - PROVIDER_MP (02) MP18 - MPPRPRAC (-8) MP18 - MPPRPRAC (-9) MP18 - MPPRPRAC |
| PROVIDER_MP | MP2 | roster | [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER. | (01) [Continuous answer.] | | | BOX MP1B |
| | BOX MP1B | routing | IF (PROVIDER IS A MEDICAL PLACE) OR (PROVIDER SPECIALTY HAS ALREADY BEEN COLLECTED), GO TO BOX MP1. ELSE GO TO MP2A - PROVSPEC. | (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (01) [Continuous answer.] | | | (02) BOX MP1 (03) BOX MP1 (04) BOX MP1 (05) BOX MP1 (06) BOX MP1 (07) BOX MP1 (08) BOX MP1 (09) BOX MP1 (10) BOX MP1 (11) BOX MP1 (12) BOX MP1 (13) BOX MP1 (14) BOX MP1 (15) BOX MP1 (16) BOX MP1 (17) BOX MP1 (18) BOX MP1 (19) BOX MP1 (20) BOX MP1 (21) BOX MP1 (22) BOX MP1 (23) BOX MP1 (24) BOX MP1 (25) BOX MP1 (26) BOX MP1 (27) BOX MP1 (28) BOX MP1 BOX MP1 |
| PROVSPEC PROVSPOS | MP2A MP2A | code 1 verbatim text | What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)? [SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY.] OTHER MEDICAL PROVIDER (SPECIFY) | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) MP2-EVEN 1 (02) BOX MP2 (-8) BOX MP2 (-9) BOX MP2 |
| | BOX MP1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO MP3 - VAPLACE. ELSE GO TO BOX MP2. | | | | |
| VAPLACE | MP3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) MP2-EVEN 1 (02) BOX MP2 (-8) BOX MP2 (-9) BOX MP2 |

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|-----------|-----------|--------------------|--|---|--|---|
| | BOX MP2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO MP4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO MP5 - HMOREFER. ELSE GO TO MP6 - EVENT. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) MP6 - EVENT (02) MP5 - HMOREFER (-8) MP5 - HMOREFER (-9) MP5 - HMOREFER |
| HMOASSOC | MP4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | | [your] respondent is SP [(SP's)] respondent is proxy | |
| HMOREFER | MP5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | MP6 - EVENT |
| EVENT | MP6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] | (01) [Continuous answer.] () | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | MP6_IN - NAVIGATOR |
| NAVIGATOR | MP6_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) BOX MP2AA (02) BOX MP6AA |
| | BOX MP2AA | routing | FOR FIRST/NEXT EVENT ENTERED AT MP6, IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT), GO TO MP6B - MPSDVIS. ELSE GO TO BOX MP2C. | | | |
| MPSDVIS | MP6B | yes/no | 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]? UPDATE EVENT TYPE TO SEPARATELY BILLING DOCTOR AND GO TO BOX MP6. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [you were] respondent is SP [(SP) was] respondent is proxy [the (READ EVENT LISTED BELOW)] event listed [any of these places] event not listed | (01) BOX MP2B (02) BOX MP2C (-8) BOX MP2C (-9) BOX MP2C |
| | BOX MP2B | routing | | | | |
| | BOX MP2C | routing | IF PROVIDER SPECIALTY = Dentist, Medical Doctor, Optometrist, Osteopath, Paramedic, PhysicianAssistant, Podiatrist, Other, DK or RF, GO TO MP7 - ANYOPERS. ELSE GO TO MP10 - SPECCOND. | | | |
| ANYOPERS | MP7 | yes/no | Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused (01) YES (02) NO | [you] respondent is SP [(SP)] respondent is proxy [any of the] multiple visits [the] one visit | (01) BOX MP2D (02) MP10 - SPECCOND (-8) MP10 - SPECCOND (-9) MP10 - SPECCOND |
| SPECCOND | MP10 | yes/no | [Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition? | (-8) Don't Know (-9) Refused | [Was this visit] single visit reported [Were any of these visits] multiple visits reported | BOX MP2D |
| | BOX MP2D | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO MP12 - PRESMDCN. | | | |
| PRESMDCN | MP12 | yes/no | During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]? Were any of the prescriptions filled? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [this visit] one visit reported [any of these visits] multiple visits reported [you] respondent is SP [(SP)] respondent is proxy | (01) MP13 - PRESFILL (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6 |
| PRESFILL | MP13 | yes/no | [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) BOX MP3A (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6 |

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|-------------|-----------------|-------------------|--|--|--|---|
| | BOX MP3A | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO MP13A - MPPMMEDS. ELSE GO TO MP14 - MEDICINE_MP. | | | |
| MPPMMEDS | MP13A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | (01) CONTINUE (-7) Empty | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | MP14 - MEDICINE_MP |
| MEDICINE_MP | MP14 BOX MP6 | roster routing | Please tell me the names of these medicines. ENTER ALL MEDICINE NAMES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. GO TO MP6_IN - NAVIGATOR. | (01) [Continuous answer.] | | BOX MP6 |
| | BOX MP6AA | routing | IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP1 PROBE, GO TO MP17 - MDOCMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP18 PROBE, GO TO MP25 - PRACMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP26 PROBE, GO TO MP33 - MENTMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP34 PROBE, GO TO MP41 - THERMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP42 PROBE, GO TO MP49 - PERSMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP50 PROBE, GO TO MP56 - MPPRMORE. | | | |
| MDOCMORE | MP17 | yes/no | [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? [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy | (01) MP2 - PROVIDER_MP (02) BOX MP6A (-8) BOX MP6A (-9) BOX MP6A |
| | BOX MP6A | routing | IF FALL ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP REPORTED A MEDICAL PROVIDER VISIT AT MP6 AND MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR), GO TO AC20 - MDSPCLTY. ELSE GO TO MP18 - MPPRPRAC. | | | |

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|----------|------|--------|--|--|---|---|
| MPPRPRAC | MP18 | yes/no | <p>SHOW CARD MP1 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] [seen/see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.] INCLUDE ANY VISITS FOR TESTS/X-RAYS.</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP seen health practitioner [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP seen health practitioner [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP seen health practitioner [Since (REFERENCE DATE)] respondent is SP or proxy, SP not seen health practitioner [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP not seen health practitioner [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP not seen health practitioner [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [did (SP)] respondent is proxy, SP deceased [seen] SP alive [see] SP deceased</p> | (01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT |
| PRACMORE | MP25 | yes/no | <p>[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?</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy</p> | (01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT |
| MPPRMENT | MP26 | yes/no | <p>SHOW CARD MP2 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] [seen/see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.]</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP seen mental health professional [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP seen mental health professional [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP seen mental health professional [Since (REFERENCE DATE)] respondent is SP or proxy, SP not seen mental health professional [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP not seen mental health professional [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP not seen mental health professional [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [did (SP)] respondent is proxy, SP deceased [seen] SP alive [see] SP deceased</p> | (01) MP2 - PROVIDER_MP (02) MP34 - MPPRTHHER (-8) MP34 - MPPRTHHER (-9) MP34 - MPPRTHHER |
| MENTMORE | MP33 | yes/no | <p>[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?</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy</p> | (01) MP2 - PROVIDER_MP (02) MP34 - MPPRTHHER (-8) MP34 - MPPRTHHER (-9) MP34 - MPPRTHHER |

| | | | | | | |
|-----------|------|--------|--|--|---|---|
| MPPRATHER | MP34 | yes/no | <p>SHOW CARD MP3 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP seen therapist</p> <p>[Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP seen therapist</p> <p>[Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP seen therapist</p> <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not seen therapist</p> <p>[Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP not seen therapist</p> <p>[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP not seen therapist</p> <p>[have you] respondent is SP</p> <p>[has (SP)] respondent is proxy, SP alive</p> <p>[did (SP)] respondent is proxy, SP deceased</p> <p>[seen] SP alive</p> <p>[see] SP deceased</p> | (01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS. (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS |
| THERMORE | MP41 | yes/no | <p>[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?</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized</p> <p>[Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased</p> <p>[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized</p> <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> | (01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS |
| MPPRPERS | MP42 | yes/no | <p>SHOW CARD MP4 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.]</p> <p>[INCLUDE ANY VISITS FOR TESTS/X-RAYS.</p> <p>DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.</p> <p>DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP seen other medical persons</p> <p>[Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP seen other medical persons</p> <p>[Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP seen other medical persons</p> <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not seen other medical persons</p> <p>[Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP not seen other medical persons</p> <p>[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP not seen other medical persons</p> <p>[have you] respondent is SP</p> <p>[has (SP)] respondent is proxy, SP alive</p> <p>[did (SP)] respondent is proxy, SP deceased</p> <p>[seen] SP alive</p> <p>[see] SP deceased</p> | (01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC |
| PERSMORE | MP49 | yes/no | <p>[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?</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized</p> <p>[Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased</p> <p>[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized</p> <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> | (01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC |

| | | | | | | |
|----------|------------------|-------------------|--|---|--|--|
| MPPRPLAC | MP50 | yes/no | <p>SHOW CARD MP5 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]</p> <p>[DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Besides what you have already mentioned, since (REFERENCE DATE)] respondent is SP, SP visted other medical places [Besides what you have alread mentioned, between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP visited other medical places [Besides what you have already mentioned, between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP visited other medical places [Since (REFERENCE DATE)] respondent is SP or proxy, SP not visted other medical places [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP not visted other medical places [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP not visited other medical places [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [did (SP)] respondent is proxy, SP deceased [seen] SP alive [see] SP deceased</p> | <p>(01) MP2 - PROVIDER_MP (02) BOX MP22 (-8) BOX MP22 (-9) BOX MP22</p> |
| MPPRMORE | MP56 BOX MP22 | yes/no routing | <p>[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?</p> <p>[DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.] GO TO NEXT SECTION</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy</p> | <p>(01) MP2 - PROVIDER_MP (02) BOX MP22 (-8) BOX MP22 (-9) BOX MP22</p> |

Other Medical Expenses (OMQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|--------------------|--------------------|---|---|---|------------|---|
| OMPREYEG | OM1 | yes/no | <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 DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, replace, or pay for repairs of eyeglasses or contact lenses?</p> <p>[INCLUDE NON-PRESCRIPTION READING GLASSES.]</p> | <p>(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [(REFERENCE DATE)] SP completed previous round's interview [(SURVEY REFERENCE DATE)] SP skipped previous round's interview [today] respondent is SP or proxy, SP alive and not institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview</p> | | <p>(01) OM2 - EVENT_OMEYEG (02) OM3 - OMPRHEAR (03) DO NOT DISPLAY. (-8) OM3 - OMPRHEAR (-9) OM3 - OMPRHEAR</p> |
| EVENT_OMEYEG | OM2 | roster | <p>SELECT OR ADD ALL DATES AT THIS ROSTER. 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> <p>[INCLUDE NON-PRESCRIPTION READING GLASSES.]</p> | <p>(01) continuous answer (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview</p> | | BOX OM1AA |
| NAVIGATOR | OM2_IN | instance navigator | <p>IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM2_IN - NAVIGATOR. ELSE GO TO BOX OM1AA2.</p> | <p>(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED</p> | | | <p>(01) OM2A - OMSATHMO (02) BOX OM1AA2</p> |
| OMSATHMO | OM2A BOX OM1AA1 | yes/no routing | <p>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]?</p> <p>[PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician, optometrist or other place that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]</p> <p>[INCLUDE NON-PRESCRIPTION READING GLASSES.] GO TO OM2_IN - NAVIGATOR.</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP)] respondent is proxy</p> | | BOX OM1AA1 |
| OMPHEAR | OM3 | yes/no | <p>[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, replace, or pay for repairs of a hearing aid, amplifier for a telephone, or similar device to help [you/(SP)] hear or speak?</p> <p>[INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE. DO NOT INCLUDE A WARRANTY FOR A HEARING AID AS AN OM EVENT.]</p> | <p>(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused</p> | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [you] respondent is SP [(SP)] respondent is proxy</p> | | <p>(01) OM4 - EVENT_OMHEAR (02) BOX OMA1 (03) DO NOT DISPLAY. (-8) BOX OMA1 (-9) BOX OMA1</p> |

| | | | | | | |
|--------------|--------------------|--------------------|--|--|---|--|
| EVENT_OMHEAR | OM4 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair a hearing or speech device? Please tell me the dates of each purchase or repair [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM4_IN - NAVIGATOR. ELSE GO TO BOX OM1BB2. | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1BB |
| NAVIGATOR | OM4_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM4A - OMSATHMO (02) BOX OM1BB2 |
| OMSATHMO | OM4A BOX OM1BB1 | yes/no routing | On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an audiologist, speech pathologist, or other provider that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] GO TO OM4_IN - NAVIGATOR. IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA1. IF SP WAS STILL RENTING AT LEAST ONE ORTHOPEDIC ITEM AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS5INTR - ORTHINTRO. ELSE GO TO OM5 - OMPRORTH. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy more? [your] respondent is SP [(SP)] respondent is proxy | BOX OM1BB1 |
| ORTHINTRO | BOX OMA1 | routing | | | | |
| ORTHINTRO | OMS5INTR | no entry | The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE). | (01) continuous answer (-7) Empty | [you were] respondent is SP [(SP) was] respondent is proxy | OMS5_IN - NAVIGATOR |
| NAVIGATOR | OMS5_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OMS5 - RENTSTIL (02) OM5 - OMPRORTH |
| RENTSTIL | OMS5 | code one | 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? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT 'NO.'] | (01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [DATE OF INSTITUTIONALIZATION] respondent is proxy, SP institutionalized [was] respondent is proxy, SP deceased, one orthopedic item [were] respondent is proxy, SP deceased, two or more orthopedic items [is] respondent is SP or proxy, SP alive and not institutionalized, one orthopedic item [are] respondent is SP or proxy, SP alive and not institutionalized, two or more orthopedic items | (01) BOX OM1EE (02) OM7C - EVENDMM (03) BOX OM4 (-8) BOX OM4 (-9) BOX OM4 |
| OMPRORTH | OM5 | yes/no | SHOW CARD OM1 (Other than what we already talked about.) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support stockings, and braces or supports.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Other than what we already talked about.] second or more loop [] first loop [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, first loop [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, first loop [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, second loop or more [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, second loop or more [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, first loop [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, first loop [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, second loop or more [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, second loop or more [other] second loop or more [] first loop [you] respondent is SP [(SP)] respondent is proxy | (01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) DO NOT DISPLAY. (-8) OM9 - OMPRDIAB (-9) OM9 - OMPRDIAB |

| | | | | | | | |
|----------------------|-------------------|---------------------------|---|--|---|----|--|
| ORTHTYPE EVOSTEXT | OM6 OM6 | code one verbatim text | What was the item? OTHER (SPECIFY) | (01) BRACES/SUPPORTS (02) CANE (03) CORRECTIVE SHOES/INSERTS (04) CRUTCHES (05) WALKER (06) WHEELCHAIR/CART (07) STOCKINGS (91) OTHER (01) continuous answer | | | (01) OM7 - EVENT_OMORTH (02) OM7 - EVENT_OMORTH (03) OM7 - EVENT_OMORTH (04) OM6A - RENTPROB (05) OM6A - RENTPROB (06) OM6A - RENTPROB (07) OM7 - EVENT_OMORTH (91) OM6 - EVOSTEXT OM6A - RENTPROB |
| RENTPROB | OM6A | code one | Did [you/(SP)] buy or repair the (ORTHOPEdic ITEM), or did [you/(SP)] rent (it/them)? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT 'RENT.'] | (01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [it] one orthopedic item [them] two or more orthopedic items | | (01) OM7 - EVENT_OMORTH (02) OM7A - EVENT_OMORTHRENT (03) DO NOT DISPLAY. (-8) OM7 - EVENT_OMORTH (-9) OM7 - EVENT_OMORTH |
| EVENT_OMORTH | OM7 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy (or repair) the (ORTHOPEdic ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | | BOX OM1CC |
| | BOX OM1CC | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7_IN - NAVIGATOR. ELSE GO TO BOX OM1EE1. | | | | |
| NAVIGATOR | OM7_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) OM7AA - OMSATHMO (02) BOX OM1EE1 |
| OMSATHMO | OM7AA BOX OM2A | yes/no routing | On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEdic ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (ORTHOPEdic ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] GO TO OM7_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | BOX OM2A |
| EVENT_OMORTHRENT | OM7A | yes/no | ENTER ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the (ORTHOPEdic ITEM). | (01) continuous answer (-8) Don't Know (-9) Refused (02) NO (03) EVENT-ENTERED-IN-ERROR | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | | OM7B - RENTSTIL (01) BOX OM1EE (02) OM7C - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1EE1 (-9) BOX OM1EE1 |
| RENTSTIL | OM7B | yes/no | [Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEdic ITEM)? | (-8) Don't Know (-9) Refused | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased | | |
| EVENDMM | OM7C | date | What was the last date the (ORTHOPEdic ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] | (01) continuous answer (-8) Don't Know (-9) Refused | [were] two or more orthopedic items [was] one orthopedic item | MM | OM7C - EVENDDD |
| EVENDDD | OM7C | date | What was the last date the (ORTHOPEdic ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] | (01) continuous answer (-8) Don't Know (-9) Refused | [were] two or more orthopedic items [was] one orthopedic item | DD | OM7C - EVENDYY |

| | | | | | | | |
|----------|------------|---------------|---|---|---|----|--|
| EVENDYY | OM7C | date | What was the last date the (ORTHOPEdic ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] | (01) continuous answer (-8) Don't Know (-9) Refused | [were] two or more orthopedic items [was] one orthopedic item | YY | BOX OM3A |
| | BOX OM3A | routing | IF SP IS NOT DECEASED, GO TO OM7CC - RENT2BUY. ELSE GO TO BOX OM1EE. | | | | |
| RENT2BUY | OM7CC | code one | 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? BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEdic ITEM). | (01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female [have] respondent is SP [has] respondent is proxy | | (01) BOX OM1EE (02) BOX OM1EE (03) OM7CCVB - REN2BVB (-8) BOX OM1EE (-9) BOX OM1EE |
| REN2BVB | OM7CCVB | verbatim text | RECORD VERBATIM. | (01) continuous answer | | | BOX OM1EE |
| | BOX OM1EE | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7D - OMSATHMO. ELSE GO TO BOX OM1EE1. | | | | |
| OMSATHMO | OM7D | yes/no | Did [you/(SP)] rent the (ORTHOPEdic ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the (ORTHOPEdic ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | BOX OM1EE1 |
| | BOX OM1EE1 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM4. | | | | |
| | BOX OM4 | routing | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS5_IN - NAVIGATOR. ELSE GO TO OM8 - MOREORTH. | | | | |
| MOREORTH | OM8 | yes/no | 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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | | (01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) OM9 - OMPRDIAB (04) OM9 - OMPRDIAB |
| OMPRDIAB | OM9 | yes/no | SHOW CARD OM2 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy diabetic equipment or supplies, such as those listed on this card? [Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.] [DO NOT INCLUDE INSULIN.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [you] respondent is SP [(SP)] respondent is proxy | | (01) OM10 - EVENT_OMDIAB (02) OM11 - OMPRAMBL (03) DO NOT DISPLAY. (-8) OM11 - OMPRAMBL (-9) OM11 - OMPRAMBL |

| | | | | | | |
|--------------|---------------------|--------------------|---|--|---|--|
| EVENT_OMDIAB | OM10 | roster | <p>SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].</p> | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1FF |
| | BOX OM1FF | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM10_IN - NAVIGATOR. ELSE GO TO BOX OM1FF2. | | | |
| NAVIGATOR | OM10_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM10A - OMSATHMO (02) BOX OM1FF2 |
| | | | 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]? | | | |
| OMSATHMO | OM10A BOX OM1FF1 | yes/no routing | [PROBE: This could include buying the diabetic equipment or supplies at a plan center, at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] GO TO OM10_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | BOX OM1FF1 |
| | BOX OM1FF2 | routing | IF ADMINISTERING ST. GO TO BOX ST36. ELSE IF ADMINISTERING NS. GO TO BOX NS36. ELSE GO TO OM11 - OMPRAMBL. | | | |
| OMPRAMBL | OM11 | yes/no | [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? | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [you] respondent is SP [(SP)] respondent is proxy | (01) OM12 - EVENT_OMAMBL (02) OM13 - OMPRPROS (03) DO NOT DISPLAY. (-8) OM13 - OMPRPROS (-9) OM13 - OMPRPROS |
| EVENT_OMAMBL | OM12 | roster | <p>SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].</p> | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1GG |
| | BOX OM1GG | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM12_IN - NAVIGATOR. ELSE GO TO BOX OM1GG2. | | | |
| NAVIGATOR | OM12_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM12A - OMSATHMO (02) BOX OM1GG2 |

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|--------------|---------------------|--------------------|---|--|---|---|
| | | | Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S) BELOW]? | | | |
| | | | [PROBE: This could mean that the ambulance was sent by the plan, or that [you/(SP)] or someone for [you/(SP)] contacted the plan for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.] GO TO OM12_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| OMSATHMO | OM12A BOX OM1GG1 | yes/no routing | | | [you] respondent is SP [(SP)] respondent is proxy | BOX OM1GG1 |
| | BOX OM1GG2 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM13 - OMPRPROS. | | | |
| | | | SHOW CARD OM3 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy or pay for repairs of any prostheses, such as those on the card? | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | (01) OM14 - EVENT_OMPROS (02) BOX OMA4 (03) DO NOT DISPLAY. (-8) BOX OMA4 (-9) BOX OMA4 |
| OMPRPROS | OM13 | yes/no | [Prostheses include artificial leg or arm, mastectomy prosthesis, and artificial or glass eye.] | | [you] respondent is SP [(SP)] respondent is proxy | |
| | | | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1HH |
| EVENT_OMPROS | OM14 | roster | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM14_IN - NAVIGATOR. ELSE GO TO BOX OM1HH2. | | | |
| | BOX OM1HH | routing | | | | |
| NAVIGATOR | OM14_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM14A - OMSATHMO (02) BOX OM1HH2 |
| | | | 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]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP's)] respondent is proxy | BOX OM1HH1 |
| OMSATHMO | OM14A BOX OM1HH1 | yes/no routing | [PROBE: This could include buying or repairing the prosthesis at a plan center, at a place or store that honors [your/(SP's)] plan card, or through a place or service that the plan referred [you/(SP)] to.] GO TO OM14_IN - NAVIGATOR. | | | |
| | BOX OM1HH2 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA4. | | | |
| | BOX OMA4 | routing | IF SP WAS STILL RENTING OXYGEN-RELATED EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS19INTR - OXGNINTRO. ELSE GO TO OM19 - OMPROXGN. | | | |
| OXGNINTRO | OMS19INTR | no entry | The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE DATE). | | [you were] respondent is SP [(SP) was] respondent is proxy | OMS19_IN - NAVIGATOR |
| NAVIGATOR | OMS19_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OMS19 - RENTSTIL (02) OM19 - OMPROXGN |

| | | | | | | |
|--------------|---------------------|--------------------|---|--|--|---|
| RENTSTIL | OMS19 | code one | 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? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."] | (01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [is] respondent is SP or proxy, SP alive and not institutionalized [was] respondent is proxy, SP institutionalized or deceased | (01) BOX OM1KK (02) OM20C - EVENDMM (03) BOX OM9 (-8) BOX OM9 (-9) BOX OM9 |
| OMPROXGN | OM19 | yes/no | (Other than what we already talked about.) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any (other) expenses for oxygen or supplies or oxygen-related equipment? | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Other than what we already talked about.] second or more loop [] first loop [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, first loop [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, first loop [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, second loop or more [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, second loop or more [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, first loop [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, first loop [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, second loop or more [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, second loop or more [] first loop [you] respondent is SP [(SP)] respondent is proxy | (01) OM19A - OXGNTPYE (02) BOX OMA11 (03) DO NOT DISPLAY. (-8) BOX OMA11 (-9) BOX OMA11 |
| OXGNTPYE | OM19A | code one | What was that? | (01) OXYGEN/SUPPLIES (02) OXYGEN-RELATED EQUIPMENT | | (01) OM20 - EVENT_OMOXGN (02) OM19B - RENTPROB |
| RENTPROB | OM19B | code one | Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."] | (01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) OM20 - EVENT_OMOXGN (02) OM20A - EVENT_OMOXGNRENT (03) OM20 - EVENT_OMOXGN (-8) OM20 - EVENT_OMOXGN (-9) OM20 - EVENT_OMOXGN |
| EVENT_OMOXGN | OM20 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [(oxygen or supplies)] EVNT.OXGNTPYE = supplies [(oxygen-related equipment)] EVNT.OXGNTPYE = equipment [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1II |
| NAVIGATOR | OM20_IN | instance navigator | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20_IN - NAVIGATOR. ELSE GO TO BOX OM7. | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM20AA - OMSATHMO (02) BOX OM7 |
| OMSATHMO | OM20AA BOX OM1II | yes/no routing | On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center, at a place or store that honors [your/(SP's)] plan card, or through a place or store that the plan referred [you/(SP)] to.] GO TO OM20_IN - NAVIGATOR. IF OM19B - RENT TO BUY = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT. ELSE GO TO BOX OM1KK1. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | BOX OM1II |

| | | | | | | | | |
|------------------|------------|--------------------|--|---|---|----|----|--|
| EVENT_OMOXGNRENT | OM20A | roster | SELECT OR ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the oxygen-related equipment. | (01) continuous answer (-8) Don't Know (-9) Refused (01) YES (02) NO (03) EVENT ENTERED IN ERROR | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | | | OM20B - RENTSTIL (01) BOX OM1KK (02) OM20C - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1KK1 (-9) BOX OM1KK1 |
| RENTSTIL | OM20B | yes/no | [Are you/ls (SP)/Was (SP)] still renting the oxygen-related equipment? What was the last date the equipment was rented? | (-8) Don't Know (-9) Refused (01) continuous answer (02) Don't Know (03) Refused | [Are you] respondent is SP [ls (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased | | | |
| EVENDMM | OM20C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (01) continuous answer (02) Don't Know (03) Refused | | MM | | OM20C - EVENDDD |
| EVENDDD | OM20C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (01) continuous answer (02) Don't Know (03) Refused | | | DD | OM20C - EVENDYY |
| EVENDYY | OM20C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (01) continuous answer (02) Don't Know (03) Refused | | | YY | BOX OM8A |
| | BOX OM8A | routing | IF SP IS NOT DECEASED, GO TO OM20CC - RENT2BUY. ELSE GO TO BOX OM1KK. | | | | | |
| RENT2BUY | OM20CC | code one | You said [you/(SP)] stopped renting the oxygen-related equipment. 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? | (01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female [have] respondent is SP [has] respondent is proxy | | | (01) BOX OM1KK (02) BOX OM1KK (03) OM20CCVB - REN2BVB (04) BOX OM1KK (05) BOX OM1KK |
| REN2BVB | OM20CCVB | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT. RECORD VERBATIM. | (01) continuous answer | | | | BOX OM1KK |
| | BOX OM1KK | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20D1 - OMSATHMO. ELSE GO TO BOX OM1KK1. | | | | | |
| OMSATHMO | OM20D1 | yes/no | Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the oxygen equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | | BOX OM1KK1 |
| | BOX OM1KK1 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM9. | | | | | |
| | BOX OM9 | routing | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19_IN - NAVIGATOR. ELSE GO TO BOX OM10. | | | | | |
| | BOX OM10 | routing | IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN. ELSE GO TO BOX OMA11. | | | | | |
| MOREOXGN | OM20D | yes/no | 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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [(oxygen or supplies)] EVNT.OXGNTYPE = supplies [(oxygen-related equipment)] EVNT.OXGNTYPE = equipment [you] respondent is SP [(SP)] respondent is proxy [(buy oxygen or supplies)] if OXGNTYPE = supplies [(have any expenses for oxygen-related equipment)] if OXGNTYPE = equipment | | | (01) BOX OM11 (02) BOX OMA11 (-8) BOX OMA11 (-9) BOX OMA11 |
| | BOX OM11 | routing | IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B - RENTPROB. ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT_OMOXGN. | | | | | |
| | BOX OMA11 | routing | IF SP WAS RENTING AT LEAST ONE KIDNEY DIALYSIS EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS21INTR - KDNYNITRO. ELSE GO TO OM21 - OMPRKDNY. | | | | | |
| KDNYNITRO | OMS21INTR | no entry | The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE DATE). | | [you were] respondent is SP [(SP) was] respondent is proxy | | | OMS21_IN - NAVIGATOR |
| NAVIGATOR | OMS21_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | | (01) OMS21 - RENTSTIL (02) OM21 - OMPRKDNY |

| | | | | | | |
|-------------|--------------------|--------------------|--|--|--|---|
| RENTSTIL | OMS21 | code one | 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? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT *NO.*] | (01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [DATE OF DEATH] respondent is proxy, SP deceased [DATE OF INSTITUTIONALIZATION] respondent is proxy, SP institutionalized [is] respondent is SP or proxy, SP alive and not institutionalized [was] respondent is proxy, SP deceased or institutionalized | (01) BOX OM1NN (02) OM22C - EVENDMM (03) BOX OM16 (-8) BOX OM16 (-9) BOX OM16 |
| OMPRKDN | OM21 | yes/no | (Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment? | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Other than what we already talked about,] second or more loop [] first loop [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, first loop [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, first loop [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent completed last round's interview, second loop or more [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, respondent skipped last round's interview, second loop or more [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, first loop [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, first loop [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, first loop [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent completed last round's interview, second loop or more [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent completed last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, respondent skipped last round's interview, second loop or more [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, respondent skipped last round's interview, second loop or more [] first loop [you] respondent is SP [(SP)] respondent is proxy | (01) OM21A - KDNYP (02) BOX OMA18 (03) DO NOT DISPLAY. (-8) BOX OMA18 (-9) BOX OMA18 |
| KDNYP | OM21A | code one | What was that? | (01) KIDNEY DIALYSIS SUPPLIES (02) KIDNEY DIALYSIS EQUIPMENT | | (01) OM22 - EVENT_OMKDN (02) OM21B - RENTPROB |
| RENTPROB | OM21B | code one | Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT *RENT.*] | (01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) OM22 - EVENT_OMKDN (02) OM22A - EVENT_OMKDNRENT (03) DO NOT DISPLAY. (-8) OM22 - EVENT_OMKDN (-9) OM22 - EVENT_OMKDN |
| EVENT_OMKDN | OM22 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1LL |
| NAVIGATOR | OM22_IN | instance navigator | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22_IN - NAVIGATOR. ELSE GO TO BOX OM1NN1. | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM22AA - OMSATHMO (02) BOX OM1NN1 |
| OMSATHMO | OM22AA BOX OM14 | yes/no routing | On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] GO TO OM22_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | BOX OM14 |

[since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview
 [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview
 [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview
 [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview

[you] respondent is SP
 [(SP)] respondent is proxy

[Are you] respondent is SP
 [Is (SP)] respondent is proxy, SP alive
 [Was (SP)] respondent is proxy, SP deceased

OM22B - RENTSTIL
 (01) BOX OM1NN
 (02) OM22C - EVENDYY
 (03) DO NOT DISPLAY.
 (-8) BOX OM1NN1
 (-9) BOX OM1NN1

[you] respondent is SP
 [(SP)] respondent is proxy
 [he] respondent is proxy, SP is male
 [she] respondent is proxy, SP is female
 [have] respondent is SP
 [has] respondent is proxy

(01) BOX OM1NN
 (02) BOX OM1NN
 (03) OM22CCVB - REN2BVB
 (-8) BOX OM1NN
 (-9) BOX OM1NN

[you] respondent is SP
 [(SP)] respondent is proxy
 [you] respondent is SP
 [(SP's)] respondent is proxy

BOX OM1NN1

[(kidney dialysis supplies)] EVNT.KDNYTYPE = supplies
 [(kidney dialysis equipment)] = equipment
 [you] respondent is SP
 [(SP)] respondent is proxy
 [(obtain any kidney dialysis equipment)] if KDNYTYPE = equipment
 [(buy any kidney dialysis supplies)] if KDNYTYPE = supplies

(01) BOX OM18
 (02) BOX OMA18
 (-8) BOX OMA18
 (-9) BOX OMA18

[you were] respondent is SP
 [(SP) was] respondent is proxy

OMS23_IN - NAVIGATOR

(01) OMS23 - RENTSTIL
 (02) OM23 - OMPROTHR

| | | | | |
|-------------------|------------|--------------------|--|---|
| EVENT_OMKDNRYRENT | OM22A | roster | SELECT OR ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the kidney dialysis equipment. | (01) continuous answer (-8) Don't Know (-9) Refused (01) YES (02) NO (03) EVENT ENTERED IN ERROR |
| RENTSTIL | OM22B | yes/no | [Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment? What was the last date the equipment was rented? | (-8) Don't Know (-9) Refused (01) continuous answer (-8) Don't Know (-9) Refused |
| EVENDMM | OM22C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (-8) Don't Know (-9) Refused (01) continuous answer (-8) Don't Know (-9) Refused |
| EVENDDD | OM22C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (-8) Don't Know (-9) Refused (01) continuous answer (-8) Don't Know (-9) Refused |
| EVENDYY | OM22C | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date the equipment was rented? | (-8) Don't Know (-9) Refused (01) continuous answer (-8) Don't Know (-9) Refused |
| | BOX OM15A | routing | IF SP IS NOT DECEASED, GO TO OM22CC - RENT2BUY. ELSE GO TO BOX OM1NN. | |
| RENT2BUY | OM22CC | code one | 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? BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT. | (01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused |
| REN2BVB | OM22CCVB | verbatim text | RECORD VERBATIM. | (01) continuous answer |
| | BOX OM1NN | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22D1 - OMSATHMO. ELSE GO TO BOX OM1NN1. | |
| OMSATHMO | OM22D1 | yes/no | Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| | BOX OM1NN1 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM16. | |
| | BOX OM16 | routing | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21_IN - NAVIGATOR. ELSE GO TO BOX OM17. | |
| | BOX OM17 | routing | IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY. ELSE GO TO BOX OMA18. | |
| MOREKDNY | OM22D | yes/no | 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)]? IF OM21A - KDNYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB. ELSE SET NEXT KIDNEY TYPE TO SUPPLIES AND GO TO OM22 - EVENT_OMKDNRY. | (01) YES (02) NO (-8) Don't Know (-9) Refused |
| | BOX OM18 | routing | | |
| | BOX OMA18 | routing | IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO. ELSE GO TO OM23 - OMPROTHR. | |
| OTHRINTRO | OMS23INTR | no entry | The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE DATE). | |
| NAVIGATOR | OMS23_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED |

| | | | | | | |
|----------------------|------------------------|---------------------------|--|---|--|--|
| RENTSTIL | OMS23 | code one | 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? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."] | (01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [is] respondent is SP or proxy, SP alive and not institutionalized [was] respondent is proxy, SP deceased or institutionalized | (01) BOX OM1QQ (02) OM26B - EVENDMM (03) BOX OM23 (-8) BOX OM23 (-9) BOX OM23 |
| OMPROTHR | OM23 | yes/no | SHOW CARD OM4 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked about? [Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, incontinence supplies such as Depends, Serenity or other brands of disposable undergarments, pads or briefs, bandages, dressings, tape supplies, pulmonary equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors, etc.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused (01) PORTABLE COMMODE OR RAISED TOILET SEAT (02) PORTABLE TUB SEAT (03) SPECIAL CHAIR/CUSHION/MATTRESS (04) HOSPITAL BED/BED SIDES (05) OSTOMY SUPPLIES (06) INCONTINENCE SUPPLIES (I.E. DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS) (07) BANDAGES, DRESSINGS, TAPE SUPPLIES (08) PULMONARY EQUIPMENT (09) BLOOD PRESSURE EQUIPMENT (91) OTHER (01) continuous answer | [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview, SP skipped previous round's interview [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [Between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [you] respondent is SP [(SP)] respondent is proxy | (01) OM24 - OTHRTYPE (02) BOX OM24 (03) DO NOT DISPLAY. (04) BOX OM24 (05) BOX OM24 (01) OM24A - RENTPROB (02) OM24A - RENTPROB (03) OM24A - RENTPROB (04) OM24A - RENTPROB (05) BOX OM18B (06) BOX OM18B (07) BOX OM18B (08) OM24A - RENTPROB (09) OM26 - EVENT_OMOTHR (91) OM24 - EVOSTEXT OM24A - RENTPROB |
| OTHRTYPE EVOSTEXT | OM24 OM24 | code one verbatim text | What kind of equipment was the item? OTHER (SPECIFY) | (01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) OM26 - EVENT_OMOTHR (02) OM26A - EVENT_OMOTHRRENT (03) DO NOT DISPLAY. (-8) OM26 - EVENT_OMOTHR (-9) OM26 - EVENT_OMOTHR |
| RENTPROB | OM24A BOX OM18B | code one routing | Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."] IF NOT ADMINISTERING S1 AND NOT ADMINISTERING NS, GO TO OM25 - GETNUM. ELSE GO TO BOX OM1QQ1. | (01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) OM26 - EVENT_OMOTHR (02) OM26A - EVENT_OMOTHRRENT (03) DO NOT DISPLAY. (-8) OM26 - EVENT_OMOTHR (-9) OM26 - EVENT_OMOTHR |
| GETNUM | OM25 | numeric | THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE DATE). How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [have you/has (SP)] bought or obtained/did (SP) buy or obtain] (OTHER MEDICAL EXPENSE ITEM)? | (01) continuous answer (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [have you] respondent is SP [has (SP) bought or obtained] respondent is proxy, SP alive [did (SP) buy or obtain] respondent is proxy, SP deceased | BOX OM1QQ1 |

| | | | | | | |
|------------------|-----------|--------------------|--|--|---|--|
| EVENT_OMOTHR | OM26 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | BOX OM1OO |
| | BOX OM1OO | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26_IN - NAVIGATOR. ELSE GO TO BOX OM1QQ1. | | | |
| NAVIGATOR | OM26_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OM26AA - OMSATHMO (02) BOX OM1QQ1 |
| | | | 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]? | | | |
| OMSATHMO | OM26AA | yes/no | [PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center, at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | BOX OM21 |
| NAVIGATOR | BOX OM21 | instance navigator | GO TO OM26_IN - NAVIGATOR. | | | |
| EVENT_OMOTHRRENT | OM26A | roster | ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM). | (01) continuous answer (-8) Don't Know (-9) Refused (01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview [you] respondent is SP [(SP)] respondent is proxy | OM26A1 - RENTSTIL (01) DO NOT DISPLAY (02) OM26B - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1QQ1 (-9) BOX OM1QQ1 |
| RENTSTIL | OM26A1 | yes/no | [Are you/ls (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)? What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? | | [Are you] respondent is SP [ls (SP)] respondent is proxy | |
| EVENDMM | OM26B | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | MM OM26B - EVENDDD |
| EVENDDD | OM26B | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | DD OM26B - EVENDYY |
| EVENDYY | OM26B | date | [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.] | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | YY BOX OM22A |
| | BOX OM22A | routing | IF SP IS NOT DECEASED, GO TO OM26BB - RENT2BUY. ELSE GO TO BOX OM1QQ. | | | |
| RENT2BUY | OM26BB | code one | 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? | (01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female [have] respondent is SP [has] respondent is proxy | (01) BOX OM1QQ (02) BOX OM1QQ (03) OM26BBVB - REN2BVB (-8) BOX OM1QQ (-9) BOX OM1QQ |
| REN2BVB | OM26BBVB | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM). RECORD VERBATIM. | (01) continuous answer | | BOX OM1QQ |

| | | | | | | |
|-----------|------------|--------------------|--|--|--|---|
| | BOX OM1QQ | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO. ELSE GO TO BOX OM1QQ1. | | | |
| | | | 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]? | | | |
| OMSATHMO | OM26C | yes/no | [PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | BOX OM1QQ1 |
| | BOX OM1QQ1 | routing | IF ADMINISTERING ST. GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM23. | | | |
| | BOX OM23 | routing | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS23_IN - NAVIGATOR. ELSE GO TO OM27 - MOREOTHR. | | | |
| | | | 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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | (01) OM24 - OTHRTYPE (02) BOX OM24 (-8) BOX OM24 (-9) BOX OM24 |
| MOREOTHR | OM27 | yes/no | IF SP HAD AT LEAST ONE ALTERATION THAT WAS NOT COMPLETE AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS28INTR - ALTRINTRO. ELSE GO TO OM28 - OMPRALTR. | | | |
| | BOX OM24 | routing | | | | |
| ALTRINTRO | OMS28INTR | no entry | The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE). | | [you were] respondent is SP [(SP) was] respondent is proxy | OMS28_IN - NAVIGATOR |
| NAVIGATOR | OMS28_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) OMS28 - EVBEGMM (02) OM28 - OMPRALTR |
| | | | Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). | | [you] respondent is SP [(SP)] respondent is proxy [(REFERENCE DATE)] SP completed previous round's interview [(SURVEY REFERENCE DATE)] SP skipped previous round's interview [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview | |
| EVBEGMM | OMS28 | date | On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed? | (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused | | MM OMS28 - EVBEGDD |

| | | | | | | | |
|----------------------|-------------------|---------------------------|---|---|--|----|--|
| EVBEQDD | OMS28 | date | <p>Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).</p> <p>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?</p> | <p>(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [(REFERENCE DATE)] SP completed previous round's interview [(SURVEY REFERENCE DATE)] SP skipped previous round's interview [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview</p> | DD | OMS28 - EVBEGYY |
| EVBEQYY | OMS28 | date | <p>Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).</p> <p>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?</p> | <p>(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [(REFERENCE DATE)] SP completed previous round's interview [(SURVEY REFERENCE DATE)] SP skipped previous round's interview [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview</p> | YY | OMS28 - OMNOTDONE |
| OMNOTDONE | OMS28 BOX OM25 | code one routing | GO TO OMS28_IN - NAVIGATOR. | <p>(01) ALTERATION NOT YET COMPLETED (-7) Empty</p> | | | BOX OM25 |
| OMPRALTR | OM28 | yes/no | <p>SHOW CARD OM5 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples.</p> <p>[Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]</p> | <p>(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused (01) ALTERATION NOT YET COMPLETED (02) HANDRAILS (OTHER THAN TUB) (03) RAMPS (04) TUB HANDRAILS (05) TUB SEAT (06) ANY CAR ALTERATION (91) OTHER (01) continuous answer</p> | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview [Since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview</p> <p>[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | | <p>(01) OM29 - ALTRTYPE (02) BOX OM26 (03) DO NOT DISPLAY. (-8) BOX OM26 (-9) BOX OM26 (02) OM30 - EVBEGMM (03) OM30 - EVBEGMM (04) OM30 - EVBEGMM (05) OM30 - EVBEGMM (06) OM30 - EVBEGMM (91) OM29 - EVOSTEXT OM30 - EVBEGMM</p> |
| ALTRTYPE EVOSTEXT | OM29 OM29 | code one verbatim text | What was the alteration? OTHER (SPECIFY) | | | | |

[since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview
 [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview
 [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview
 [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview

EVBEGMM OM30 date On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed? (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused MM OM30 - EVBEGDD

[since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview
 [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview
 [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview
 [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview

EVBEGDD OM30 date On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed? (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused DD OM30 - EVBEGYY

[since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview
 [since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview
 [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview
 [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview
 [between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's interview

EVBEGYY OM30 date On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed? (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused YY OM30 - OMNOTDONE

OMNOTDONE OM30 code one (01) ALTERATION NOT YET COMPLETED (-7) Empty BOX OM25A

BOX OM25A routing IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM31 - MOREALTR.

MOREALTR

OM31
BOX OM26

yes/no
routing

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 (01) YES
(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF (-2) NO
DEATH/DATE OF INSTITUTIONALIZATION)]? (-8) Don't Know
GO TO NEXT SECTION (-9) Refused

[you] respondent is SP
[(SP] respondent is proxy
[since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP completed previous round's interview
[since (SURVEY REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, SP skipped previous round's interview
[between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP completed previous round's interview
[between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP completed previous round's interview
[between (SURVEY REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, SP skipped previous round's interview
[between (SURVEY REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, SP skipped previous round's
interview

(01) OM29 - ALTRTYPE
(02) BOX OM26
(-8) BOX OM26
(-9) BOX OM26

Prescribed Medicine Summary (PMS)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|--------------------|----------------|--------------------|---|--|--|------------|---|
| | BOX PMS1 | routing | IF SP REPORTED PRESCRIPTION MEDICINE PURCHASES IN THE PREVIOUS ROUND, GO TO PMSINTRA - PMSINTA. ELSE GO TO BOX PMS12. | | | | |
| | | | During the last interview, we recorded the names of medicines that [you/(SP)] had obtained between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [HAND-PM SUMMARY PAGE TO RESPONDENT.] You may want to refer to the medicine names to help you recall any medicines that [you/(SP)] may have obtained since that time, including any refills of these medicines. | | | | |
| PMSINTA | PMSINTRA | no entry | PRESS F12 AND SHOW THE PRESCRIPTION MEDICINE SUMMARY TO THE RESPONDENT ON YOUR SCREEN | | [you] respondent is SP [(SP)] respondent is proxy | | PMSINTRB - PMSUPDATE |
| PMSUPDATE | PMSINTRB | code one | REFER TO SUMMARY PAGE FOR PRESCRIBED MEDICINES TO REVIEW PREVIOUS ROUND UTILIZATION. CODE WITHOUT ASKING: | (01) NO CHANGES APPEAR TO BE NECESSARY (02) NEED TO ADD A MEDICINE NAME (03) NEED TO CORRECT A MEDICINE NAME (04) NEED TO DROP A MEDICINE | | | (01) BOX PMS12 (02) PMS2 - MEDICINE_PMSADD (03) PMS3 - MEDICINE_PMSEDIT (04) PMS4 - MEDICINE_PMSDELETE |
| MEDICINE_PMSADD | PMS2 | roster | What is the name of the medicine that needs to be added? ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) continuous answer | | | PMS6A - GETNUM |
| MEDICINE_PMSEDIT | PMS3 | roster | EDIT ALL MEDICINES AT THIS ROSTER. What is the name of the medicine that needs to be edited? | (01) continuous answer | | | PMSINTRB - PMSUPDATE |
| MEDICINE_PMSDELETE | PMS4 | roster | What is the name of the medicine that needs to be deleted? SELECT ALL MEDICINES FOR DELETION AT THIS ROSTER. | (01) continuous answer | | | PMSINTRB - PMSUPDATE |
| | | | IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE. How many times between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [you/(SP)] obtain (READ MEDICINE NAME(S) BELOW)MEDICINE-NAME)? | | | | |
| GETNUM | PMS6A | grid | [COUNT A MEDICINE AS OBTAINED REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX PMS3 |
| | BOX PMS3 | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PMS6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF IN THE PREVIOUS ROUND, GO TO PMS6A_IN - NAVIGATOR. ELSE GO TO PMSINTRB - PMSUPDATE. | | | | |
| NAVIGATOR | PMS6A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) BOX PMS4 (02) PMSINTRB - PMSUPDATE |
| | BOX PMS4 | routing | IF SP USED V.A. FACILITIES IN THE PREVIOUS ROUND, GO TO PMS6A1 - PMSATVA. ELSE GO TO BOX PMS6. | | | | |
| PMSATVA | PMS6A1 | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [this purchase] one purchase [any of these purchases] two or more purchases | | BOX PMS6 |
| | BOX PMS6 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE PREVIOUS ROUND, GO TO PMS6B - PMSATHMO. ELSE GO TO PMSINTB1 - PMSINTB. | | | | |

| | | | | | | |
|----------------------|----------------------|---------------------------|--|---|---|---|
| PMSATHMO | PMS6B | yes/no | 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]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [this purchase] one purchase [any of these purchases] two or more purchases [your] respondent is SP [(SP's)] respondent is proxy | PMSINTB1 - PMSINTB |
| PMSINTB | PMSINTB1 BOX PMS8 | no entry routing | [ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.] Now I need to ask you a few questions about the (MEDICINE NAME). GO TO PMS8 - PMBOTTLE. | | | BOX PMS8 |
| PMBOTTLE | PMS8 | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT. Do you have the medicine bottle, container, or bag available? IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE. | (01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) Don't Know (-9) Refused | | (01) PMSINTRC - PMSINTC (02) BOX PMS11 (03) PMS9 - PMFORM (-8) BOX PMS11 (-9) BOX PMS11 |
| PMSINTC | PMSINTRC | no entry | COMPLETE PMS9 -- PMS16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER. | | | PMS9 - PMFORM |
| PMFORM PMFORMOS | PMS9 PMS9 | code one verbatim text | IN WHAT FORM WAS THE MEDICINE? [IF THE CONTAINER INDICATES "PADS", SELECT THE CATEGORY FOR "PATCHES".] OTHER (SPECIFY) | (01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know (01) continuous answer (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-8) Don't Know (01) continuous answer (01) continuous answer (-8) Don't Know (01) continuous answer (-8) Don't Know (01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) Empty | | (01) PMS10 - STRNUNIT (02) PMS10 - STRNUNIT (03) PMS10 - STRNUNIT (04) PMS10 - STRNUNIT (05) PMS10 - STRNUNIT (06) PMS10 - STRNUNIT (07) PMS10 - STRNUNIT (08) PMS10 - STRNUNIT (09) PMS10 - STRNUNIT (10) PMS10 - STRNUNIT (11) PMS10 - STRNUNIT (12) PMS10 - STRNUNIT (91) PMS9 - PMFORMOS (-8) BOX PMS9 PMS10 - STRNUNIT (01) PMS10 - STRNNUM (02) PMS10 - STRNNUM (03) PMS10 - STRNNUM (04) PMS10 - STRNNUM (05) PMS10 - STRNNUM (06) PMS10 - STRNPER (07) PMS10 - STRNNUM (08) PMS10 - STRNNUM (91) PMS10 - STRNUNOS (96) PMS10 - STRNUNIT96 (-8) PMS10 - STRNUNIT96 PMS10 - STRNNUM |
| STRNUNIT STRNUNOS | PMS10 PMS10 | code one verbatim text | WHAT WAS THE STRENGTH OF [EACH PILL/EACH PATCH/EACH SUPPOSITORY/THE (MEDICINE FORM)]? IF COMPOUND MEDICINE: ENTER STRENGTH OF 1ST MEDICINE, THEN CHECK THE BOX BELOW. OTHER (SPECIFY) | | [EACH PILL] (MEDICINE FORM) = 01 [EACH PATCH] (MEDICINE FORM) = 10 [EACH SUPPOSITORY] (MEDICINE FORM) = 05 [THE (MEDICINE FORM)] (MEDICINE FORM) NOT EQUAL 01,10,05 | |
| STRNNUM | PMS10 | numeric | | | | PMS10 - STRNUNIT96 |
| STRNPER | PMS10 | verbatim text | | | | PMS10 - STRNUNIT96 |
| STRNUNIT96 | PMS10 BOX PMS8A | verbatim text routing | IF PMS10 - STRNUNIT96 = 1/Compound, GO TO PMS10B - STRNUNI2. ELSE GO TO BOX PMS9. | | | BOX PMS8A |
| STRNUNI2 STRNUNO2 | PMS10B PMS10B | code one verbatim text | WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND? OTHER (SPECIFY) | (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-8) Don't Know (01) continuous answer (01) continuous answer (-8) Don't Know (01) continuous answer (-8) Don't Know | | (01) PMS10B - STRNNUM2 (02) PMS10B - STRNNUM2 (03) PMS10B - STRNNUM2 (04) PMS10B - STRNNUM2 (05) PMS10B - STRNNUM2 (06) PMS10B - STRNPER2 (07) PMS10B - STRNNUM2 (08) PMS10B - STRNNUM2 (91) PMS10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PMS9 PM10B - STRNNUM2 |
| STRNNUM2 | PMS10B | numeric | | | | BOX PMS9 |
| STRNPER2 | PMS10B | verbatim text | | | | BOX PMS9 |

| | | | | | | |
|---------------------|---------------------------------|-------------------------------|---|---|--|---|
| | BOX PMS9 | routing | IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES IN THE PREVIOUS ROUND, GO TO PMS11 - TABNUM. ELSE GO TO PMS16 - AMTUNIT. | | | |
| TABNUM | PMS11 | numeric | HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) continuous answer (-8) Don't Know (-9) Refused | [PILL] (MEDICINE FORM) = 01 [SUPPOSITORY] (MEDICINE FORM) = 05 [PATCH] (MEDICINE FORM) = 10 | BOX PMS10 |
| | BOX PMS10 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES IN THE PREVIOUS ROUND AND PMS11 - TABNUM=DK, GO TO PMS12 - TABSADAY. ELSE GO TO BOX PMS11. | | | |
| TABSADAY | PMS12 | numeric | HOW MANY (PILLS/SUPPOSITORIES) WERE TO BE TAKEN IN A DAY? | (01) continuous answer (-7) Empty (-8) Don't Know (01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty | [PILL] (MEDICINE FORM) = 01 [SUPPOSITORY] (MEDICINE FORM) = 05 | PMS12 - TABSADAY95 |
| TABSADAY95 | PMS12 | code one | | | | BOX PMS10A |
| | BOX PMS10A | routing | IF PMS12 - TABSADAY = DK, GO TO BOX PMS11. ELSE IF PMS12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PMS13 - TABTAKE. ELSE GO TO PMS14 - TAKEUNIT. | | | |
| TABTAKE | PMS13 | numeric | How many (pills/suppositories) did [you/(SP)] usually take in a day? | (01) continuous answer (-8) Don't Know (-9) Refused (01) DON'T TAKE EVERY DAY (-7) Empty | [pills] (MEDICINE FORM) = 01 [suppositories] (MEDICINE FORM) = 05 [you] respondent is SP [(SP)] respondent is proxy | PMS13 - TABTAKE96 |
| TABTAKE96 | PMS13 | code one | | | | BOX PMS10B |
| | BOX PMS10B | routing | IF PMS13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PMS11. ELSE GO TO PMS14 - TAKEUNIT. | | | |
| | | | HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN? | (01) DAYS (02) WEEKS (03) TAKE UNTIL GONE (04) TAKE AS NEEDED (05) TAKE EVERY DAY (-8) Don't Know (-9) Refused | | |
| TAKEUNIT TAKENUM | PMS14 PMS14 | code one numeric | [IF THE BOTTLE SAYS TO TAKE A CERTAIN DOSE OF THE MEDICINE DAILY WITHOUT GIVING A TIME FRAME (E.G., "TAKE 2 PILLS DAILY"), SELECT "TAKE EVERY DAY".] | (01) continuous answer (-8) Don't Know (-9) Refused (01) continuous answer (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER | | BOX PMS11 (01) PMS16 - AMTNUM (02) PMS16 - AMTNUM (03) PMS16 - AMTNUM (04) PMS16 - AMTNUM (05) PMS16 - AMTNUM (06) PMS16 - AMTNUM (07) PMS16 - AMTNUM (91) PMS16 - AMTNUM (-8) BOX PMS11 PMS16 - AMTNUM |
| AMTUNIT AMTUNOS | PMS16 PMS16 | code one verbatim text | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (-8) Don't Know (01) continuous answer (01) continuous answer (-8) Don't Know | | PMS16 - AMTNUM |
| AMTNUM | PMS16 BOX PMS11 BOX PMS12 | numeric routing routing | GO TO PMS6A_IN - NAVIGATOR. GO TO NEXT SECTION | | | BOX PMS11 |

Prescribed Medicine Utilization (PMQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|---|---|------------|---|
| PMINTA | PMINTROA | no entry | [Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE).] [While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]] [Now I'd like to talk about prescribed medicines.] | | [Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE).] SP reported PM purchases in the previous round [] SP did not report PM purchases in the second round [you have] respondent is SP [(SP) has] respondent is proxy [While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]] SP reported PM's in the current round utilization [] SP did not report PM's in the current round utilization [Now I'd like to talk about prescribed medicines.] (SP did not report PM purchases in the previous round) and (SP did not report PM's in the current round utilization) [] (SP reported PM purchases in the previous round) or (SP reported PM's in the current round utilization) Else do not display. | | PM1 - PMFILLED |
| PMFILLED | PM1 | yes/no | [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? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP DO NOT DISPLAY. DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED | [Besides that medicine,] only one PM reported during the current round utilization [Besides those medicines,] more than one PM reported during the current round utilization [] no PM's reported during current round utilization [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, no PM's reported during the current round utilization [since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized, one or more PM's reported during the current round utilization [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, no PM's reported during the current round utilization [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, no PM's reported during the current round utilization [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, one or more PM's reported during the current round utilization [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, one or more PM's reported during the current round utilization [other] one or more PM's reported during the current round utilization [] no PM's reported during the current round utilization [have you had] respondent is SP [has (SP) had] respondent is proxy, SP alive and not institutionalized [did (SP) have] respondent is proxy, SP deceased/institutionalized | | (01) BOX PMA1 (02) PM3 - PMREFILL (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) PM3 - PMREFILL (-9) PM3 - PMREFILL |
| | BOX PMA1 | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM1A - PM1PMMEDS. ELSE GO TO PM2 - MEDICINE PM1. | | | | |
| PM1PMMEDS | PM1A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | | [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] - SP has a "current" Medicare Prescription Drug plan or there was a Medicare Prescription Drug plan "current" at the time of the previous round interview. Else do not display. | | |
| MEDICINE_PM1 | PM2 | roster | What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) CONTINUOUS ANSWER | | | PM3 - PMREFILL |
| PMREFILL | PM3 | yes/no | 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)]? [COUNT A MEDICINE AS "REFILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [In addition to what you've told me about, did] SP reported one or more PM's in the current round utilization [Did] SP did not report PM's in the current round utilization [you] respondent is SP [(SP)] respondent is proxy [since (REFERENCE DATE)] respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | (01) BOX PMA2 (02) PM5 - PMDRPHON (-8) PM5 - PMDRPHON (-9) PM5 - PMDRPHON |
| | BOX PMA2 | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM3A - PM2PMMEDS. ELSE GO TO PM4 - MEDICINE PM2. | | | | |
| PM2PMMEDS | PM3A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | | [your] respondent is SP [(SP)'s] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] - SP has a "current" Medicare Prescription Drug plan or there was a Medicare Prescription Drug plan "current" at the time of the previous round interview [] SP does not have a "current" Medicare Prescription Drug plan or there was not a Medicare Prescription Drug plan "current" at the time of the previous round interview | | PM4 - MEDICINE_PM2 |
| MEDICINE_PM2 | PM4 | roster | Please tell me all the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) CONTINUOUS ANSWER | | | PM5 - PMDRPHON |

| | | | | | | |
|--------------|------------|--------------------|---|---|---|---|
| PMDRPHON | PM5 | yes/no | <p>People sometimes forget to mention prescriptions that were phoned in by a doctor. (In addition to what you've told me about, did/Did) [you/(SP)] get any medicine prescribed by a doctor in a telephone call to a drugstore or pharmacy [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?</p> <p>[INCLUDE ALL PRESCRIBED MEDICINES REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | <p>[In addition to what you've told me about, did] SP reported one or more PM's in the current round utilization [Did] SP did not report PM's in the current round utilization</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[since (REFERENCE DATE)] respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized</p> | (01) BOX PMA3 (02) BOX PM1 (-8) BOX PM1 (-9) BOX PM1 |
| | BOX PMA3 | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM5A - PM3PMMEDS. ELSE GO TO PM6 - MEDICINE PM3. | | | |
| PM3PMMEDS | PM5A | no entry | <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 medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.]</p> <p>[IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.</p> | | <p>[Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] SP has a "current" Medicare Prescription Drug plan or there was a Medicare Prescription Drug plan "current" at the time of the previous round interview [] SP does not have a "current" Medicare Prescription Drug plan or there was not a Medicare Prescription Drug plan "current" at the time of the previous round interview</p> <p>[you] respondent is SP [(SP)'s] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy</p> | PM6 - MEDICINE_PM3 |
| MEDICINE_PM3 | PM6 | roster | Please tell me the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) CONTINUOUS ANSWER | | BOX PM1 |
| | BOX PM1 | routing | | | | |
| GETNUM | PM6A | grid | IF SP REPORTED AT LEAST ONE PRESCRIPTION MEDICINE IN THE CURRENT ROUND UTILIZATION THAT DOES NOT HAVE NUMBER OF PURCHASES ENTERED, GO TO PM6A - GETNUM. ELSE GO TO PM17 - PMMORE. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX PM1A |
| | BOX PM1A | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PM6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF, GO TO RXNOFILL ELSE GO TO PM17 - PMMORE. | | | |
| | BOX-PM1AB | routing | IF THIS IS ROUND 70 AND PM6AB - RXNOFILL HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM6AB - RXNOFILL. ELSE GO TO PM6A - IN - NAVIGATOR. | | | |
| RXNOFILL | PM6AB | list | <p>SHOW CARD PM1</p> <p>Please think about the medicines you have obtained since (REFERENCE DATE), including [READ MEDICINE NAME(S) BELOW.] Since (REFERENCE DATE), how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never...</p> <p>decide not to fill or refill a prescription because the medicine cost too much?</p> | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PM6AB - RXDELAY |
| RXDELAY | PM6AB | list | delay getting a prescription filled or refilled because the medicine cost too much? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | | PM6AB - RXSKIP |
| RXSKIP | PM6AB | list | skip doses to make the medicine last longer? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | | PM6AB - RXDOSE |
| RXDOSE | PM6AB | list | take smaller doses to make the medicine last longer? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | | PM6A_IN - NAVIGATOR |
| NAVIGATOR | PM6A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) BOX PM1A-1 (02) BOX PM3A |
| | BOX PM1A-1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PM6A1 - PMSATVA. ELSE GO TO BOX PM1AA. | | | |
| PMSATVA | PM6A1 | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [this purchase] PMRO.GETNUM = 1 [any of these purchases] PMRO.GETNUM is not equal to 1 | BOX PM1AA |
| | BOX PM1AA | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PM6B - PMSATHMO. ELSE GO TO PMINTROB - PMINTB. | | | |
| PMSATHMO | PM6B | yes/no | <p>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]?</p> <p>[PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PMINTROB - PMINTB |
| | | | | | [this purchase] PMRO.GETNUM = 1 [any of these purchases] PMRO.GETNUM is not equal 1 | |
| PMINTB | PMINTROB | no entry | [ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.] [Now] I need to ask you a few [more] questions about the (MEDICINE NAME). | | [you] respondent is SP [(SP)] respondent is proxy | |
| | BOX PM1B | | GO TO PM8 - PMBOTTLE. | | [more] SP was covered by a Medicare managed care plan or a private managed care plan anytime during the current round [] SP was not covered by a Medicare managed care plan or a private managed care plan anytime during the current round | |

| | | | | | | |
|------------|-------------|---------------|--|--|--|--|
| PMBOTTLE | PM8 | code one | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT. Do you have the medicine bottle, container, or bag available? IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE. | (01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED | | (01) BOX PM1B-1 (02) BOX PM2 (03) BOX PM1B-1 (-8) BOX PM2 (-9) BOX PM2 |
| | BOX PM1B-1 | routing | IF (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK) AND (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK) AND ((SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND NUMBER WAS ASKED AND DID NOT EQUAL DK) OR (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK)), GO TO PM8AA - SAMEFSAM. IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK, GO TO PM8A - SAMEFORM. ELSE GO TO BOX PM1B-2A. | | | |
| SAMEFSAM | PM8AA | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE THE SAME AS IN THE PREVIOUS INTERVIEW. 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 amount of the (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT).The number of (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND NUMBER).] Is this medicine in the same strength, form and amount? CODE "NO" UNLESS STRENGTH, FORM AND AMOUNT EXACTLY MATCH PREVIOUS ROUND. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [each pill] previous round PMRO.PMFORM = 1/Pill [each suppository] previous round PMRO.PMFORM = 5/Suppository [each patch] previous round PMRO.PMFORM = 10/Patch Else display [the (STRENGTH MEDICINE FORM)] [The amount of the (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT)] SP reported the prescription medicine in the previous round and the previous round amount was asked [The number of (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND NUMBER).] SP reported the prescription medicine in the previous round and the previous round medicine number was asked | (01) BOX PM2 (02) PM8A - SAMEFORM (-8) PM8A - SAMEFORM (-9) PM8A - SAMEFORM |
| SAMEFORM | PM8A | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW. (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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX PM1B-2 (02) BOX PM1B-2A (-8) BOX PM1B-2A (-9) BOX PM1B-2A |
| | BOX PM1B-2 | routing | IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK, GO TO PM9A - SAMESTRN. ELSE GO TO PM10 - STRNUNIT. | | | |
| | BOX PM1B-2A | routing | IF PM8 - PMBOTTLE=1/Yes, GO TO PMINTROC - PMINTC. ELSE GO TO PM9 - PMFORM. | | | |
| | PMINTROC | no entry | COMPLETE PM9 -- PM16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER. | | | PM9 - PMFORM |
| PMFORM | PM9 | code one | IN WHAT FORM IS THE MEDICINE? [IF THE CONTAINER INDICATES "PADS", SELECT THE CATEGORY FOR "PATCHES".] | (01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know (01) CONTINUOUS ANSWER | | (01) PM10 - STRNUNIT (02) PM10 - STRNUNIT (03) PM10 - STRNUNIT (04) PM10 - STRNUNIT (05) PM10 - STRNUNIT (06) PM10 - STRNUNIT (07) PM10 - STRNUNIT (08) PM10 - STRNUNIT (09) PM10 - STRNUNIT (10) PM10 - STRNUNIT (11) PM10 - STRNUNIT (12) PM10 - STRNUNIT (91) PM9 - PMFORMOS (-8) BOX PM1B-4 |
| PMFORMOS | PM9 | text | OTHER (SPECIFY) CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the strength of [each pill/each suppository/each patch/the (MEDICINE FORM)] was [READ STRENGTH BELOW]. | | [you] respondent is SP [(SP)] respondent is proxy | PM10 - STRNUNIT |
| SAMESTRN | PM9A | yes/no | (STRENGTH 1) (STRENGTH 2) Is this medicine in the same strength? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [each pill] previous round PMRO.PMFORM = 1/Pill [each suppository] previous round PMRO.PMFORM = 5/Suppository [each patch] previous round PMRO.PMFORM = 10/Patch Else display [the (MEDICINE FORM)] | (01) BOX PM1B-4 (02) PM10 - STRNUNIT (-8) PM10 - STRNUNIT (-9) PM10 - STRNUNIT |
| STRNUNIT | PM10 | quantity unit | WHAT IS THE STRENGTH OF [EACH PILL/EACH SUPPOSITORY/EACH PATCH/THE (MEDICINE FORM)]? IF COMPOUND MEDICINE: ENTER STRENGTH OF 1ST MEDICINE, THEN CHECK THE BOX BELOW. | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED DO NOT DISPLAY. (-8) Don't Know (01) CONTINUOUS ANSWER | [EACH PILL] current round PMFORM = 1/Pill [EACH SUPPOSITORY] current round PMFORM = 5/Suppository [EACH PATCH] current round PMFORM = 10/Patch Else display [THE (MEDICINE FORM)] | (01) PM10 - STRNNUM (02) PM10 - STRNNUM (03) PM10 - STRNNUM (04) PM10 - STRNNUM (05) PM10 - STRNNUM (06) PM10 - STRNPER (07) PM10 - STRNNUM (08) PM10 - STRNNUM (91) PM10 - STRNUNOS (96) DO NOT DISPLAY. (-8) PM10 - STRNUNIT96 |
| STRNUNOS | PM10 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | PM10 - STRNNUM |
| STRNNUM | PM10 | numeric | | (01) CONTINUOUS ANSWER | | PM10 - STRNUNIT96 |
| STRNPER | PM10 | numeric | | (01) CONTINUOUS ANSWER | | PM10 - STRNUNIT96 |
| STRNUNIT96 | PM10 | | | (01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) EMPTY | | BOX PM1B-3 |
| | BOX PM1B-3 | routing | IF PM10 - STRNUNIT96 = 1/Compound, GO TO PM10B - STRNUNIT2. ELSE GO TO BOX PM1B-4. | | | |

| | | | | | | |
|------------|------------|---------------|---|---|--|--|
| STRNUN2 | PM10B | quantity unit | WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND? | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED DO NOT DISPLAY. (-8) Don't Know | | (01) PM10B - STRNNUM2 (02) PM10B - STRNNUM2 (03) PM10B - STRNNUM2 (04) PM10B - STRNNUM2 (05) PM10B - STRNNUM2 (06) PM10B - STRNPER2 (07) PM10B - STRNNUM2 (08) PM10B - STRNNUM2 (91) PM10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PM1B-4 |
| STRNUNO2 | PM10B | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | PM10B - STRNNUM2 |
| STRNNUM2 | PM10B | numeric | | (01) CONTINUOUS ANSWER | | BOX PM1B-4 |
| STRNPER2 | PM10B | numeric | PERCENT? IF PM9A - SAMESTRN = 1/Yes AND SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK, GO TO PM15A - SAMEAMNT. ELSE IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES, GO TO PM11 - TABNUM. ELSE GO TO PM16 - AMTUNIT. | (01) CONTINUOUS ANSWER | | BOX PM1B-4 |
| | BOX PM1B-4 | routing | | | | |
| TABNUM | PM11 | numeric | HOW MANY [PILLS/SUPPOSITORIES/PATCHES] WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | [PILLS] current round PMFORM = 1/Pill [SUPPOSITORIES] current round PMFORM = 5/Suppository [PATCHES] current round PMFORM = 10/Patch | BOX PM1C |
| | BOX PM1C | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES AND PM11 - TABNUM = DK, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM2. | | | |
| TABSADAY | PM12 | numeric | HOW MANY [PILLS/SUPPOSITORIES] ARE TO BE TAKEN IN A DAY? | (01) CONTINUOUS ANSWER | [PILLS] current round, PMFORM = 1/Pill [SUPPOSITORIES] current round, PMFORM = 5/Suppository | PM12 - TABSADAY95 |
| TABSADAY95 | PM12 | code one | | (01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty | | BOX PM1D |
| | BOX PM1D | routing | IF PM12 - TABSADAY = DK, GO TO BOX PM2. ELSE IF PM12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PM13 - TABTAKE. ELSE GO TO PM14 - TAKEUNIT. | | | |
| TABTAKE | PM13 | numeric | How many (pills/suppositories) (do/did/does) [you/(SP)] usually take in a day? | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW | [pills] current round PMFORM = 1/Pill [suppositories] current round PMFORM = 5/Suppository [do] respondent is SP [did] respondent is proxy, SP deceased [does] respondent is proxy, SP alive [you] respondent is SP [(SP)] respondent is proxy | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY (-7) EMPTY | | BOX PM1E |
| | BOX PM1E | routing | IF PM13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PM2. ELSE GO TO PM14 - TAKEUNIT. | | | |
| TAKEUNIT | PM14 | quantity unit | HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN? [IF THE BOTTLE SAYS TO TAKE A CERTAIN DOSE OF THE MEDICINE DAILY WITHOUT GIVING A TIME FRAME (E.G., "TAKE 2 PILLS DAILY"), SELECT "TAKE EVERY DAY".] | (01) DAYS (02) WEEKS (03) TAKE UNTIL GONE (04) TAKE AS NEEDED (05) TAKE EVERY DAY (-8) DON'T KNOW (-9) REFUSED | | (01) PM14 - TAKENUM (02) PM14 - TAKENUM (03) BOX PM2 (04) BOX PM2 (05) BOX PM2 (-8) BOX PM2 BOX PM2 |
| TAKENUM | PM14 | numeric | | (01) CONTINUOUS ANSWER | | BOX PM2 |
| SAMEAMNT | PM15A | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the amount of the (PREVIOUS ROUND MEDICINE FORM) was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same amount? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | (01) BOX PM2 (02) PM16 - AMTUNIT (-8) PM16 - AMTUNIT (-9) PM16 - AMTUNIT |
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | (01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM2 BOX PM2 |
| AMTUNOS | PM16 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | PM16 - AMTNUM |
| AMTNUM | PM16 | numeric | | (01) CONTINUOUS ANSWER | | BOX PM2 |
| | BOX PM2 | routing | IF (NOT ADMINISTERING ST AND NOT ADMINISTERING NS) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (UTILIZATION IS NOT BEING COLLECTED FOR THE FIRST TIME FOR THIS SP) AND (THIS IS ROUND 70) AND (AT LEAST ONE RESPONSE AT PM6A = 1/OFTEN OR 2/SOMETIMES) AND (AT LEAST TWO PRESCRIPTION MEDICINES DISPLAYED AT PM6A HAVE NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF) AND (THIS IS ONE OF THE FIRST 16 MEDICINES BEING ASKED ABOUT IN PM), GO TO PM16A1 - NOFILLED. ELSE GO TO BOX PM3. | | | |
| NOFILLED | PM16A1 | code one | SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] decide not to fill or refill (MEDICINE) because it cost too much? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PM16A - DELAYFIL |
| DELAYFIL | PM16A | code one | SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] delay filling or refilling a prescription for (MEDICINE NAME) because it cost too much? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PM16B - SKIPDOSE |
| SKIPDOSE | PM16B | code one | SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] skip doses of (MEDICINE NAME) to make the medicine last longer? [IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never skipped doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?] | (01) OFTEN (02) SOMETIMES (03) NEVER (04) NEVER TOOK THE MEDICINE AT ALL (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female | (01) PM16C - CUTDOSE (02) PM16C - CUTDOSE (03) PM16C - CUTDOSE (04) BOX PM3 (-8) PM16C - CUTDOSE (-9) PM16C - CUTDOSE |

| | | | | | | | |
|---------|-----------|----------|--|---|--|--|---|
| CUTDOSE | PM16C | code one | SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] take smaller doses of (MEDICINE NAME) to make the medicine last longer? [IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never took smaller doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?] | (01) OFTEN (02) SOMETIMES (03) NEVER (04) NEVER TOOK THE MEDICINE AT ALL (-8) DONT KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX PM3 |
| | BOX PM3 | routing | GO TO PM6A_IN - NAVIGATOR. | | | | |
| | BOX PM3A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST43. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS43. ELSE GO TO PM17 - PMMORE. | | | | |
| PMMORE | PM17 | yes/no | ([NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.] REVIEW THIS INFORMATION WITH THE RESPONDENT. [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?] | (01) YES (02) NO | [THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.] SP reported any Prescription Medicine purchases during the current round [NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD.] SP did not report any Prescription Medicine purchases during the current round [MORE] Display if SP reported any Prescription Medicine purchases during the current round. Else do not display. | | (01) PM6 - MEDICINE_PM3 (02) BOX PMEND |
| | BOX PMEND | routing | GO TO NEXT SECTION | | | | |

Statement Charge Series (STQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fills | Input mask | Routing |
|-----------------|----------------|---------------|--|--|---|--|-----------------------|
| | BOX STBEG | routing | IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND), GO TO ST1 - MHMOSTMT. ELSE GO TO ST2 - MCSAVAIL. | | | | |
| MHMOSTMT | ST1 | code one | <p>Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE.</p> <p>[Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.]</p> <p>Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].</p> | (01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | <p>[your] respondent is SP [(SP)'s] respondent is proxy</p> <p>[Do you usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?] respondent is SP, previous round HRND.MHMOSTMT = DK, RF or EMPTY [Does (SP) usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?] respondent is proxy, previous round HRND.MHMOSTMT = DK, RF or EMPTY</p> <p>[Last time, we recorded that you always received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is SP, previous round HRND.MHMOSTMT = 1/Always [Last time, we recorded that you sometimes received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is SP, previous round HRND.MHMOSTMT = 2/Sometimes [Last time, we recorded that you never received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is SP, previous round HRND.MHMOSTMT = 3/Never</p> <p>[Last time, we recorded that [(SP)] always received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is proxy, previous round HRND.MHMOSTMT = 1/Always [Last time, we recorded that [(SP)] sometimes received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is proxy, previous round HRND.MHMOSTMT = 2/Sometimes [Last time, we recorded that [(SP)] never received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] respondent is proxy, previous round HRND.MHMOSTMT = 3/Never</p> <p>[currently] previous round HRND.MHMOSTMT ^= empty Else do not display [currently]</p> <p>[you always receive statements, sometimes receive statements, or never receive statements] respondent is SP [(SP) always receives statements, sometimes receives statements, or never receives statements] respondent is proxy</p> | (01) ST2 - MCSAVAIL (02) ST2 - MCSAVAIL (03) BOX STEND (-8) ST2 - MCSAVAIL (-9) ST2 - MCSAVAIL | |
| MCSAVAIL | ST2 | yes/no | <p>[Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.]</p> <p>[PROBE IF NECESSARY: Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]? (Please include any statements received about [your/(SP's)] prescription drug benefit.)</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | <p>[Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.] ST1 - MHMOSTMT = empty [] ST1 - MHMOSTMT is not equal to empty</p> <p>[your] respondent is SP [(SP)'s] respondent is proxy</p> <p>[that you received since the last interview] respondent is SP, this is SP's second or more community interview [that (SP) received since the last interview] respondent is proxy, this is SP's second or more community interview [] this is SP's first community interview</p> <p>[Please include any statements received about [your/(SP's)] prescription drug benefit.] - SP has a "current" (MHMO, TRICARE, or Medicare Prescription Drug plan) or there was a (MHMO, TRICARE, or Medicare Prescription Drug plan) "current" at the time of the previous round interview [] SP does not have a "current" (MHMO, TRICARE, or Medicare Prescription Drug plan) or there was not a (MHMO, TRICARE, or Medicare Prescription Drug plan) "current" at the time of the previous round interview</p> | (01) ST3 - STHIREP (02) BOX STEND (-8) BOX STEND (-9) BOX STEND | |
| STHIREP | ST3 | no entry | BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP. | | | | ST4 - MATCHST |
| MATCHST | ST4 | no entry | [MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).] [SELECT "MPDP STATEMENT OR MA/TRICARE PRESCRIPTION DRUG BUNDLE" AT THE NEXT SCREEN FOR ALL STATEMENTS FROM THE SP'S "(MPDP)" PLAN, "(MHMO)" PLAN OR TRICARE PLAN THAT REPORTS PRESCRIPTION DRUG CLAIMS.] | | | | ST5 - ST_CHARGEBUNDLE |
| ST_CHARGEBUNDLE | ST5 | roster | ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS. ADD ONE CHARGE BUNDLE AT THIS ROSTER. | | | | BOX ST5A |
| | BOX ST5A | routing | IF ST5 - STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE. ELSE GO TO BOX ST5B. | | | | |
| PDPTYPE | ST5A | code one | SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE. | (01) MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT (02) MEDICARE ADVANTAGE STATEMENT (03) TRICARE STATEMENT | | | BOX ST5B |
| | BOX ST5B | routing | SET STATEMENT TYPE. GO TO BOX ST5. | | | | |
| | BOX ST5 | routing | IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM. ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSNCLNUM. ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST11B - PDPBEGMM. | | | | |

| | | | | | | | |
|-----------------|-----------|----------|--|--|--|----|---|
| MSNCLNUM | ST7 | text | ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH ONE CLAIM TOTAL. IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER "DON'T KNOW". DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | ST7 - MSNCLNM2 |
| MSNCLNM2 | ST7 | text | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | ST7 - MSNCLNM3 |
| MSNCLNM3 | ST7 | text | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | ST7 - MSNCLNM4 |
| MSNCLNM4 | ST7 | text | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | ST7 - MSNCLNM5 |
| MSNCLNM5 | ST7 | text | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | BOX ST7 |
| | BOX ST7 | routing | IF ST7 - MSNCLNUM = DK, GO TO BOX ST9. ELSE GO TO ST8 - MSCLVER1. | | | | |
| MSCLVER1 | ST8 | text | PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN. | (01) CONTINUOUS ANSWER | | | BOX ST8 |
| | BOX ST8 | routing | IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM. | IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM. | | | |
| WHICHNUM | ST9 | code one | YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY. FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER) SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER) WHICH IS CORRECT? | (01) FIRST (02) SECOND (03) NEITHER | | | (01) BOX ST9 (02) BOX ST9 (03) ST9 - NEWCLNUM |
| NEWCLNUM | ST9 | text | ENTER CORRECT MSN CLAIM CONTROL NUMBER: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST9 |
| | BOX ST9 | routing | IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE. | | | | |
| INSCLNUM | ST10 | text | ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | BOX ST10 |
| | BOX ST10 | routing | IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE. | | | | |
| TRICLNUM | ST11 | text | ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | ST12 - INCTYPE |
| PDPBEGMM | ST11B | date | ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. BEGINNING DATE: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | MM | ST11B - PDPBEGDD |
| PDPBEGDD | ST11B | date | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | DD | ST11B - PDPBEGYY |
| PDPBEGYY | ST11B | date | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | YY | ST11B - PDPENDMM |
| PDPENDMM | ST11B | date | ENDING DATE: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | MM | ST11B - PDPENDDD |
| PDPENDDD | ST11B | date | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | DD | ST11B - PDPENDYY |
| PDPENDYY | ST11B | date | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | YY | ST12 - INCTYPE |
| INCTYPE | ST12 | code all | WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)? CHECK ALL THAT APPLY. | (01) PROVIDER SERVICE DATES (02) HOME HEALTH VISITS (03) OTHER MEDICAL EXPENSES (04) PRESCRIBED MEDICINES | | | BOX ST12 |
| | BOX ST12 | routing | IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER_STDATE. ELSE GO TO BOX ST26. | | | | |
| PROVIDER_STDATE | ST13 | roster | WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | | | ST14 - STDATEUPD |
| STDATEUPD | ST14 | code one | THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER. DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT EVENT DATES (02) YES, NEED TO ADD EVENT DATE (03) YES, NEED TO EDIT EVENT DATE | | | (01) ST24 - EVENT_STDATE (02) EVENT DATE ST16 - EVENT_STDATEADD (03) ST15 - EVENT_STDATEDIT |
| EVENT_STDATEDIT | ST15 | roster | SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION. | (01) CONTINUOUS ANSWER | | | ST14 - STDATEUPD |
| EVENT_STDATEADD | ST16 | roster | ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE. ADD ALL EVENT DATES FOR THIS PROVIDER. | (01) CONTINUOUS ANSWER | | | BOX ST16A |
| | BOX ST16A | routing | IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX ST16B. ELSE GO TO ST14 - STDATEUPD. | | | | |
| | BOX ST16B | routing | IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO. ELSE GO TO BOX ST17. | | | | |
| STDATEINTRO | ST17 | no entry | Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added. | | | | BOX ST17 |
| | BOX ST17 | routing | IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' OR 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC. ELSE GO TO BOX ST18. | | | | |

| | | | | | | |
|--------------|-----------|--------------------|---|---|---|---|
| PROVSPEC | ST18 | code one | What kind of medical person is (PROVIDER NAME)? | (01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) | | (01)-(34), (-8), (-9) BOX ST18 (91) - ST18 - PROVSPPOS |
| PROVSPOS | ST18 | text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) CONTINUOUS ANSWER | | BOX ST18 |
| | BOX ST18 | routing | IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ST19 - VAPLACE. ELSE GO TO BOX ST19. | | | |
| VAPLACE | ST19 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | BOX ST19 |
| | BOX ST19 | routing | IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ST20 - HMOASSOC. ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ST21 - HMOREFER. ELSE GO TO ST22A_IN - NAVIGATOR. | | | |
| HMOASSOC | ST20 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | (01) ST22A_IN - NAVIGATOR (02) ST21 - HMOREFER (-8) ST21 - HMOREFER (-9) ST21 - HMOREFER |
| HMOREFER | ST21 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Were you] respondent is SP [Was (SP)] respondent is proxy (PROVIDER NAME) [READ MANAGED CARE PLAN NAME(S) BELOW] | ST22A_IN - NAVIGATOR |
| NAVIGATOR | ST22A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR BOX ST22A (02) CONTINUE INTERVIEW SELECTED ST14 - STDATEUPD | | (01) BOX ST22A (02) ST14 - STDATEUPD |
| | BOX ST22A | routing | FOR THIS EVENT ADDED AT ST16. IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS. ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS. ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B. ELSE GO TO BOX ST23B. | | | |
| | BOX ST22B | routing | IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT)) GO TO ST23 - MPSDVIS. ELSE GO TO BOX ST23A. | | | |
| MPSDVIS | ST23 | yes/no | 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]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you were] respondent is SP [(SP) was] respondent is proxy [the (READ EVENT LISTED BELOW)] event does not overlap more than one existing ER, IP, or OP event [any of these places] event overlaps more than one existing ER, IP, or OP event | BOX ST23A |
| | BOX ST23A | routing | IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B. ELSE GO TO BOX MP2C. | | | |
| | BOX ST23B | routing | GO TO ST22A_IN - NAVIGATOR. | | | |
| EVENT_STDATE | ST24 | roster | SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | BOX ST24 |
| | BOX ST24 | routing | IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH. | | | |
| RVLINKS | ST24A | numeric | ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX ST24A |

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| | BOX ST24A | routing | IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH. | | | | |
| STDATEMTCH | ST25 | code one | ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT | | | (01) BOX ST26 (02) ST13 - PROVIDER_STDATE (03) ST26 - EVENT_STDATEDEL |
| EVENT_STDATEDEL | ST26 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | | ST25 - STDATEMTCH |
| | BOX ST26 | routing | IF ST12 - INCTYPE INCLUDES 2/HHVIsits, GO TO ST27 - PROVIDER_STHH. ELSE GO TO BOX ST33. | | | | |
| PROVIDER_STHH | ST27 | roster | WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | | | ST28 - COSTBEGM |
| COSTBEGM | ST28 | numeric | ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE. START DATE: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | MM | ST28 - COSTBEGD |
| COSTBEGD | ST28 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | DD | ST28 - COSTBEGY |
| COSTBEGY | ST28 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | YY | ST28 - COSTENDM |
| COSTENDM | ST28 | numeric | STOP DATE: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | MM | ST28 - COSTENDD |
| COSTENDD | ST28 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | DD | ST28 - COSTENDY |
| COSTENDY | ST28 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | YY | BOX ST28A |
| | BOX ST28A | routing | IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNTTYPE. ELSE GO TO BOX ST31B. | | | | |
| HHEVNTTYPE | ST30 | code one | IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)? | (01) HOME HEALTH PROFESSIONAL (02) OTHER HOME HEALTH PROVIDER | | | ST31 - STHHINTRO |
| STHHINTRO | ST31 | no entry | Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added. | BOX ST31A | | | |
| | BOX ST31A | routing | IF ST30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPC. ELSE GO TO HH20 - HHFTYPE. | | | | |
| | BOX ST31B | routing | LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO ST32 - STHHMTCH. | | | | |
| STHHMTCH | ST32 | code one | THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE. PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE. | | | | BOX ST33 |
| | BOX ST33 | routing | IF ST12 - INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD. ELSE GO TO BOX ST40. | | | | |
| STOMUPD | ST34 | code one | THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT OM EVENT (02) YES, NEED TO ADD AN OME EVENT (03) YES, NEED TO EDIT AN OME EVENT | | | (01) ST37 - EVENT_STOM (02) ST36 - STOMADD (03) ST35 - EVENT_STOMEDIT |
| EVENT_STOMEDIT | ST35 | roster | SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION. | | | | |
| STOMADD | ST36 | code one | WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED? | (01) GLASSES/CONTACTS (02) HEARING/SPEECH DEVICE (03) ORTHOPEDIC ITEM (04) DIABETIC SUPPLIES (05) AMBULANCE/RESCUE (06) PROSTHESIS (07) ALTERATIONS (HOME/CAR) (08) OXYGEN (09) KIDNEY DIALYSIS (10) ALL OTHER MEDICAL SUPPLIES | | | (01) OM2 - EVENT_OMEYEG (02) OM4 - EVENT_OMHEAR (03) OM6 - ORTHTYPE (04) OM10 - EVENT_OMDIAB (05) OM12 - EVENT_OMAMBL (06) OM14 - EVENT_OMPROS (07) OM29 - ALTRTYPE (08) OM19A - OXGNTYPE (09) OM21A - KDNYTYPE (10) OM24 - OTHRTYPE |
| | BOX ST36 | routing | GO TO ST34 - STOMUPD. | | | | |
| | ST37 | roster | SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT). | | | | BOX ST37 |
| | BOX ST37 | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B. | | | | |
| MONTHCOV | ST38 | numeric | HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | | | ST38 - MONCOV96 |
| MONCOV96 | ST38 | | | (01) LESS THAN 1 MONTH (-7) EMPTY | | | BOX ST38A |
| | BOX ST38A | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B. | | | | |

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| | BOX ST38B | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH. | | | | |
| NUMLINKS | ST38A | numeric | HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST38AA |
| | BOX ST38AA | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH. | | | | |
| STOMMTCH | ST39 | code one | ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD AN OME EVENT (03) NO, NEED TO REMOVE AN OME EVENT | | | (01) BOX ST40 (02) ST34 - STOMUPD (03) ST40 - EVENT_STOMDEL |
| EVENT_STOMDEL | ST40 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | | |
| | BOX ST40 | routing | IF ST12 - INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT_STPM. ELSE GO TO BOX ST45. | | | | |
| EVENT_STPM | ST41 | roster | SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER | | | ST42 - NUMLINKS |
| NUMLINKS | ST42 | grid | HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST42 |
| | BOX ST42 | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT ST41, GO TO ST43 - STPMINTRO. ELSE GO TO ST44 - STPMMTCH. | | | | |
| STPMINTRO | ST43 | no entry | 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).] | | | | PM6A_IN - NAVIGATOR |
| | BOX ST43 | routing | GO TO ST44 - STPMMTCH. | | | | |
| STPMMTCH | ST44 | code one | ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD A MEDICINE NAME (03) NO, NEED TO REMOVE A MEDICINE NAME | | | (01) BOX ST45 (02) ST41 - EVENT_STPM (03) ST45 - EVENT_STPMDL |
| EVENT_STPMDL | ST45 | roster | SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | | ST44 - STPMMTCH |
| | BOX ST45 | routing | IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE. ELSE GO TO BOX ST46. | | | | |
| ORPMESSAGE | ST46 | no entry | SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE. | | | | BOX ST80 |
| | BOX ST46 | routing | IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPARTB), GO TO ST47 - ASGNTAKE. ELSE GO TO BOX ST47. | | | | |
| ASGNTAKE | ST47 | code one | WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE? | (01) YES (02) NO (03) CAN'T TELL | | | BOX ST47 |
| | BOX ST47 | routing | IF ((TYPE OF STATEMENT = 8/MPDPBenefit) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG. ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 4/MSNPARTB, GO TO ST52 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 6/MSNPARTAlnpatient, GO TO ST56 - DAYSUSED. ELSE GO TO ST60 - TOTALCHG. | | | | |
| TOTALCHG | ST47A | dollar | ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | \$\$\$\$.cc?? | ST64 - STTCHGPaid2 |
| TOTALCHG | ST48 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST48 - MCAPPAMT |
| MCAPPAMT | ST48 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST48 - MCPAYAMT |
| MCPAYAMT | ST48 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST48 |
| | BOX ST48 | routing | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51. ELSE IF (AMOUNT REMAINING < \$1.00) OR ((ST48 - MCAPPAMT = DK OR RF) AND (AMOUNT REMAINING < .02 * ST48 - MCAPPAMT)), GO TO BOX ST80. ELSE GO TO ST49 - STTCHGPaid1. | | | | |

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| STTCHGPAID1 | ST49 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [such as an insurance plan] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [such as TRICARE] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [such as TRICARE or an insurance plan] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round | (01) BOX ST64A (02) BOX ST64A (03) ST50 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A |
| CHANGAMT | ST50 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT: TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT) TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT) AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING) DO YOU WANT TO MAKE ANY CHANGES? | (01) YES (02) NO | | (01) ST51 - TOTALCHG (02) BOX ST51 |
| TOTALCHG | ST51 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST51 - MCAPPAMT |
| MCAPPAMT | ST51 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST51 - MCPAYAMT |
| MCPAYAMT | ST51 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX ST51 |
| | BOX ST51 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < \$1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 * ST51 - MCAPPAMT))), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2. | | | |
| TOTALCHG | ST52 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN: | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST52 - MCAPPAMT |
| MCAPPAMT | ST52 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST52 - MCPAYAMT |
| MCPAYAMT | ST52 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST52 - MAYBILL |
| MAYBILL | ST52 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | BOX ST52 |
| STTCHGPAID1 | ST53 | code one | REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [such as TRICARE] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [such as an insurance plan] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [such as TRICARE or an insurance plan] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round | (01) BOX ST64A (02) BOX ST64A (03) ST54 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A |
| CHANGAMT | ST54 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) : AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT) MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES? | (01) YES (02) NO | | (01) ST55 - TOTALCHG (02) BOX ST55 |
| TOTALCHG | ST55 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST55 - MCAPPAMT |
| MCAPPAMT | ST55 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST55 - MCPAYAMT |
| MCPAYAMT | ST55 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST55 - MAYBILL |
| MAYBILL | ST55 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | BOX ST55 |
| | BOX ST55 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2. | | | |
| DAYSUSED | ST56 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT. | (01) CONTINUOUS ANSWER | | ST56 - NONCOVRD |
| NONCOVRD | ST56 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST56 - GOINSUR MCPAYAMT |

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| COINSUR MCPAYAMT | ST56 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST56 - MAYBILL |
| MAYBILL | ST56 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | | | BOX ST56 |
| | BOX ST56 | routing | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59. ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80. ELSE GO TO ST57 - STTCHGPAID1. | | | | |
| STTCHGPAID1 | ST57 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [such as TRICARE] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [such as an insurance plan] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [such as TRICARE or an insurance plan] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round | | (01) BOX ST64A (02) BOX ST64A (03) ST58 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A |
| CHANGAMT | ST58 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE MSN: BENEFITS DAYS USED: (DAYS USED) NON-COVERED CHARGES: (NON COVERED CHARGES) DEDUCTIBLE AND COINSURANCE: (COINSURANCE) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES? | (01) YES (02) NO | | | (01) ST59 - DAYSUSED (02) BOX ST59 |
| DAYSUSED | ST59 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER | | | |
| NONCOVRD | ST59 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST59 - COINSUR MCPAYAMT |
| COINSUR MCPAYAMT | ST59 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST59 - MAYBILL |
| MAYBILL | ST59 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST59 |
| | BOX ST59 | routing | IF (AMOUNT REMAINING = DK AND AMOUNT REMAINING = EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST60 - NONCOVRD |
| TOTALCHG | ST60 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST60 - NONGOVRD MCAPPAMT |
| NONGOVRD MCAPPAMT | ST60 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST60 - COINSUR MCPAYAMT |
| COINSUR MCPAYAMT | ST60 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST60 - MAYBILL |
| MAYBILL | ST60 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | BOX ST60 |
| | BOX ST60 | | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63. ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80. ELSE GO TO ST61 - STTCHGPAID1. | | | | |
| STTCHGPAID1 | ST61 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining (AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [such as TRICARE] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [such as an insurance plan] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [such as TRICARE or an insurance plan] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round | | (01) BOX ST64A (02) BOX ST64A (03) ST62 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A |
| CHANGAMT | ST62 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE MSN: AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES? | (01) YES (02) NO | | | (01) ST63 - TOTALCHG (02) BOX ST63 |
| TOTALCHG | ST63 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST63 - NONGOVRD MCAPPAMT |
| NONGOVRD MCAPPAMT | ST63 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | | ST63 - COINSUR MCPAYAMT |

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| COINSUR-MCPAYAMT | ST63 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | ST63 - MAYBILL |
| MAYBILL | ST63 | numeric | | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX ST63 |
| | BOX ST63 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2. | | | |
| STTCHGPAID2 | ST64 | code one | REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK.) [The total cost of prescriptions reported on this statement is (TOTAL CHARGE 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 this? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (-8) DON'T KNOW (-9) REFUSED | [[PROVIDER NAME]] ST5 - STTYPE ^= 8/MPDPorMAorTricare. [] ST5 - STTYPE ^ is not equal to 8/MPDPorMAorTricare. [THEN ASK:] ST5 - STTYPE ^= 8/MPDPorMAorTricare [SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:] ST5 - STTYPE ^ is not equal to 8/MPDPorMAorTricare. [The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] ST5 - STTYPE = 8/MPDPorMAorTricare [] ST5 - STTYPE is not equal to 8/MPDPorMAorTricare [Have you] ST5 - STTYPE = 8/MPDPorMAorTricare, respondent is SP, only "DU" event types included in this charge bundle [Has (SP)] ST5 - STTYPE = 8/MPDPorMAorTricare, respondent is proxy, only "DU" event types included in this charge bundle [Besides Medicare, have you] event types other than "DU" included in the charge bundle, respondent is SP [Besides Medicare, has (SP)] event types other than "DU" included in the charge bundle, respondent is proxy [, such as an insurance plan,] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [, such as TRICARE,] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | BOX ST64A |
| | BOX ST64A | routing | IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B. ELSE GO TO BOX ST80. | | | |
| | BOX ST64B | routing | CREATE SOURCE OF PAYMENT ROSTER IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 - STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT. | | | |
| STADDSOP1 | ST65 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT. | (01) YES (02) NO | | (01) ST67 - TSOPAMT (02) ST66 - SOP_ST1 |
| SOP_ST1 | ST66 | roster | ADD ALL ADDITIONAL SOURCES OF PAYMENT. | (01) CONTINUOUS ANSWER | | |
| TSOPAMT | ST67 | grid | (REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT). Who (else) paid besides Medicare? How much did (SOURCE) pay? ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY. | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | | BOX ST67HE |
| | BOX ST67HE | routing | IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX ST67A. ELSE GO TO ST67HE - PAYMHE. | | | |
| PAYMHE | ST67HE | no entry | THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN \$0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'. USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS. | (01) CONTINUOUS ANSWER | | ST67HE-PAYMHE |
| | BOXST67A | routing | IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B. ELSE GO TO BOX ST69F. | | | |
| | BOX ST67B | routing | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO. ELSE GO TO BOX ST69E. | | | |
| PLANINTRO | ST67BINT | no entry | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added. | (01) CONTINUOUS ANSWER | | ST67B_IN - NAVIGATOR |
| NAVIGATOR | ST67B_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) BOX ST67C (02) BOX ST69E |

| | | | | | | |
|-------------|-----------|----------|---|--|---|--|
| | BOX ST67C | routing | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST69 - STSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69A - STMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69B - STSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME. ELSE GO TO HIT2 - COVTIME. | | | |
| STMHMOCHNG1 | ST68 | yes/no | I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | (01) ST69 - STSOPCURR1 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A |
| STSOPCURR1 | ST69 | yes/no | [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)]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP is alive [Was (SP)] respondent is proxy, SP is deceased [currently] SP alive [] SP deceased [on (DATE OF DEATH)] respondent is proxy, SP deceased [on (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [] respondent is SP | (01) HIMC6A - MHMORXTM (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A |
| STMPDPCHNG | ST69A | yes/no | I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | (01) ST69B - STSOPCURR2 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A |
| STSOPCURR2 | ST69B | yes/no | [Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP is alive [Was (SP)] respondent is proxy, SP is deceased [currently] SP alive [] SP deceased [on (DATE OF DEATH)] respondent is proxy, SP deceased [on (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [] respondent is SP | BOX ST69A |
| | BOX ST69A | routing | GO TO ST67B_IN - NAVIGATOR. | | | |
| | BOX ST69E | routing | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX ST69F. | | | |
| | BOX ST69F | routing | IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^≠ DK AND TOTAL CHARGE ^≠ RF) and (ALL PAYMENTS ENTERED AT ST67 ^≠ DK AND ^≠ RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > \$1.00)), GO TO ST73 - AMTSCORR. IF (AMOUNT REMAINING ^≠ DK AND AMOUNT REMAINING ^≠ EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^≠ DK AND ^≠ RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR. ELSE IF (AMOUNT REMAINING ^≠ DK AND AMOUNT REMAINING ^≠ EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^≠ DK AND ^≠ RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > \$1.00), GO TO ST70 - AMTSCORR. ELSE GO TO BOX ST77C. | | | |
| AMTSCORR | ST70 | code one | There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount (unpaid/overpaid) is \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY. (03) AMOUNT REMAINING SEEMS INCORRECT (-8) (-9) REFUSED | [some amount still unpaid] Total Payments < Amount Remaining [more payments than the amount left after Medicare paid] Total Payments > Amount Remaining [unpaid] Total Payments < Amount Remaining [overpaid] Total Payments > Amount Remaining | (01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C |

| | | | | | | |
|-------------|-----------|---------------|--|--|---|---|
| AMTSCORR | ST71 | code one | THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED. IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY. (03) AMOUNT REMAINING SEEMS INCORRECT (-8) (-9) REFUSED | | (01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C |
| ENTERCOM | ST72 | no entry | [THE TOTAL OF NON-MEDICARE PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).] USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT. | (01) CONTINUOUS ANSWER | [UNPAID] Total Payments < Amount Remaining [OVERPAID] Total Payments > Amount Remaining | BOX ST77C |
| AMTSCORR | ST73 | yes/no | There seems to be some amount still unpaid. The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY. (03) AMOUNT REMAINING SEEMS INCORRECT DO NOT DISPLAY. (-8) (-9) REFUSED | | (01) ST74 - INFOEXPLAIN (02) DO NOT DISPLAY. (03) DO NOT DISPLAY. (-8) BOX ST77C (-9) BOX ST77C |
| INFOEXPLAIN | ST74 | yes/no | IS THERE ADDITIONAL INFORMATION ON THE DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID? | (01) YES (02) NO | | (01) ST75 - ENTERCOM2 (02) BOX ST77C |
| ENTERCOM2 | ST75 | no entry | USE COMMENTS TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID. | | | |
| | BOX ST77C | routing | CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67 GO TO BOX ST77D. | | | |
| | BOX ST77D | routing | IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN \$5.00, GO TO ST78 - EXPPAYBK. ELSE GO TO BOX ST80. | | | |
| EXPPAYBK | ST78 | yes/no | 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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | BOX ST78A |
| | BOX ST78A | routing | IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE)), GO TO ST80 - EXPAYUNT. ELSE GO TO BOX ST80. | | | |
| | BOX ST78B | routing | IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO ST79 - EXPAYOUT. ELSE GO TO BOX ST80. | | | |
| EXPAYOUT | ST79 | yes/no | Do you expect anyone to pay any of this amount? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | (01) ST80 - EXPAYUNT (02) BOX ST80 (-8) BOX ST80 (-9) BOX ST80 |
| EXPAYUNT | ST80 | quantity unit | How much do you expect will be paid? | (01) PERCENTAGE (02) DOLLARS (-8) DON'T KNOW (-9) REFUSED | | (01) ST80 - EXPAYPCT (02) ST80 - EXPAYAMT (-8) BOX ST80 (-9) BOX ST80 |
| EXPAYPCT | ST80 | numeric | | (01) CONTINUOUS ANSWER | | BOX ST80 |
| EXPAYAMT | ST80 | numeric | | (01) CONTINUOUS ANSWER | | BOX ST80 |
| | BOX ST80 | routing | IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG. ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST82 - ASTATEMENT. ELSE GO TO ST81 - ABUNDLE. | | | |
| ABUNDLE | ST81 | yes/no | IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)? | (01) YES (02) NO | | (01) ST4 - MATCHST (02) ST82 - ASTATEMENT |
| ASTATEMENT | ST82 | yes/no | IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER? | (01) YES (02) NO | | (01) ST4 - MATCHST (02) BOX STEND |
| | BOX STEND | routing | GO TO NEXT SECTION. | | | |

Post Statement Charge (PSQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------------|--------------------|---|--|--|------------|----------------|
| | | | IF THE SP STILL EXPECTS CHARGES FOR AT LEAST ONE RENTAL ITEM ENTERED IN A PREVIOUS ROUND THAT IS NOT ALREADY INCLUDED IN A CURRENT ROUND CHARGE BUNDLE, GO TO PS1A - HADPYMNT. | | | | |
| | BOX PS1 | routing | ELSE GO TO BOX PSEND. (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)? | | | | |
| HADPYMNT | PS1A | yes/no | THIS INCLUDES PAYMENTS MADE BY SP, MEDICARE, INSURANCE, TRICARE, OR ANY OTHER SOURCE OF PAYMENT. [Do you/Does (SP)] expect any more rental or installment payments to be made for the (OME ITEM TYPE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [SP] respondent is proxy | | PS2 - EXPPYMNT |
| | | | THIS INCLUDES PAYMENTS MADE BY SP, MEDICARE, INSURANCE, TRICARE, OR ANY OTHER SOURCE OF PAYMENT. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | |
| EXPPYMNT | PS2 | yes/no | IF THE SP STILL EXPECTS CHARGES FOR ANOTHER RENTAL ITEM ENTERED IN A PREVIOUS ROUND THAT IS NOT ALREADY INCLUDED IN A CURRENT ROUND CHARGE BUNDLE, GO TO PS1A - HADPYMNT. | | | | |
| | BOX PS3 BOX PSEND | routing routing | ELSE GO TO BOX PSEND. GO TO NEXT SECTION | | | | |

Address Verification (AVQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|--|--|------------|-------------------------------------|
| | BOX AVBEG | routing | GO TO AV1 - VERIFY. | | | | |
| VERIFY | AV1 | yes/no | Next, I would like to verify [your/(SP's)] home address. I have it listed as..[READ ADDRESS LISTED BELOW]. Is this correct? [IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.] NAME: (SP) STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) YES (02) NO | [your] respondent is SP [(SP)] respondent is proxy | | (01) BOX AV3 (02) AV2 - STADDR1 |
| STADDR1 | AV2 | addresses | ENTER CORRECT ADDRESS. What is [your/(SP's)] home address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV2 - STADDR2 |
| STADDR2 | AV2 | addresses | ENTER CORRECT ADDRESS. What is [your/(SP's)] home address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV2 - CITY |
| CITY | AV2 | addresses | ENTER CORRECT ADDRESS. What is [your/(SP's)] home address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV2 - STATE |
| STATE | AV2 | addresses | ENTER CORRECT ADDRESS. What is [your/(SP's)] home address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV2 - ZIPCODE |
| ZIPCODE | AV2 | addresses | ENTER CORRECT ADDRESS. What is [your/(SP's)] home address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV3 - SPMOVED |
| SPMOVED | AV3 | yes/no | WAS CHANGE MADE TO SP'S ADDRESS BECAUSE SP MOVED? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX AV3 |
| | BOX AV3 | routing | IF A PRIMARY PHONE NUMBER HAS BEEN COLLECTED FOR THE SP, GO TO AV4 - VERIFY. ELSE GO TO AV5 - PHONAREA. | | | | |
| VERIFY | AV4 | yes/no | Next, I would like to verify [your/(SP's)] phone [number/numbers]. I have [it/them] listed as ... [READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER) PHONE 2: [(SECONDARY PHONE NUMBER)/NONE] [IF ANY PART OF THE PHONE NUMBER(S) IS NOT CORRECT, SELECT "NO". PROBE FOR A SECOND PHONE NUMBER IF ONE IS NOT PRESENT. IF THERE IS A SECOND NUMBER TO ADD, SELECT "NO" TO ENTER THE MISSING NUMBER.] | (01) YES (02) NO | [your] respondent is SP [(SP's)] respondent is proxy [number] Only one telephone number for SP [numbers] More than one telephone number for SP [it] Only one telephone number for SP [them] More than one telephone number for SP | | (01) BOX AV6 (02) AV5 - PHONAREA |
| PHONAREA | AV5 | phone | What is [your/(SP's)] phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV5 - PHONEXCH |
| PHONEXCH | AV5 | phone | What is [your/(SP's)] phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV5 - PHONLOCL |
| PHONLOCL | AV5 | phone | What is [your/(SP's)] phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | AV5 - NOPHONE |
| NOPHONE | AV5 | phone | What is [your/(SP's)] phone number? | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | [your] respondent is SP [(SP's)] respondent is proxy | | BOX AV5 |

| | | | | | | |
|----------|-----------|---------|---|--|---|--|
| | BOX AV5 | routing | IF AV5 - NOPHONE = 1/NotHavePhone OR AV5 - PHONAREA = RF, GO TO BOX AV6. ELSE GO TO AV6 - PHONAREA. | | | |
| PHONAREA | AV6 | phone | [Do you/Does (SP)] have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | AV6 - PHONEXCH |
| PHONEXCH | AV6 | phone | [Do you/Does (SP)] have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | AV6 - PHONLOCL |
| PHONLOCL | AV6 | phone | [Do you/Does (SP)] have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | AV6 - NOPHONE |
| NOPHONE | AV6 | phone | [Do you/Does (SP)] have a second phone number? [PROBE: What is that number?] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | [Do you] respondent is SP [Does (SP)] respondent is proxy | BOX AV6 |
| | BOX AV6 | routing | CHECK FOR SP'S PREVIOUS ROUND MAILING ADDRESS. IF SP'S MAILING ADDRESS WAS NOT COLLECTED IN THE PREVIOUS ROUND, COPY SP'S CURRENT ROUND ADDRESS TO SP'S MAILING ADDRESS GO TO AV7 - VERIFY. | | | |
| VERIFY | AV7 | yes/no | I would also like to verify [your/(SP's)] mailing address. I have it listed as ... [READ ADDRESS LISTED BELOW.] Is this the correct mailing address for [you/(SP)]? NAME: (SP) MAILING ADDRESS 1: (MAILING ADDRESS LINE 1) MAILING ADDRESS 2: (MAILING ADDRESS LINE 2) CITY: (MAILING CITY) STATE: (MAILING STATE) ZIPCODE: (MAILING ZIPCODE) [IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) BOX AVEND (02) AV8 - STADDR1 (-8) BOX AVEND (-9) BOX AVEND |
| STADDR1 | AV8 | address | ENTER CORRECT ADDRESS. What is [your/(SP's)] mailing address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | AV8 - STADDR2 |
| STADDR2 | AV8 | address | ENTER CORRECT ADDRESS. What is [your/(SP's)] mailing address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | AV8 - CITY |
| CITY | AV8 | address | ENTER CORRECT ADDRESS. What is [your/(SP's)] mailing address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | AV8 - STATE |
| STATE | AV8 | address | ENTER CORRECT ADDRESS. What is [your/(SP's)] mailing address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | AV8 - ZIPCODE |
| ZIPCODE | AV8 | address | ENTER CORRECT ADDRESS. What is [your/(SP's)] mailing address? CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE. [PROBE FOR ANY MISSING INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | BOX AVEND |
| | BOX AVEND | routing | GO TO NEXT SECTION | | | |

No Statement Charge (NSQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text fills | Input mask | Routing |
|---------------|----------------|--------------------|--|--|--|------------|---|
| | BOX NSBEG | | CREATE LIST OF EVENTS ENTERED IN THE CURRENT ROUND THAT ARE NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED IF AT LEAST ONE EVENT ENTERED IN THE CURRENT ROUND IS NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED, GO TO NS1_IN - NAVIGATOR. ELSE GO TO NS81 - NSTATEMENT. | | | | |
| NAVIGATOR | NS1_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) NS1 - NSINT (02) BOX NSBEG |
| NSINT | NS1 | no entry | [Now that we're done with [your/(SP's)] statements, let's/Let's talk about the medical services and costs for which [you/(SP)] did not have a statement.] THERE ARE (TOTAL NUMBER OF NS EVENTS) EVENTS (REMAINING) TO ASK ABOUT. (Let's start with/Next let's look at) (the/[your/(SP's)]) costs for the (EVENT). | | [Now that we're done with [your/(SP's)] statements, let's one or more charge bundles entered in ST section [Let's] talk about the medical services and costs for which [you/(SP)] did not have a statement.] no charge bundles entered in ST section [REMAINING] NS1 - NSINT has already been asked in the current round []NS1 - NSINT has not been asked in the current round [Next let's look at] NS1 - NSINT has already been asked in the current round [Let's start with] NS1 - NSINT has not been asked in the current round [your/(SP's)] event is associated with a Managed Care Plan [the] event is not associated with a Managed Care Plan [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP)'s] respondent is proxy | | BOX NS1 |
| | BOX NS1 | routing | IF (ST1 - MHMOSTMT = 3/never AND ((SP HAS A MEDICARE MANAGED CARE PLAN THAT DOES NOT HAVE RX COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP HAS A PRIVATE PLAN THAT IS A MANAGED CARE PLAN ANYTIME IN THE CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE) OR (EVENT IS ASSOCIATED WITH A MANAGED CARE PLAN))) OR (EVENT TYPE = 'OM' AND EVENT IS RENTAL ITEM AND PS1 - HADPYMNT = 1/Yes) OR ((EVNTTYPE = 'DU' OR 'PM') AND SP DOES NOT HAVE ANY OTHER HEALTH INSURANCE PLAN BESIDES MEDICARE IN THE CURRENT ROUND) , GO TO BOX NS4. ELSE IF (SP IS IN THE EXIT SAMPLE), GO TO NS4 - NSRECDSTAT. ELSE GO TO NS2 - NSEXMCMAIL. | | | | |
| NSEXMCMAIL | NS2 | code one | 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]? | (01) YES (02) NO (03) EVENT ENTERED IN ERROR (04) HAVE STATEMENT FOR EVENT (09) FLAG COST FOR CPS DO NOT DISPLAY. (-8) DON'T KNOW (-9) REFUSED | [Medicare, Insurance, and Tricare] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [Medicare and Tricare] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [Medicare and Insurance] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [Medicare] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | | (01) BOX NS4 (02) BOX NS4 (03) NS3 - EVERRVB (04) ST4 - MATCHST (09) DO NOT DISPLAY (-8) BOX NS4 (-9) BOX NS4 |
| EVERRVB | NS3 | verbatim text | REMINDER: "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT. IF YOU HAVE ENTERED THIS CODE IN ERROR, SELECT PREVIOUS PAGE AND ENTER THE CORRECT CODE AT NS2. OTHERWISE, EXPLAIN WHY YOU SELECTED "EVENT ENTERED IN ERROR" FOR THIS EVENT. | (01) CONTINUOUS ANSWER | | | BOX NS4 |
| NSRECDSTAT | NS4 | code one | [Have you/Has (SP)] received a statement for the [READ EVENT ABOVE]? | (01) STATEMENT RECEIVED AND AVAILABLE (02) STATEMENT RECEIVED, NOT AVAILABLE (03) STATEMENT NOT RECEIVED (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) ST4 - MATCHST (02) BOX NS4 (03) BOX NS4 (-8) BOX NS4 (-9) BOX NS4 |

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| | BOX NS4 | routing | CREATE A NEW CHARGE BUNDLE FOR THIS EVENT IF NS2 - NSEXMCMAIL = 1/Yes or 3/EventEnteredInError, GO TO BOX NS80. ELSE GO TO BOX NS4A. | | | | |
| | BOX NS4A | routing | F (EVENT TYPE IS NOT AN OTHER MEDICAL EXPENSE) AND (EVENT IS ASSOCIATED WITH A MANAGED CARE PLAN), GO TO NS6 - TOTALCHG. ELSE GO TO NS5 - TOTALCHG. | | | | |
| TOTALCHG | NS5 | dollar | 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) for the time period between (REFERENCE DATE) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]was the total charge (that is, the total amount billed)? IF CHARGE REPORTED AS HOURLY RATE, CALCULATE AND ENTER THE TOTAL CHARGE FOR THE ENTIRE ROUND. [PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE. IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.] | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | [was the charge for the (OME ITEM TYPE) rented (with the option to buy) for the time period between (REFERENCE DATE) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] statement is for other medical item that was rented, EVNT.EVNTTYPE = 'OM' and EVNT.RENTPROB = 2/Rent [was the total charge (that is, the total amount billed)] statement is for purchase (not rental) [with the option to buy] statement is for other medical item that was rented, EVNT.RENT2BUY = 2/PurchasedRentToBuy Else do not display. [TODAY] SP alive [DATE OF DEATH] SP deceased [DATE OF INSTITUTIONALIZATION] SP institutionalized | \$\$\$\$.cc? | BOX NS5 |
| | BOX NS5 | routing | IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80. ELSE IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO NS7 - MONTHCOV. ELSE IF (EVENT TYPE = 'PM' OR 'OM') AND NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS. ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS. ELSE GO TO BOX NS9. | | | | |
| TOTALCHG | NS6 | dollar | What was the copayment amount for the [READ EVENT ABOVE]? [EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, each time health services are provided. For example, the person may pay \$20 for each office visit and \$10 for each drug prescription.] ENTER 0 IF NO COPAYMENT FOR THE EVENT. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | \$\$\$\$.cc? | BOX NS6 |
| | BOX NS6 | routing | IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80. IF EVENT TYPE = 'PM' AND THE TOTAL OF NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS. ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS. ELSE GO TO BOX NS9. | | | | |
| MONTHCOV | NS7 | numeric | 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)]? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)] | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | [since (REFERENCE DATE)] respondent is SP [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | NS7 - MONCOV96 |
| MONCOV96 | NS7 | code one | | (01) LESS THAN 1 MONTH (-7) EMPTY | | | BOX NS9 |

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| NUMLINKS | NS8 | numeric | How many of the times [you/(SP)] obtained [READ EVENT ABOVE] since (REFERENCE DATE) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [were covered by the total charge] total charge collected for charge bundle, (NS5 – TOTALCHG) = (DK or RF) [was there no charge] total charge collected for charge bundle, (NS5 – TOTALCHG) = 0 [were covered by the (TOTAL CHARGE)] total charge collected for charge bundle, (NS5 – TOTALCHG) is not equal to DK, RF, or 0 [were covered by the copayment] copayment collected for charge bundle, (NS6 – TOTALCHG = DK or RF) [was there no copayment] copayment collected for charge bundle, (NS6 – TOTALCHG = 0) [were covered by the (COPAYMENT)] copayment collected for charge bundle, (NS6 – TOTALCHG) is not equal to DK, RF, or 0 | BOX NS9 |
| RVLINKS | NS9 | numeric | How many of the (NUMBER OF VISITS) (visits to the OPD at/lab services provided by/visits to) (PROVIDER NAME) during the month of (EVENT MONTH) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | [visits to the OPD at] EVNT.EVNTTYPE = 'OP' [lab services provided by] EVNT.EVNTTYPE = 'SL' [visits to] EVNT.EVNTTYPE is not equal to 'SL' or 'OP' [were covered by the total charge] total charge collected for charge bundle, (NS5 – TOTALCHG = DK or RF) [was there no charge] total charge collected for charge bundle, (NS5 – TOTALCHG = 0) [were covered by the (TOTAL CHARGE)] total charge collected for charge bundle, (NS5 – TOTALCHG) is not equal to DK, RF, or 0 [were covered by the copayment] copayment collected for charge bundle, (NS6 – TOTALCHG = DK or RF) [was there no copayment] copayment collected for charge bundle, (NS6 – TOTALCHG = 0) [were covered by the (COPAYMENT)] copayment collected for charge bundle, (NS6 – TOTALCHG) is not equal to DK, RF, or 0 | BOX NS9 |
| | BOX NS9 | routing | IF (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE INSTEAD OF A TOTAL CHARGE), GO TO BOX NS45. ELSE GO TO NS10 - INCOTHER. | | | |
| INCOTHER | NS10 | code one | [READ IF NECESSARY: Does [the total charge/TOTAL CHARGE]] cover this (medicine/item/event) only or does it include other (medicine/item/event)s.] | (01) ONLY THIS EVENT/ITEM/MEDICINE (02) OTHER EVENTS/ITEMS/MEDICINES (03) CANT TELL | [the total charge] NS5 - TOTALCHG = DK or RF [[TOTAL CHARGE]] NS5 - TOTALCHG is not equal to DK or RF [medicine] EVNT.EVNTTYPE = 'PM' [item] EVNT.EVNTTYPE = 'OM' [event] EVNT.EVNTTYPE is not equal to 'OM' or 'PM' | (01) BOX NS45 (02) NS12 - INCTYPE (03) BOX NS45 |
| INCTYPE | NS12 | code all | What else was included? CHECK ALL THAT APPLY. | (01) PROVIDER SERVICE DATES (02) HOME HEALTH VISITS (03) OTHER MEDICAL EXPENSES (04) PRESCRIBED MEDICINES | | BOX NS12 |
| | BOX NS12 | routing | IF THE RESPONSE TO NS12 - INCTYPE INCLUDES 1/ProvDates, GO TO NS13 - PROVIDER_NSDATE. ELSE GO TO BOX NS26. | | | |
| PROVIDER_NSDATE | NS13 | roster | WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | | |
| NSDATEUPD | NS14 | code one | THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER. DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT EVENT DATES (02) YES, NEED TO ADD EVENT DATE (03) YES, NEED TO EDIT EVENT DATE | | (01) NS24 - EVENT_NSDATE (02) NS16 - EVENT_NSDATEADD (03) NS15 - EVENT_NSDATEDIT |
| EVENT_NSDATEDIT | NS15 | roster | SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION. | (01) CONTINUOUS ANSWER | | NS14 - NSDATEUPD |
| EVENT_NSDATEADD | NS16 | roster | ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE. ADD ALL EVENT DATES FOR THIS PROVIDER. | (01) CONTINUOUS ANSWER | | BOX NS16A |
| | BOX NS16A | routing | IF AT LEAST ONE EVENT DATE ADDED AT NS16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX NS16B. ELSE GO TO NS14 - NSDATEUPD. | | | |
| | BOX NS16B | routing | IF AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO NS17 - NSDATEINTRO. ELSE GO TO BOX NS17. | | | |

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| NSDATEINTRO | NS17 | no entry | Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added. | | | | BOX NS17 |
| | BOX NS17 | routing | IF AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU' OR 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO NS18 - PROVSPEC. ELSE GO TO BOX NS18. | | | | |
| PROVSPEC | NS18 | code one | What kind of medical person is (PROVIDER NAME)? [SELECT THE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY.] | (01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) L.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (01) CONTINUOUS ANSWER | | | (01)-(34), (-8), (-9) BOX NS18 (91) - NS18 - PROVSPOS |
| PROVSPOS | NS18 | text | OTHER MEDICAL PROVIDER (SPECIFY) | | | | BOX NS18 |
| | BOX NS18 | routing | IF (AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO NS19 - VAPLACE. ELSE GO TO BOX NS19. | | | | |
| VAPLACE | NS19 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | | BOX NS19 |
| | BOX NS19 | routing | IF (AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO NS20 - HMOASSOC. IF (AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO NS21 - HMOREFER. ELSE GO TO NS22A_IN - NAVIGATOR. | | | | |
| HMOASSOC | NS20 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | | (01) NS22A_IN - NAVIGATOR (02) NS21 - HMOREFER (-8) NS21 - HMOREFER (-9) NS21 - HMOREFER |
| HMOREFER | NS21 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Were you] respondent is SP [Was (SP)] respondent is proxy | | NS22A_IN - NAVIGATOR |
| NAVIGATOR | NS22A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) BOX NS22A (02) NS14 - NSDATEUPD |
| | BOX NS22A | routing | FOR THE EVENT ADDED AT NS16, IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS. ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS. ELSE IF TYPE OF EVENT = 'MP', GO TO BOX NS22B. ELSE GO TO BOX NS23B. | | | | |
| | BOX NS22B | routing | IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT)) GO TO NS23 - MPSDVIS. ELSE GO TO BOX NS23A | | | | |
| MPSDVIS | NS23 | yes/no | 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]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you were] - respondent is SP [SP] was] - respondent is proxy | | BOX NS23A |
| | BOX NS23A | routing | IF NS23 ASKED AND NS23 - MPSDVIS = 1/Yes, GO TO BOX NS23B. ELSE GO TO BOX MP2C. | | | | |
| | BOX NS23B | routing | GO TO NS22A_IN - NAVIGATOR. | | | | |

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| EVENT_NSDATE | NS24 | roster | SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | BOX NS24 |
| | BOX NS24 | routing | IF AT LEAST ONE EVENT SELECTED AT NS24 IS A REPEAT VISIT, GO TO NS24A - RVLINKS. ELSE GO TO NS25 - NSDATEMTCH. | | | |
| RVLINKS | NS24A | numeric | ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE. [A REPEAT VISIT MEANS THAT THE RESPONDNT HAD AT LEAST 5 VISITS TO THE PROVIDER DURING THE CURRENT ROUND REFERENCE PERIOD.] | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX NS24A |
| | BOX NS24A | routing | IF ANOTHER EVENT SELECTED AT NS24 IS A REPEAT VISIT, GO TO NS24A - RVLINKS. ELSE GO TO NS25 - NSDATEMTCH. | | | |
| NSDATEMTCH | NS25 | code one | ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT | | (01) BOX NS26 (02) NS13 - PROVIDER_NSDATE (03) NS26 - EVENT_NSDATEDEL |
| EVENT_NSDATEDEL | NS26 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | NS25 - NSDATEMTCH |
| | BOX NS26 | routing | IF NS12 - INCTYPE INCLUDES 2/HHvisits, GO TO NS27 - PROVIDER_HH. ELSE GO TO BOX NS33. | | | |
| PROVIDER_HH | NS27 | roster | WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | | BOX NS28A |
| | BOX NS28A | routing | IF (HOME HEALTH PROVIDER WAS ADDED AT NS27) OR (AN EXISTING PROVIDER WAS SELECTED AT NS27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO NS30 - HHEVNTTYPE. ELSE GO TO BOX NS31B. | | | |
| HHEVNTTYPE | NS30 | code one | IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)? | (01) HOME HEALTH PROFESSIONAL (02) OTHER HOME HEALTH PROVIDER | | NS31 - NSHHINTRO |
| NSHHINTRO | NS31 | no entry | Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added. | | | BOX NS31A |
| | BOX NS31A | routing | IF NS30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE. | | | |
| | BOX NS31B | routing | LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO NS32 - NSHMTCH. | | | |
| NSHMTCH | NS32 | no entry | THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE. PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE. | (01) CONTINUE (-7) EMPTY | | BOX NS33 |
| | BOX NS33 | routing | IF NS12 - INCTYPE INCLUDES 3/OMEexpenses, GO TO NS34 - NSOMUPD. ELSE GO TO BOX NS40. | | | |
| NSOMUPD | NS34 | code one | THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT OM EVENT (02) YES, NEED TO ADD AN OME EVENT (03) YES, NEED TO EDIT AN OME EVENT | | (01) NS37 - EVENT_NSOM (02) NS36 - NSOMADD (03) NS35 - EVENT_NSOMEDIT |
| EVENT_NSOMEDIT | NS35 | roster | SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION. | (01) CONTINUOUS ANSWER | | |
| NSOMADD | NS36 | code one | WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED? | (01) GLASSES/CONTACTS (02) HEARING/SPEECH DEVICE (03) ORTHOPEDIC ITEM (04) DIABETIC SUPPLIES (05) AMBULANCE/RESCUE (06) PROSTHESIS (07) ALTERATIONS (HOME/CAR) (08) OXYGEN (09) KIDNEY DIALYSIS (10) ALL OTHER MEDICAL SUPPLIES | | (01) OM2 - EVENT_OMEYEG (02) OM4 - EVENT_OMHEAR (03) ITEM OM6 - ORTHTYPE (04) OM10 - EVENT_OMDIAB (05) OM12 - EVENT_OMAMBL (06) OM14 - EVENT_OMPROS (07) OM29 - ALTRTYPE (08) OM19A - OXGNTYPE (09) OM21A - KDNNTYPE (10) OM24 - OTHRTYPE |
| | BOX NS36 | routing | GO TO NS34 - NSOMUPD. | | | |
| EVENT_NSOM | NS37 | roster | SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | BOX NS37 |
| | BOX NS37 | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT NS37 IS RENTED, GO TO NS38 - MONTHCOV. ELSE GO TO BOX NS38B. | | | |
| MONTHCOV | NS38 | numeric | HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)] | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | | NS38 - MONCOV96 |
| MONCOV96 | NS38 | code one | | (01) LESS THAN 1 MONTH (-7) EMPTY | | BOX NS38A |
| | BOX NS38A | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT NS37 IS RENTED, GO TO NS38 - MONTHCOV. ELSE GO TO BOX NS38B. | | | |
| | BOX NS38B | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT NS37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO NS38A - NUMLINKS. ELSE GO TO NS39 - NSOMMTCH. | | | |

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| NUMLINKS | NS38A | numeric | HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX NS38AA |
| | BOX NS38AA | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT NS37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO NS38A - NUMLINKS. ELSE GO TO NS39 - NSOMMTCH. | | | |
| NSOMMTCH | NS39 | code one | ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD AN OME EVENT (03) NO, NEED TO REMOVE AN OME EVENT | | (01) BOX NS40 (02) NS34 - NSOMUPD (03) NS40 - EVENT_NSOMDEL |
| EVENT_NSOMDEL | NS40 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | NS39 - NSOMMTCH |
| | BOX NS40 | routing | IF NS12 – INCTYPE INCLUDES 4/PMS, GO TO NS41 - EVENT_NSPM. ELSE GO TO BOX NS45. | | | |
| EVENT_NSPM | NS41 | roster | SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | NS42 - NUMLINKS |
| NUMLINKS | NS42 | grid | HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX NS42 |
| | BOX NS42 | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT NS41, GO TO NS43 - NSPMINTRO. ELSE GO TO NS44 - NSPMMTCH. | | | |
| NSPMINTRO | NS43 | no entry | 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).] | | | PM6A_IN - NAVIGATOR |
| | BOX NS43 | routing | GO TO NS44 - NSPMMTCH. | | | |
| NSPMMTCH | NS44 | code one | ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD A MEDICINE NAME (03) NO, NEED TO REMOVE A MEDICINE NAME | | (01) BOX NS45 (02) NS41 - EVENT_NSPM (03) NS45 - EVENT_NSPMDEL |
| EVENT_NSPMDEL | NS45 | roster | SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | NS44 - NSPMMTCH |
| | BOX NS45 | routing | IF TOTAL CHARGE OR COPAY COLLECTED > 0, DK OR RF, GO TO NS64 - NSTCHGPAID. ELSE GO TO BOX NS64B. | | | |
| NSTCHGPAID | NS64 | code one | [[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)]? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [, such as an insurance plan.] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [, such as TRICARE.] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan.] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [the charge] total charge was collected for charge bundle, (NS5 - TOTALCHG = DK or RF), event is a rental [the total charge] total charge was collected for charge bundle, (NS5 - TOTALCHG = DK or RF), event is not a rental [this (NS5 - TOTALCHG)] total charge was collected for charge bundle, NS5 – TOTALCHG is not equal to DK or RF [the copayment amount] copayment was collected for charge bundle, (NS6 - TOTALCHG = DK or RF) [this (NS6 – TOTALCHG)] copayment was collected for charge bundle, NS6 – TOTALCHG is not equal to DK or RF | BOX NS64A |
| | BOX NS64A | routing | IF SP OR ANY SOURCE HAS PAID, GO TO BOX NS64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX NS78B. ELSE GO TO BOX NS80. | | | |
| | BOX NS64B | routing | CREATE SOURCE OF PAYMENT ROSTER GO TO NS65 - NSADDSOP1. | | | |
| NSADDSOP1 | NS65 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT. | (01) YES (02) NO | | (01) NS67 - TSOPAMT (02) NS66 - SOP_NS1 |
| SOP_NS1 | NS66 | roster | ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | | NS67 - TSOPAMT |
| TSOPAMT | NS67 | grid | Who (else) paid? How much did (SOURCE) pay? ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY. | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | | BOX NS67HE |
| | BOX NS67HE | routing | IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX NS67A. ELSE GO TO NS67HE - PAYMHE. | | | |
| PAYMHE | NS67HE | no entry | THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN \$0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'. USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS. | | | NS67HE - PAYMHE |
| | BOX NS67A | routing | IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT NS66, GO TO BOX NS67B. ELSE GO TO BOX NS69F. | | | |

| | | | | | | | |
|--------------|-----------|--------------------|--|--|---|--|---|
| | BOX NS67B | routing | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT NS66 IS A HEALTH INSURANCE PLAN, GO TO NS67BINT - PLANINTRO_NS. ELSE GO TO BOX NS69E. | | | | |
| PLANINTRO_NS | NS67BINT | no entry | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added. | | | | NS67B_IN - NAVIGATOR |
| NAVIGATOR | NS67B_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) BOX NS67C (02) BOX NS69E |
| | BOX NS67C | routing | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT NS66 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO NS68 - NSMHMOCHNG1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO NS69 - NSSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO NS69A - NSMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO NS69B - NSSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO H16 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO H13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO H121 - COVTIME. ELSE GO TO HIT2 - COVTIME. | | | | |
| NSMHMOCHNG1 | NS68 | yes/no | I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | | (01) NS69 - NSSOPCURR1 (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A |
| NSSOPCURR1 | NS69 | yes/no | [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)]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP is alive [Was (SP)] respondent is proxy, SP is deceased [currently] - SP alive [] SP deceased [on (DATE OF DEATH)] respondent is proxy, SP deceased [on (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [] respondent is SP | | (01) H16 - MHMORXTM (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A |
| NSMPDPCHNG | NS69A | yes/no | I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | | (01) NS69B - NSSOPCURR2 (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A |
| NSSOPCURR2 | NS69B | yes/no | [Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (NS66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP is alive [Was (SP)] respondent is proxy, SP is deceased [currently] - SP alive [] SP deceased [on (DATE OF DEATH)] respondent is proxy, SP deceased [on (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [] respondent is SP | | BOX NS69A |
| | BOX NS69A | routing | GO TO NS67B_IN - NAVIGATOR. | | | | |
| | BOX NS69E | routing | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT NS66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT NS66 THAT IS AN "OTHER SOURCE OF PAYMENT" . GO TO BOX NS69F. | | | | |
| | BOX NS69F | routing | IF (TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (AT LEAST ONE PAYMENT ENTERED AT NS67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT NS67 ^= DK AND ^= RF AND ^= 0) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT NS67 >= TOTAL CHARGE), GO TO NS71 - AMTSCORR. ELSE IF (TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (ALL PAYMENTS ENTERED AT NS67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT NS67 AND TOTAL CHARGE IS > \$1.00), GO TO NS70 - AMTSCORR. ELSE GO TO BOX NS77C. | | | | |

| | | | | | | |
|----------|-----------|---------------|--|---|---|--|
| AMTSCORR | NS70 | code one | 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? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION (03) AMOUNT REMAINING SEEMS INCORRECT (-8) DON'T KNOW (-9) REFUSED | [some amount still unpaid] total amounts paid < total charge [more payments than the charge] total amounts paid > total charge [unpaid] total amount paid < total charge [overpaid] total amount paid > total charge | (01) BOX NS77C (02) DO NOT DISPLAY. (03) NS72 - ENTERCOM (-8) BOX NS77C (-9) BOX NS77C |
| AMTSCORR | NS71 | code one | THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE [TOTAL CHARGE/COPAYMENT], WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED. IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION (03) AMOUNT REMAINING SEEMS INCORRECT (-8) DON'T KNOW (-9) REFUSED | [(TOTAL CHARGE)] total charge was collected for charge bundle [(COPAYMENT)] copayment collected for charge bundle | (01) BOX NS77C (02) DO NOT DISPLAY. (03) NS72 - ENTERCOM (-8) BOX NS77C (-9) BOX NS77C |
| ENTERCOM | NS72 | no entry | [THE TOTAL OF PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT [UNPAID/OVERPAID] IS \$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).] USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT. | | [UNPAID] - total amount paid < total charge [OVEPAID] - total amount paid > total charge | BOX NS77C |
| | BOX NS77C | routing | CREATE PAYMENTS FOR AMOUNTS ENTERED AT NS67 GO TO BOX NS77D. | | | |
| | BOX NS77D | routing | IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN \$5.00, GO TO NS78 - EXPPAYBK. ELSE GO TO BOX NS80. | | | |
| EXPPAYBK | NS78 | yes/no | 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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you have] -respondent is SP [(SP) has] - respondent is proxy [you] -respondent is SP [(SP)] - respondent is proxy | BOX NS78A |
| | BOX NS78A | routing | IF NS78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE)), GO TO NS80 - EXPAYUNT. ELSE GO TO BOX NS80. | | | |
| | BOX NS78B | routing | IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO NS79 - EXPAYOUT. ELSE GO TO BOX NS80. | | | |
| EXPAYOUT | NS79 | yes/no | Do you expect anyone to pay any of this amount? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | (01) NS80 - EXPAYUNT (02) BOX NS80 (-8) BOX NS80 (-9) BOX NS80 |
| EXPAYUNT | NS80 | quantity unit | How much do you expect will be paid? | (01) PERCENTAGE NS80 - EXPAYPCT (02) DOLLARS NS80 - EXPAYAMT (-8) DON'T KNOW (-9) REFUSED | | (01) NS80 - EXPAYPCT (02) NS80 - EXPAYAMT (-8) BOX NS80 (-9) BOX NS80 |
| EXPAYPCT | NS80 | numeric | | (01) CONTINUOUS ANSWER | | BOX NS80 |
| EXPAYAMT | NS80 | numeric | | (01) CONTINUOUS ANSWER | | BOX NS80 |
| | BOX NS80 | routing | IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE GO TO BOX NSL1. | | | |
| | BOX NSL1 | routing | IF (CHARGE DATA WAS COLLECTED IN NS FOR THIS NS CHARGE BUNDLE) AND (NS CHARGE BUNDLE IS LINKED TO ONLY ONE EVENT) AND (SP OR ANY OTHER SOURCE HAS PAID) AND ((EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM' AND (THE TOTAL CHARGE ^= RF) AND (PM WAS PURCHASED THROUGH AN HMO) AND (THERE ARE OTHER CURRENT ROUND PRESCRIPTION MEDICINE EVENTS NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE THAT WERE PURCHASED THROUGH AN HMO)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM' AND (TOTAL CHARGE ^= RF) AND (PM WAS NOT PURCHASED THROUGH AN HMO OR HAD AN UNKNOWN PURCHASE LOCATION) AND (THERE ARE OTHER CURRENT ROUND PRESCRIPTION MEDICINE EVENTS NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE THAT WERE NOT PURCHASED THROUGH AN HMO OR HAD AN UNKNOWN PURCHASE LOCATION)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'DU', 'ER', 'OP', 'MP', 'SD', OR 'SL' AND (THE TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (SP REFERRED TO PROVIDER BY HMO FOR THIS EVENT) AND (THERE ARE OTHER CURRENT ROUND EVENTS WITH THE SAME EVENT TYPE FOR THIS PROVIDER WHERE THE SP WAS REFERRED TO THE PROVIDER BY THE HIMO THAT ARE NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'DU', 'ER', 'OP', 'MP', 'SD', OR 'SL' AND (THE TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (SP WAS NOT REFERRED TO PROVIDER BY HMO OR REFERRAL IS UNKNOWN FOR THE EVENT) AND (THERE ARE OTHER CURRENT ROUND EVENTS WITH THE SAME EVENT TYPE FOR THIS PROVIDER WHERE THE SP WAS NOT REFERRED TO PROVIDER BY HMO OR REFERRAL IS UNKNOWN FOR THE EVENT THAT ARE NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE)),) , GO TO NSL1 - NSEVSAME. ELSE GO TO BOX NSBEG. | | | |

| | | | | | | |
|-----------------|-----------|----------|---|---|--|---|
| NSEVSAME | NSL1 | code one | <p>You told me earlier that [you/(SP)] had other [visits to (PROVIDER NAME)/prescribed medicine purchases].</p> <p>Are any other [visits to (PROVIDER NAME)/prescribed medicine purchases] the same -- where the [total charge was (TOTAL CHARGE TEXT)/copayment was (TOTAL CHARGE TEXT)] per (visit/purchase) and payments were: [READ PAYMENTS LISTED ABOVE]?</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [prescribed medicine purchases] event linked to NS charge bundle is a PM event (there will only be one event) [visits to (PROVIDER NAME)] event linked to NS charge bundle is not a PM event [total charge was (TOTAL CHARGE TEXT)] total charge was collected for charge bundle [copayment was (TOTAL CHARGE TEXT)] copayment was collected for charge bundle [purchase] event linked to NS charge bundle is a PM event [visit] event linked to NS charge bundle is not a PM event | (01) BOX NSL2 (02) BOX NSBEG (-8) BOX NSBEG (-9) BOX NSBEG |
| | BOX NSL2 | routing | IF EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM', GO TO NSL3 - EVENT_PMSAME. ELSE GO TO NSL5 - EVENT_VISITSAME. | | | |
| | NSL3 | roster | Which ones are the same? REVIEW LIST WITH RESPONDENT AND SELECT ALL PRESCRIPTION MEDICINES WHERE THE COSTS AND PAYMENTS ARE THE SAME. IF NO PRESCRIPTION MEDICINES HAD THE SAME COST AND PAYMENTS, PRESS ENTER WITHOUT SELECTING ANY MEDICINES. | (01) CONTINUOUS ANSWER | | BOX NSL3 |
| | BOX NSL3 | routing | IF AT LEAST ONE PRESCRIBED MEDICINE SELECTED AT NSL3 HAS NUMBER OF PURCHASES BEING ASKED ABOUT IN NS > 1, GO TO NSL4 - NUMLINKS. ELSE GO TO BOX NSBEG. | | | |
| NUMLINKS | NSL4 | grid | How many times are the same? ENTER THE NUMBER OF PURCHASES OF EACH MEDICINE SHOWN BELOW THAT ARE THE SAME. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX NSBEG |
| EVENT_VISITSAME | NSL5 | roster | Which ones are the same? REVIEW LIST WITH THE RESPONDENT AND SELECT ALL PROVIDER EVENTS WHERE THE COST AND PAYMENTS ARE THE SAME. IF NO PROVIDER EVENTS HAD THE SAME COST AND PAYMENTS, PRESS ENTER WITHOUT SELECTING ANY EVENTS. | (01) CONTINUOUS ANSWER | | BOX NSL5 |
| | BOX NSL5 | routing | IF AT LEAST ONE EVENT SELECTED AT NSL5 IS A REPEAT VISIT, GO TO NSL6 - RVLINKS. ELSE GO TO BOX NSBEG. | | | |
| RVLINKS | NSL6 | numeric | How many times are the same for (EVENT)? ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE THE SAME. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | | BOX NSL6 |
| | BOX NSL6 | routing | IF ANOTHER EVENT SELECTED AT NSL5 IS A REPEAT VISIT, GO TO NSL6 - RVLINKS. ELSE GO TO BOX NSBEG. | | | |
| NSTATEMENT | NS81 | yes/no | YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED. DO YOU HAVE ANY MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENTS THAT YOU HAVE NOT YET ENTERED? | (01) YES (02) NO | | (01) ST5 - ST_CHARGE BUNDLE (02) BOX NSEND |
| | BOX NSEND | routing | GO TO NEXT SECTION | | | |

Charge Payment Summary (CPS)

| Variable Name | MR Screen Name | Question type | Question text/Description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|--------------------|--|---|--|------------|---|
| | | | CPS REASON HAS ALREADY BEEN ASSIGNED TO ALL CHARGE BUNDLES ENTERED IN THE PAST 2 ROUNDS THAT HAVE MISSING CHARGE DATA. | | | | |
| | | | CPS REASON 1 = NO STATEMENT CHARGE BUNDLE, SP EXPECTED TO RECEIVE A STATEMENT | | | | |
| | | | CPS REASON 2 = NO STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE. | | | | |
| | | | CPS REASON 3 = STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE. | | | | |
| | | | CPS REASON 4 = NO STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN TOTAL CHARGE. | | | | |
| | | | CPS REASON 5 = STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN AMOUNT REMAINING. | | | | |
| | | | CPS REASON 6 = SP MADE PAYMENT AND EXPECTED REIMBURSEMENT. | | | | |
| | | | CPS REASON 7 = SP MADE PAYMENT AND DID NOT KNOW IF REIMBURSEMENT EXPECTED. | | | | |
| | | | CPS REASON 8 = NO STATEMENT CHARGE BUNDLE ENTERED AT HOME OFFICE, SP EXPECTED TO RECEIVE A STATEMENT. | | | | |
| | | | IN CPS, WE WILL REVIEW THIS LIST OF CHARGE BUNDLES AND WILL EXCLUDE ANY CHARGE BUNDLE WITH AN EVENT THAT HAS BEEN DELETED, HAS BEEN LINKED TO A STATEMENT CHARGE BUNDLE IN THE CURRENT ROUND, OR WAS ASKED ABOUT IN THE CURRENT ROUND NO STATEMENT SECTION AND THE SP IS NOT EXPECTING TO RECEIVE A STATEMENT FOR THIS EVENT. | | | | |
| | | | THE REMAINING LIST OF CHARGE BUNDLES WILL BE ELIGIBLE FOR CPS. WE WILL SORT THIS LIST BY CPS REASON. WE WILL THEN COLLECT CPS DETAILS FOR THE FIRST CHARGE BUNDLE IN THIS LIST. | | | | |
| | BOX CPSBEG | routing | AFTER COMPLETING THE CPS DETAILS FOR THIS CHARGE BUNDLE, WE WILL RETURN TO BOX CPSBEG. BECAUSE THE DATA THAT DETERMINES IF A CHARGE BUNDLE IS ELIGIBLE FOR CPS MAY BE UPDATED WHILE ADMINISTERING CPS, THE LIST OF ELIGIBLE CHARGE BUNDLES WILL BE RECREATED AT THE BEGINNING OF EACH LOOP IN CPS | | | | |
| NAVIGATOR | CPS1_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) CPS1 - CPSII (02) BOX CPSBEI |
| | | | | | [Next, I will ask about some medical care that we talked about in a previous interview.] CPS1 - CPSINT has not been asked in the current round [] CPS1 - CPSINT has been asked in the current round | | |
| | | | [Next, I will ask about some medical care that we talked about in a previous interview.] | | [REMAINING] CPS1 - CPSINT has already been asked in the current round [] CPS1 - CPSINT has not already been asked in the current round | | |
| | | | THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES [REMAINING] FOR SUMMARY. | | [First] CPS1 - CPSINT has not been asked in the current round [Next] CPS1 - CPSINT has not been asked in the current round | | BOX CPS1A |
| CPSINT | CPS1 | no entry | [First/Next], I want to ask about [READ EVENT(S) ABOVE]. | | | | |
| | BOX CPS1A | routing | IF CPS REASON = 1 OR 8, GO TO CPS2 - RECDSTAT. ELSE GO TO BOX CPS1B. | | | | |
| | | | CREATE SOURCE OF PAYMENT ROSTER IF CPS REASON = 2, 6 OR 7, GO TO BOX CPS2. ELSE IF CPS REASON = 3, GO TO CPS11 - CPTCHGPAID2. ELSE IF CPS REASON = 4, GO TO CPS13 - CPTCHGPAID3. ELSE IF CPS REASON = 5, GO TO CPS15 - CPTCHGPAID4. | | | | |
| | BOX CPS1B | routing | | | [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).] CPS Reason = 1 [] CPS Reason not equal to 1 | | |
| | | | | | [since then] CPS Reason = 1 [since the last interview] CPS Reason not equal to 1 | | |
| | | | | | [Medicare, Insurance, and TRICARE] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [Medicare and TRICARE] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [Medicare and Insurance] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [Medicare] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | | |
| | | | | | [PROBE IF NECESSARY: Please include any statements received about (your/(SP's)) Medicare prescription drug benefit.] - PM event is linked to the charge bundle and ((SP has reported a Medicare Prescription Drug Plan) or (SP has reported having a Medicare Managed Care plan with RX coverage in the past year)) Else do not display sentence. | | |
| | | | [At the last interview, [you were/(SP) was] expecting to receive a statement or paper from (Medicare, Insurance, and TRICARE/Medicare and TRICARE/Medicare and Insurance/Medicare).] [Have you/Has (SP)] received a statement for the [READ EVENT(S) ABOVE] (since then/since the last interview)? | (01) STATEMENT RECEIVED AND AVAILABLE (02) STATEMENT RECEIVED, NOT AVAILABLE (03) STATEMENT NOT RECEIVED (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is SP | | (01) ST4 - MATCH (02) BOX NS4A (03) BOX NS4A (-8) BOX NS4A (-9) BOX CPS32 |
| RECDSTAT | CPS2 | code one | [PROBE IF NECESSARY: Please include any statements received about (your/(SP's)) Medicare prescription drug benefit.] | | | | |
| | | | IF TOTAL CHARGE = DK OR RF AND ((ASKING ABOUT A NO STATEMENT CHARGE BUNDLE) OR (ASKING ABOUT A STATEMENT CHARGE BUNDLE AND TYPE OF STATEMENT IS NOT A MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT)), GO TO CPS3 - KNOWTOTL. ELSE IF CPS REASON = 2, GO TO CPS9 - CPTCHGPAID1. ELSE IF CPS REASON = 6 OR 7, GO TO CPS19 - CPSREIMINT. | | | | |
| | BOX CPS2 | routing | | | | | |
| KNOWTOTL | CPS3 | yes/no | Do you happen to know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE]? | (01) YES (02) NO (-9) Refused | [total charge] total charge was collected for charge bundle [copayment amount] copayment was collected for charge bundle | | BOX CPS3 |
| | | | IF CPS3 - KNOWTOTL = 1/Yes AND (TOTAL CHARGE WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS4 - TOTALCHG. ELSE IF CPS3 - KNOWTOTL = 1/Yes AND (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS5 - TOTALCHG. ELSE IF (CPS3 - KNOWTOTL = 2/No OR RF) AND (CPS REASON = 2), GO TO CPS9 - CPTCHGPAID1. ELSE IF CPS REASON = 6 OR 7, GO TO CPS19 - CPSREIMINT. | | | | |
| | BOX CPS3 | routing | | | | | |
| | | | Including any amounts that may be paid by Medicare or anyone else, what was the total charge (that is, the amount billed)? ENTER 0 IF NO CHARGE FOR THE EVENT. [PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE. IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.] | (01) continuous answer (-8) Don't Know (-9) Refused | | | BOX CPS5A |
| TOTALCHG | CPS4 | numeric | | | | | |

| | | | | | | | | |
|-------------|-----------|----------|--|--|--|--|--|--|
| | | | What was the copayment amount for the [READ EVENT(S) ABOVE]? | | | | | |
| | | | [EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, each time health services are provided. For example, the person may pay \$20 for each office visit and \$10 for each drug prescription.] | | (01) continuous answer (-8) Don't Know (-9) Refused | | | |
| TOTALCHG | CPS5 | numeric | ENTER 0 IF NO COPAYMENT FOR THE EVENT. | | | | | BOX CPS5A |
| | BOX CPS5A | routing | IF (CPS REASON = 2) AND (TOTAL CHARGE = 0) AND (SP IS CURRENTLY COVERED BY MEDICAID), GO TO BOX CPS32. ELSE IF (CPS REASON = 6 OR 7) AND (TOTAL CHARGE = RF), GO TO CPS19 - CPSREIMINT. ELSE GO TO BOX CPS5B. | | | | | |
| | BOX CPS5B | routing | FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO CPS6 - MONTHCOV. ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT TYPE = 'PM') OR (EVENT TYPE = 'OM' AND (OTHER MEDICAL EXPENSE IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES)), GO TO CPS7 - NUMLINKS. ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO CPS8 - RVLINKS. ELSE GO TO BOX CPS8A. | | | | | |
| MONTHCOV | CPS6 | numeric | For the [READ OME ITEM ABOVE], how many months are covered by the charge for the period of time between (CHARGE BUNDLE REFERENCE PERIOD)? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)] | | (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused | | | CPS6 - MONCOV' |
| | | | | | | | [you] respondent is SP [(SP)] respondent is proxy [(MEDICINE NAME)] EVENT TYPE = 'PM' [(OME ITEM TYPE)] EVENT TYPE = 'OM' [were covered by the total charge] total charge was collected for charge bundle, CPS4 - TOTALCHG = DK or RF [was there no charge] total charge was collected for charge bundle, CPS4-TOTALCHG = 0 [were covered by the (CPS4 - TOTAL CHARGE)] total charge was collected for charge bundle, CPS4 - TOTALCHG is not equal to DK, RF, or 0 [were covered by the copayment] copayment was collected for charge bundle, CPS5 - TOTALCHG = DK or RF [was there no copayment] copayment was collected for charge bundle, CPS5 - TOTALCHG = 0 [were covered by the (CPS5 - COPAYMENT)] copayment was collected for charge bundle, CPS5 - TOTALCHG is not equal to DK, RF, or 0 | |
| NUMLINKS | CPS7 | numeric | How many of the times [you/(SP)] obtained (MEDICINE NAME/OME ITEM TYPE) for the period between (CHARGE BUNDLE REFERENCE PERIOD) [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]? | | (01) continuous answer (-8) Don't Know (-9) Refused | | | BOX CPS8A |
| | BOX CPS8A | routing | IF ANOTHER EVENT IS INCLUDED IN THE CHARGE BUNDLE, GO TO BOX CPS5B. ELSE GO TO BOX CPS8B. | | | | | |
| RVLINKS | CPS8 | numeric | 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]? | | (01) continuous answer (-8) Don't Know (-9) Refused | | | BOX CPS8B |
| | BOX CPS8B | routing | IF CPS REASON = 2 AND TOTAL CHARGE ^= 0, GO TO CPS9 - CPTCHGPAID1. ELSE IF CPS REASON = 2 AND TOTAL CHARGE = 0, GO TO BOX CPS10. ELSE IF CPS REASON = 6 OR 7, GO TO CPS19 - CPSREIMINT. | | | | | |
| | | | | | | | [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.] CPS3 - KNOWTOTL was not asked for this charge bundle [] CPS3 - KNOWTOTL was already asked for this charge bundle [total charge] total charge was collected for charge bundle [copayment amount] copayment was collected for charge bundle [Have you] respondent is SP [Has (SP)] respondent is proxy [, such as an insurance plan.] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [, such as TRICARE.] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan.] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | |
| CPTCHGPAID1 | CPS9 | code one | [Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE)), and that no payment had been made.] [Have you/Has (SP)] or any other source[, such as (an insurance plan/TRICARE/TRICARE or an insurance plan).] now paid any of [the total charge/the copayment amount/this (TOTAL CHARGE)]? | | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) (TOTAL CHARGE/COPAYMENT AMOUNT) IS WRONG (-8) Don't Know (-9) Refused | | | (01) BOX CPS10 (02) BOX CPS10 (03) CPS10 - TCH (-8) BOX CPS10 (-9) BOX CPS10 |
| TCHGWRONG | CPS10 | no entry | YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE. | | | | | CPS9 - CPTCHGF |

| Code | Box | Routing | Description | Response Options | Notes | External Reference |
|-------------|-----------|----------|--|--|--|--|
| | BOX CPS10 | routing | IF (CPS9 - CPTCHGPAID1 = 1/SomeonePaid) OR (TOTAL CHARGE = 0), GO TO NS65 - NSADDSOP1. ELSE IF (CPS9 - CPTCHGPAID1 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT. ELSE GO TO BOX CPS32. | | | DESIGN NOTES Calls NS SOP rost NS returns to CPS |
| | | | | | [Medicare had paid [nothing and/(MEDICARE PAYMENT AMOUNT) and after Medicare paid,] COST.MCPAYAMT ^= EMPTY & Medicare Payment Amount, COST.MCPAYAMT >=0 Else do not display phrase. | |
| | | | | | [Medicare had paid nothing and] COST.MCPAYAMT = 0 [Medicare had paid (MEDICARE PAYMENT AMOUNT) and after Medicare paid] COST.MCPAYAMT is not equal to 0 | |
| | | | | | [Have you] respondent is SP [Has (SP)] respondent is proxy | |
| | | | | | [, such as an insurance plan,] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round | |
| CPTCHGPAID2 | CPS11 | code one | 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 (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of this (AMOUNT REMAINING)? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) Don't Know (-9) Refused | [, such as TRICARE,] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | (01) BOX CPS12 (02) BOX CPS12 (03) CPS12 - TCH (-8) BOX CPS12 (-9) BOX CPS12 |
| TCHGWRONG | CPS12 | no entry | YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID. | | | CPS11 - CPTCHG |
| | BOX CPS12 | routing | IF (CPS11 - CPTCHGPAID2 = 1/SomeonePaid), GO TO ST65 - STADDSOP1. ELSE IF (CPS11 - CPTCHGPAID2 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT. ELSE IF (CPS11 - CPTCHGPAID2 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32. | | | |
| | | | | | [Have you] respondent is SP [Has (SP)] respondent is proxy | |
| | | | | | [, such as an insurance plan,] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round | |
| CPTCHGPAID3 | CPS13 | code one | Let me review what we recorded last time. [REVIEW WITH RESPONDENT.] The total of all payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE). [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) TOTAL CHARGE SEEMS WRONG (04) PAYMENT AMOUNTS WRONG (-8) Don't Know (-9) Refused | [, such as TRICARE,] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | (01) BOX CPS14 (02) BOX CPS14 (03) CPS14 - TCH (04) BOX CPS14 (-8) BOX CPS14 (-9) BOX CPS14 |
| TCHGWRONG | CPS14 | no entry | YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT. | | | CPS13 - CPTCHG |
| | BOX CPS14 | routing | IF CPS13 - CPTCHGPAID3 = 1/Yes OR 4/PaymentsWrong, GO TO NS65 - NSADDSOP1. ELSE IF CPS13 - CPTCHGPAID3 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT. ELSE IF (CPS13 - CPTCHGPAID3 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32. | | | |
| | | | | | [Have you] respondent is SP [Has (SP)] respondent is proxy | |
| | | | | | [, such as an insurance plan,] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round | |
| CPTCHGPAID4 | CPS15 | code one | 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 REMAINING). [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount? | (01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (04) PAYMENT AMOUNTS WRONG (-8) Don't Know (-9) Refused | [, such as TRICARE,] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | (01) BOX CPS16 (02) BOX CPS16 (03) CPS16 - TCH (04) BOX CPS16 (-8) BOX CPS16 (-9) BOX CPS16 |
| TCHGWRONG | CPS16 | no entry | YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT. | | | CPS15 - CPTCHG |
| | BOX CPS16 | routing | IF CPS15 - CPTCHGPAID4 = 1/Yes OR 4/PaymentsWrong, GO TO ST65 - STADDSOP1. ELSE IF CPS15 - CPTCHGPAID4 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT. ELSE IF (CPS15 - CPTCHGPAID4 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32. | | | |
| | | | | | [you] respondent is SP [(SP)] respondent is proxy | |
| EXPAYOUT | CPS17 | yes/no | Do you expect that [you/(SP)] or any other source will pay any [of this amount/additional amount for [READ EVENT(S) ABOVE]]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [of this amount] CPS REASON = 2 or 3 [additional amount for [READ EVENT(S) ABOVE]] CPS REASON is not equal to 2 or 3 | (01) BOX CPS17 (02) BOX CPS32 (-8) BOX CPS32 (-9) BOX CPS32 |

| | | | | | | | |
|----------------------------------|-------------------------|--------------------------------|--|--|--|---|--|
| | BOX CPS17 | routing | IF (CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO CPS18 - EXPAYUNT. ELSE GO TO BOX CPS32. | | (01) PERCENTAGE (02) DOLLARS (-8) Don't Know (-9) Refused (01) continuous answer (01) continuous answer | | (01) CPS18 - EXP (02) CPS18 - EXP (-8) BOX CPS32 (-9) BOX CPS32 BOX CPS32 BOX CPS32 |
| EXPAYUNT EXPAYPCT EXPAYAMT | CPS18 CPS18 CPS18 | code one numeric numeric | How much do you expect will be paid? How much do you expect will be paid? How much do you expect will be paid? | | | | |
| | | | | | | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female | |
| CPSREIMINT | CPS19 | no entry | 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]. | | | [expected some source to pay] CPS Reason = 6 [weren't sure whether some source would pay you back] CPS reason not equal to 6, respondent is SP [wasn't sure whether some source would pay (SP) back] CPS reason not equal to 6, respondent is proxy | CPS20 - GOTPAY |
| | | | | | | [, such as an insurance plan,] SP was not covered by TRICARE and was covered by any other insurance plan besides Medicare during the current round [, such as TRICARE,] SP was covered by TRICARE and is not covered by any other insurance plan besides Medicare during the current round [, such as TRICARE or an insurance plan,] SP was covered by TRICARE and any other insurance plan besides Medicare during the current round [] SP was not covered by TRICARE or any other insurance plan besides Medicare during the current round | |
| | | | | | | [you] respondent is SP [(SP)] respondent is SP | |
| | | | | | | [PROBE IF NECESSARY: Please include any payments received from (your/(SP's)) Medicare prescription drug benefit.] PM event is linked to the charge bundle that has Number of Purchases >0 and ^= DK and ^= RF, and ((SP was covered by a Medicare Prescription Drug Plan anytime during the current round) or (SP had a Medicare Managed Care plan with RX coverage anytime during the current round)) Else do not display sentence. | (01) CPS25 - CPA (02) BOX CPS20 (-8) BOX CPS20 (-9) BOX CPS20 |
| GOTPAYBK | CPS20 | yes/no | 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.)) | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | |
| | BOX CPS20 | routing | IF (CPS20 - GOTPAYBK = 2/No) AND (SP PREVIOUSLY EXPECTED A SOURCE TO PAY BACK ANY AMOUNT), GO TO CPS21 - EXPPAYBK. ELSE IF CPS20 - GOTPAYBK = DK, GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32. | | | | |
| EXPPAYBK | CPS21 | yes/no | Do you still expect any source to pay [you/(SP)] back any amount for [READ EVENT(S) ABOVE]? | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX CPS21 (02) BOX CPS32 (-8) BOX CPS32 (-9) BOX CPS32 |
| | BOX CPS21 | routing | IF (CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO CPS22 - EXPAYUNT. ELSE GO TO BOX CPS32. | | | | |
| EXPAYUNT EXPAYPCT EXPAYAMT | CPS22 CPS22 CPS22 | code one numeric numeric | How much do you expect will be paid? How much do you expect will be paid? How much do you expect will be paid? | | (01) PERCENTAGE (02) DOLLARS (-8) Don't Know (-9) Refused (01) continuous answer (01) continuous answer | | (01) CPS22 - EXP (02) CPS22 - EXP (-8) BOX CPS32 (-9) BOX CPS32 BOX CPS32 BOX CPS32 |
| RRDETAIL | CPS23 | yes/no | DID RESPONDENT MENTION (AN INSURANCE/A) REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS? [DO NOT ENTER A COMMENT HERE TO EXPLAIN THE SITUATION.] | | (01) YES (02) NO (-8) Don't Know | [A] CPS REASON = 1 or 6 [AN INSURANCE] CPS REASON not equal to 1 or 6 | (01) CPS24 - RRA (02) BOX CPS32 (-8) BOX CPS32 |
| RRADD | CPS24 | yes/no | DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT? [DO NOT SELECT "YES" IF THE RESPONDENT KNOWS A REIMBURSEMENT AMOUNT, BUT DOES NOT KNOW WHO PAID IT.] | | (01) YES (02) NO | | (01) CPS25 - CPA (02) BOX CPS32 |
| CPADDSOP | CPS25 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT. | | (01) YES (02) NO | | (01) CPS27 - TSO (02) CPS26 - SOF |
| SOP_CP | CPS26 | roster | ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE. | | (01) continuous answer | | CPS27 - TSOBRE |
| TSOPREIM_NAME | CPS27 | grid | Who (else) paid (besides Medicare)? How much did (SOURCE) pay? REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT) ENTER ALL REIMBURSEMENT AMOUNTS. How much did (SOURCE) pay? | | (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused | | BOX CPS27A |
| TSOPREIM_AMT | CPS27 | grid | REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT) ENTER ALL REIMBURSEMENT AMOUNTS. | | (01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused | | BOX CPS27A |
| | BOX CPS27A | routing | IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT CPS26, GO TO BOX CPS27B. ELSE GO TO BOX CPS29F. | | | | |
| | BOX CPS27B | routing | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT CPS26 IS A HEALTH INSURANCE PLAN, GO TO CPS27BINT - PLANINTRO_CPS. ELSE GO TO BOX CPS29E. | | | | |
| PLANINTRO_CPS | CPS27BINT | no entry | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added. | | | | CPS27B_IN - NAV |
| NAVIGATOR | CPS27B_IN | instance navigator | | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | (01) BOX CPS27C (02) BOX CPS29E |

CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT CPS26
 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS28 - CPMHMOCHNG.
 ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS29 - CPSOPCURR.
 ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29A - CPMPPCHNG.
 ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29B - CPSOPCURR2.
 ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME.
 ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME.
 ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME.
 ELSE GO TO HIT2 - COVTIME.

| Form Name | Box | Routing | Question | Response Codes | Response Instructions | Other Codes |
|-------------|-----------------------------------|--------------------------------|---|---|--|---|
| CPMHMOCHNG | CPS28 | yes/no | I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | (01) CPS28 - CPS (02) BOX CPS28A (-8) BOX CPS28A (-9) BOX CPS28A |
| CPSOPCURR | CPS29 | yes/no | [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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased [currently] respondent is SP or proxy, SP alive [] respondent is proxy, SP deceased | (01) HIMC6A - MH (02) BOX CPS29A (-8) BOX CPS29A (-9) BOX CPS29A |
| CPMPDPCHNG | CPS29A | yes/no | I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | (01) CPS29B - CP (02) BOX CPS29A (-8) BOX CPS29A (-9) BOX CPS29A |
| CPSOPCURR2 | CPS29B BOX CPS29A | yes/no routing | [Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? GO TO CPS27B_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased [currently] respondent is SP or proxy, SP alive [] respondent is proxy, SP deceased | BOX CPS29A |
| REIMBCOV | BOX CPS29E BOX CPS29F CPS30 | routing routing yes/no | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT CPS26, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT CPS26 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX CPS29F. CREATE REIMBURSEMENTS FOR AMOUNTS ENTERED AT CPS27 GO TO CPS30 - REIMBCOV. DOES THIS REIMBURSEMENT AMOUNT COVER ANY OTHER EVENTS BESIDES THOSE SHOWN ABOVE? | (01) YES (02) NO (-8) Don't Know | | (01) CPS31 - REIM (02) BOX CPS32 (-8) BOX CPS32 |
| REIMCODE | CPS31 | code all | WHAT OTHER TYPE(S) OF EVENT(S) ARE COVERED BY THIS REIMBURSEMENT? CHECK ALL THAT APPLY. | (01) SEPARATELY BILLING LAB (SL) (02) SEPARATELY BILLING DOCTOR (SD) (03) DENTAL (DU) (04) HOSPITAL EMERGENCY ROOM (ER) (05) HOSPITAL INPATIENT STAY (IP) (06) HOSPITAL OUTPATIENT VISIT (OP) (07) INSTITUTIONAL STAY (IU) (08) HOME HEALTH PROFESSIONAL (HP) (09) OTHER HOME HEALTH (HF) (10) OTHER VISITS TO MEDICAL PROVIDERS (MP) (11) OTHER MEDICAL EXPENSES (OM) (12) PRESCRIBED MEDICINES (PM) (-8) Don't Know | | CPS32 - REIMCO |
| REIMCOMMENT | CPS32 BOX CPS32 BOX CPSEND | no entry routing routing | PLEASE ENTER A COMMENT TO RECORD ANYTHING ELSE YOU KNOW ABOUT THIS REFUND (PROVIDER(S), DATE(S), ETC.) GO TO BOX CPSBEG. GO TO NEXT SECTION. | | | BOX CPS32 |

Mobility of Beneficiaries (MBQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|--|---|------------|----------------|
| | BOX MBEG | routing | GO TO MB1 - MTBLGTPL. | | | | |
| MTBLGTPL | MB1 | yes/no | 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 (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [have you] respondent is SP [has (SP)] respondent is proxy | | MB2 - MREDTRAV |
| MREDTRAV | MB2 | yes/no | 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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | MB3 - MASKRIDE |
| MASKRIDE | MB3 | yes/no | Because of a health or physical problem, [have you/has (SP)]... asked others for rides since [March (CURRENT-YEAR)/(REFERENCE DATE)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | MB4 - MLIMDRIV |
| MLIMDRIV | MB4 | yes/no | Because of a health or physical problem, [have you/has (SP)]... limited driving to daytime since [March (CURRENT-YEAR)/(REFERENCE DATE)]? | (01) YES (02) NO (03) DOESN'T DRIVE (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | MB5 - MGIVUPDR |
| MGIVUPDR | MB5 | yes/no | Because of a health or physical problem, [have you/has (SP)]... given up driving altogether since [March (CURRENT-YEAR)/(REFERENCE DATE)]? | (01) YES (02) NO (03) DOESN'T DRIVE (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | MB6 - MUSETRNS |
| MUSETRNS | MB6 | yes/no | Because of a health or physical problem, [have you/has (SP)]... used a taxi or special transportation service since [March (CURRENT-YEAR)/(REFERENCE DATE)]? [EXPLAIN IF NECESSARY: A special transportation service may include a van or shuttle service for seniors or people with disabilities.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | BOX MBEND |
| | BOX MBEND | routing | GO TO NEXT SECTION | | | | |

Access to Care (ACQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|---|--|------------|--|
| | BOX AC1AA | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO ACINTRO - ACINT. ELSE IF (SP HAD AN ER VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC6A NOT ALREADY ASKED), GO TO AC6A - EWAITUNT. ELSE GO TO BOX AC1C. | | | | |
| ACINT | ACINTRO | no entry | The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE). | | [you] respondent is SP [(SP)] respondent is proxy | | AC1 - ERVISIT |
| ERVISIT | AC1 | yes/no | Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC6A - EWAITUNT (02) AC8 - OPDVISIT (-8) AC8 - OPDVISIT (-9) AC8 - OPDVISIT |
| EWAITUNT | AC6A | code one | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | (00) BOX AC1B (01) AC6A - EWAITHRS (02) AC6A - EWAITMIN (03) AC6A - EWAITHRS (-8) BOX AC1B (-9) BOX AC1B |
| EWAITHRS | AC6A | numeric | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to BOX AC1B. |
| EWAITMIN | AC6A | numeric | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | BOX AC1B |
| | BOX AC1B | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7 - ERADMT. ELSE GO TO BOX AC1C. | | | | |
| ERADMT | AC7 | yes/no | [Were you/Was (SP)] admitted to the hospital from the emergency room? [PROBE IF NECESSARY TO DETERMINE IF THE RESPONDENT WAS ACTUALLY ADMITTED OR ASK TO SEE THE HOSPITAL BILL TO MAKE THE DETERMINATION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | | BOX AC1C |
| | BOX AC1C | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC8 - OPDVISIT. ELSE IF AC6A ASKED WHILE ADMINISTERING ER, GO TO BOX ER6. ELSE IF (SP HAD AN OP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC9-AC16A NOT ALREADY ASKED), GO TO AC9 - OPDREAS. ELSE GO TO BOX AC1E. | | | | |
| OPDVISIT | AC8 | yes/no | Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC9 - OPDREAS (02) AC17 - NHRESEVR (-8) AC17 - NHRESEVR (-9) AC17 - NHRESEVR |
| OPDREAS | AC9 | code all | [I have a few more questions about visits that [you/(SP)] had in the past.] Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department. What was the reason [you/(SP)] went to the hospital clinic or outpatient department? [PROBE FOR THE MOST RECENT VISIT IF RESPONDENT MENTIONS MORE THAN ONE. IF NEEDED, PROBE WITH 'What did you have done during your most recent visit to the hospital clinic or outpatient department?' SELECT ALL THAT APPLY.] [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) BOX AC1D (02) BOX AC1D (03) BOX AC1D (04) BOX AC1D (05) BOX AC1D (06) BOX AC1D (07) BOX AC1D (08) BOX AC1D (09) BOX AC1D (91) AC9 - OPDOTHOS (-8) BOX AC1D (-9) BOX AC1D |
| OPDOTHOS | AC9 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | | | BOX AC1D |

| | | | | | | | |
|----------|----------|----------|--|--|--|----|--|
| | BOX AC1D | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC12 - OPDAPPT. ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC10 - OPDSCOND. ELSE GO TO AC12 - OPDAPPT. | | | | |
| OPDSCOND | AC10 | yes/no | Was that for a specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | AC12 - OPDAPPT |
| OPDAPPT | AC12 | code one | Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in? | (01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) AC13 - OPDRTEL (02) AC16A - OWAITUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT |
| OPDRTEL | AC13 | code one | 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 ? | (01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused (00) DID NOT HAVE TO WAIT | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC16A - OWAITUNT (02) AC14 - OPDAWUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT (00) AC16A - OWAITUNT |
| OPDAWUNT | AC14 | code one | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC14 - OPDAWDAY (02) AC14 - OPDAWWKS (03) AC14 - OPDAWMOS (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT |
| OPDAWDAY | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | | AC16A - OWAITUNT |
| OPDAWWKS | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | | AC16A - OWAITUNT |
| OPDAWMOS | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | | AC16A - OWAITUNT |
| OWAITUNT | AC16A | code one | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | (00) BOX AC1E (01) AC16A - OWAITHRS (02) AC16A - OWAITMIN (03) AC16A - OWAITHRS (-8) BOX AC1E (-9) BOX AC1E |
| OWAITHRS | AC16A | numeric | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | If AC16A - OWAITUNT = 3/HoursAndMinutes, go to AC16A - OWAITMIN. Else go to BOX AC1E. |
| OWAITMIN | AC16A | numeric | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | | BOX AC1E |
| | BOX AC1E | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC17 - NHRESEVR. ELSE IF AC9-AC16A ASKED WHILE ADMINISTERING OP, GO TO BOX OP7. ELSE IF (SP HAD AN MP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC20-AC28A1 NOT ALREADY ASKED), GO TO AC20 - MDSPLCTY. ELSE GO TO BOX AC1G. | | | | |
| NHRESEVR | AC17 | yes/no | [Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) AC18 - NHLRESMM (02) AC19 - MDVISIT (03) AC19 - MDVISIT (04) AC19 - MDVISIT |
| NHLRESMM | AC18 | date | When [were you/was (SP)] last a resident or patient in a nursing home or similar place? | (01) continuous answer (-8) Don't Know (-9) Refused | [were you] respondent is SP [was (SP)] respondent is proxy | MM | AC18 - NHLRESYY |

| | | | | | | | |
|----------------------|--------------|---------------------------|--|--|---|----|--|
| NHLRESYY | AC18 | date | When [were you/was (SP)] last a resident or patient in a nursing home or similar place? | (01) continuous answer (-8) Don't Know (-9) Refused | [were you] respondent is SP [was (SP)] respondent is proxy | YY | AC19- MDVISIT |
| MDVISIT | AC19 | yes/no | Next, I want to ask about [your/(SP)'s] visits to doctors since (REFERENCE DATE). [Have you/Has (SP)] seen a medical doctor since (REFERENCE DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.'] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) AC20 - MDSPCLTY (02) BOX AC1G (-8) BOX AC1G (-9) BOX AC1G |
| MDSPCLTY MDSPCLOS | AC20 AC20 | code one verbatim text | SHOW CARD AC1 [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? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.] OTHER DR SPECIALTY (SPECIFY) | (01) continuous answer (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (08) FAMILY PRACTICE (09) GASTROENTEROLOGY (10) GENERAL PRACTICE (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (15) HOSPITAL RESIDENCE (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (19) NUCLEAR MEDICINE (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC21 - MDREAS (02) AC21 - MDREAS (03) AC21 - MDREAS (05) AC21 - MDREAS (07) AC21 - MDREAS (08) AC21 - MDREAS (09) AC21 - MDREAS (10) AC21 - MDREAS (11) AC21 - MDREAS (12) AC21 - MDREAS (13) AC21 - MDREAS (14) AC21 - MDREAS (15) AC21 - MDREAS (16) AC21 - MDREAS (17) AC21 - MDREAS (18) AC21 - MDREAS (19) AC21 - MDREAS (20) AC21 - MDREAS (21) AC21 - MDREAS (22) AC21 - MDREAS (24) AC21 - MDREAS (25) AC21 - MDREAS (26) AC21 - MDREAS (27) AC21 - MDREAS (28) AC21 - MDREAS (29) AC21 - MDREAS (30) AC21 - MDREAS (31) AC21 - MDREAS |
| MDREAS MDREAS | AC21 AC21 | code all verbatim text | What was the reason [you/(SP)] saw the doctor? [PROBE: 'What did you have done during the visit?' IF RESPONDENT DOES NOT UNDERSTAND WHAT IS BEING ASKED. PROBE: 'Any other reason?' TO OBTAIN ALL REASONS.] CHECK ALL THAT APPLY. OTHER (SPECIFY) | (01) continuous answer (01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) BOX AC1F (02) BOX AC1F (03) BOX AC1F (04) BOX AC1F (05) BOX AC1F (06) BOX AC1F (07) BOX AC1F (08) BOX AC1F (09) BOX AC1F (91) AC21 - MDOTHOS (-8) BOX AC1F (-9) BOX AC1F |
| | BOX AC1F | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC24 - MDAPPT. ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC22 - MDSCOND. ELSE GO TO AC24 - MDAPPT. | (01) continuous answer | | | BOX AC1F |
| MDSCOND | AC22 | yes/no | Was that for a specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | AC24 - MDAPPT |
| MDAPPT | AC24 | code one | Did [you/(SP)] have an appointment for this visit with the doctor, or did (you/he/she) just walk in? | (01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) AC25 - MDDRTEL (02) AC28A1 - MWAITUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |
| MDDRTEL | AC25 | code one | 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? | (01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) AC28A1 - MWAITUNT (02) AC26 - MDAWUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |

| | | | | | | |
|----------|----------|----------|--|--|--|---|
| MDAWUNT | AC26 | code one | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (00) AC28A1 - MWAITUNT (01) AC26 - MDAWDAY (02) AC26 - MDAWWKS (03) AC26 - MDAWMOS (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |
| MDAWDAY | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | AC28A1 - MWAITUNT |
| MDAWWKS | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | AC28A1 - MWAITUNT |
| MDAWMOS | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | AC28A1 - MWAITUNT |
| MWAITUNT | AC28A1 | code one | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | (00) BOX AC1G (01) AC28A1 - MWAITHRS (02) AC28A1 - MWAITMIN (03) AC28A1 - MWAITHRS (-8) BOX AC1G (-9) BOX AC1G |
| MWAITHRS | AC28A1 | numeric | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | If AC28A1 - MWAITUNT = 3/HoursAndMinutes, go to AC28A1 - MWAITMIN. Else go to BOX AC1G. |
| MWAITMIN | AC28A1 | numeric | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is SP, SP male [her] respondent is SP, SP female [he] respondent is SP, SP male [she] respondent is SP, SP female | BOX AC1G |
| | BOX AC1G | routing | IF AC20-AC28A1 ASKED WHILE ADMINISTERING MP, GO TO MP18 - MPPRPRAC. ELSE IF SP HAS A CURRENT MEDICARE MANAGED CARE PLAN, GO TO AC33 - MHREFDIF. ELSE GO TO BOX AC3. | | | |
| MHREFDIF | AC33 | code one | The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME). While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), [have you/has (SP)] had difficulty in obtaining referrals for the services of a specialist or other medical person within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that [you/(SP)] thought were necessary? [IF NECESSARY, SAY: 'The referral must have been for services provided by a specialist or medical provider who is associated with your Medicare Managed Care plan, not a specialist or medical provider who is "outside" of the plan.'] | (01) YES (02) NO (03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [have you] respondent is SP [has (SP)] respondent is proxy | (01) AC34A - MHSPCLTY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY |

| | | | | | | |
|----------------------|-----------------|---------------------------|---|---|--|---|
| MHSPCLTY MHSPCLOS | AC34A AC34A | code one verbatim text | SHOW CARD AC1 What kind of specialist or medical person was this? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.] OTHER (SPECIFY) | (01) GENERAL PRACTICE (FAMILY PHYSICIAN) (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (09) GASTROENTEROLOGY (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (33) RHEUMATOLOGY (ARTHRITIS) (35) UROLOGY (36) AUDIOLOGIST (01) continuous answer | | (01) AC35 - MHDIFCLT (05) AC35 - MHDIFCLT (07) AC35 - MHDIFCLT (09) AC35 - MHDIFCLT (11) AC35 - MHDIFCLT (12) AC35 - MHDIFCLT (13) AC35 - MHDIFCLT (14) AC35 - MHDIFCLT (16) AC35 - MHDIFCLT (17) AC35 - MHDIFCLT (18) AC35 - MHDIFCLT (20) AC35 - MHDIFCLT (21) AC35 - MHDIFCLT (22) AC35 - MHDIFCLT (24) AC35 - MHDIFCLT (25) AC35 - MHDIFCLT (26) AC35 - MHDIFCLT (27) AC35 - MHDIFCLT (28) AC35 - MHDIFCLT (29) AC35 - MHDIFCLT (30) AC35 - MHDIFCLT (31) AC35 - MHDIFCLT (33) AC35 - MHDIFCLT (35) AC35 - MHDIFCLT (36) AC35 - MHDIFCLT (37) AC35 - MHDIFCLT (38) AC35 - MHDIFCLT AC35 - MHDIFCLT |
| MHDIFCLT MHOTHOS | AC35 AC35 | code all verbatim text | What kind of difficulty did [you/(SP)] have? [PROBE: Any other difficulty?] CHECK ALL THAT APPLY. OTHER (SPECIFY) | (01) PLAN WOULDN'T AUTHORIZE SERVICE (02) THE WAIT FOR APPOINTMENT WAS TOO LONG (03) PROVIDER'S LOCATION WAS NOT CONVENIENT (04) DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE (05) SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO (06) PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT (91) OTHER (-8) Don't Know (-9) Refused (01) continuous answer | [you] respondent is SP [(SP)] respondent is proxy | (01) AC36 - MHREFFPAY (02) AC36 - MHREFFPAY (03) AC36 - MHREFFPAY (04) AC36 - MHREFFPAY (05) AC36 - MHREFFPAY (06) AC36 - MHREFFPAY (91) AC35 - MHOTHOS (-8) AC36 - MHREFFPAY (-9) AC36 - MHREFFPAY AC36 - MHREFFPAY |
| MHREFFPAY | AC36 BOX AC3 | code one routing | Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary? [EMERGENCY TREATMENT' REFERS TO URGENTLY NEEDED MEDICAL CARE THAT IS REQUIRED WHEN THE BENEFICIARY IS OUTSIDE OF THE PLAN'S SERVICE AREA OR WHEN THE CARE IS REQUIRED DURING A TIME THAT IS OUTSIDE THE PLAN'S NORMAL OPERATING HOURS.] GO TO NEXT SECTION | (01) YES (02) NO (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | BOX AC3 |

Health Functioning and Status (HFQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|--|--|------------|---|
| | BOX HFBEG | routing | GO TO HFA1 - GENHELTH | | | | |
| GENHELTH | HFA1 | code one | 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 . . . | (01) excellent, (02) very good, (03) good, (04) fair, or (05) poor? (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFA2 - COMPHLTH |
| COMPHLTH | HFA2 | code one | SHOW CARD HFX HF1 Compared to one year ago, how would you rate [your/(SP's)] health in general now? Would you say [your/(SP's)] health is . . . | (01) much better now than one year ago, (02) somewhat better now than one year ago, (03) about the same, (04) somewhat worse now than one year ago, or (05) much worse now than one year ago? (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | HFA3 - HELMTACT HFA2B- FUTRHLTH |
| FUTRHLTH | HFA2B | code one | SHOW CARD HFX HF2 In the next 6 months, what do you think will happen to [your/(SP's)] overall health? | (01) it will get much better (02) it will get somewhat better (03) it will not change (04) it will get somewhat worse (05) it will get much worse (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy | | DIS1 |
| DISHEAR | DIS1 | yes/no | Now, I would like to ask you about [your/(SP's)] health. [Are you/is (SP)] deaf or [do you/does (SP)] have serious difficulty hearing? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [is (SP)] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | DIS2 |
| DISSEE | DIS2 | yes/no | [Are you/is (SP)] blind or [do you/does (SP)] have serious difficulty seeing, even when wearing glasses? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Are you] respondent is SP [is (SP)] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | DIS3 |
| DISDECISION | DIS3 | yes/no | Because of a physical, mental, or emotional condition, [do you/does (SP)] have serious difficulty concentrating, remembering, or making decisions? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy | | DIS4 |
| DISWALK | DIS4 | yes/no | [Do you/Does (SP)] have serious difficulty walking or climbing stairs? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy | | DIS5 |
| DISBATH | DIS5 | yes/no | [Do you/Does (SP)] have difficulty dressing or bathing? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy | | DIS6 |
| DISERRANDS | DIS6 | yes/no | Because of a physical, mental, or emotional condition, [do you/does (SP)] have difficulty doing errands alone such as visiting a doctor's office or shopping? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy | | HFA3 - HELMTACT |
| HELMTACT | HFA3 | code one | 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 . . . | (01) none of the time, (02) some of the time, (03) most of the time, or (04) all of the time? (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | HFB1 - ECHHELP BOX HFA1 |
| | BOX HFA1 | routing | IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFF1. ELSE GO TO HFB1 - ECHHELP. | | | | |
| ECHHELP | HFB1 | yes/no | [Do you/Does (SP)] wear eyeglasses or contact lenses? | (01) YES (02) NO (03) SP IS BLIND (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFB2 - ECTROUB (02) HFB2 - ECTROUB (03) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM |
| ECTROUB | HFB2 | code one | 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? | (01) NO TROUBLE SEEING (02) A LITTLE TROUBLE SEEING (03) A LOT OF TROUBLE SEEING (04) NO USABLE VISION (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy [while wearing glasses or contact lenses] SP wears glasses or contact lenses | | (01) HFB6 - EDOCEXAM (02) HFB6 - EDOCEXAM (03) HFB2A - ECLEGBLI (04) HFB6 - EDOCEXAM (-8) HFB6 - EDOCEXAM (-9) HFB6 - EDOCEXAM |
| ECLEGBLI | HFB2A | yes/no | [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.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female | | HFB6 - EDOCEXAM |
| EDOCEXAM | HFB6 | yes/no | [Have you/Has (SP)] had an eye examination by an eye doctor since (LAST HF MONTH YEAR)? INCLUDE OPHTHALMOLOGISTS AND OPTOMETRISTS. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) HFB7A - EDOCTYPE (02) HFB7 - EDOCLAST (-8) BOX HFB1 (-9) BOX HFB1 |

| | | | | | | | |
|----------|-------|---------------|--|---|--|--|---|
| EDOCLAST | HFB7 | code one | How long has it been since [your/(SP's)] last eye examination by an eye doctor? I have a couple of questions about [your/(SP's)] last eye examination. | (01) NEVER HAD EYE EXAM BY EYE DOCTOR (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 5 YEARS (04) 5 YEARS OR MORE (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy | | (01) BOX HFB1 (02) HFB7A - EDOCTYPE (03) HFB7A - EDOCTYPE (04) HFB7A - EDOCTYPE (-8) BOX HFB1 (-9) BOX HFB1 |
| EDOCTYPE | HFB7A | code one | 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 optometry (O.D.) who diagnoses and treats visual health problems. An ophthalmologist is a doctor of medicine (M.D.) who specializes in surgery and diseases of the eye.] | (01) OPTOMETRIST (02) OPHTHAMOLOGIST (91) OTHER DOCTOR SPECIALTY (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy | | (01) H7B7B - EDOCDLAT (02) H7B7B - EDOCDLAT (91) HFB7 - EDOCTYOS (-8) BOX HFB1 (-9) BOX HFB1 |
| EDOCTYOS | HFB7A | verbatim text | OTHER (SPECIFY) | | | | H7B7B - EDOCDLAT |
| EDOCDLAT | HFB7B | yes/no | 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 light and may cause temporary blurry vision.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy | | HFB7C - ECATARAC |
| ECATARAC | HFB7C | yes/no | 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...Cataracts? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFB7C - EGLAUCOM |
| EGLAUCOM | HFB7C | yes/no | Glaucoma? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | | HFB7C - ERETINOP |
| ERETINOP | HFB7C | yes/no | Diabetic retinopathy? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | | HFB7C - EMACULAR |
| EMACULAR | HFB7C | yes/no | Macular degeneration or age-related macular degeneration, also called AMD? IF ECATARAC=02/NO, GO TO BOX HFB1. ELSE GO TO HFB10 - ECCATOP. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | | | HFB10 - ECCATOP BOX HFB1A |
| ECCATOP | HFB10 | yes/no | [Have you/Has (SP)] ever had an operation for cataracts? IF HFB7C - ERETINOP = 1/Yes OR HFB7C - EMACULAR = 1/Yes, GO TO HFB11 - ELASRSUR. ELSE GO TO HFC1 - HCHELP. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | BOX HFB1 |
| ELASRSUR | HFB11 | yes/no | Laser surgery to the back of the eye, or retina, is a commonly used treatment for diabetic retinopathy and macular degeneration. Have [you/(SP)] [Have you/Has (SP)] ever had laser surgery to the back of either eye for one of these conditions? [EXPLAIN IF NECESSARY: This does not include "Lasik" surgery to the front of the eye used to correct vision.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [Have you] respondent is SP [Has (SP)] respondent is proxy | | HFC1 - HCHELP |
| HCHELP | HFC1 | yes/no | [Do you/Does (SP)] use a hearing aid? | (01) YES (02) NO (03) SP IS DEAF (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFC2 - HCTROUB (02) HFC2 - HCTROUB (03) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL |
| HCTROUB | HFC2 | code one | Which statement best describes [your/(SP's)] hearing (with a hearing aid): no trouble hearing, a little trouble, a lot of trouble, or deaf? | (01) NO TROUBLE HEARING (02) A LITTLE TROUBLE HEARING (03) A LOT OF TROUBLE HEARING (04) DEAF (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy | | (01) HFD1A - FOODTRBL (02) HFC3 - HCKNOWMC (03) HFC3 - HCKNOWMC (04) HFC3 - HCKNOWMC (-8) HFD1A - FOODTRBL (-9) HFD1A - FOODTRBL |

| | | | | | | | |
|---------------|-----------|----------|---|---|--|--|---|
| HCKNOWMC | HFC3 | code one | How much trouble [do you/does (SP)] have finding out things (you need/he needs/she needs) to know about Medicare because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male | | HFC4 - HCCOMDOC |
| HCCOMDOC | HFC4 | code one | How much trouble [do you/does (SP)] have communicating with (your/his/her) doctor or other medical personnel because [of (your/his/her) difficulty hearing/(you are/he is/she is) deaf]? Would you say (you have/she has/he has) no trouble, a little trouble, or a lot of trouble? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male | | HFD1A - FOODTRBL |
| FOODTRBL | HFD1A | code one | 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? | (01) NO TROUBLE (02) A LITTLE TROUBLE (03) A LOT OF TROUBLE (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy [you need] respondent is SP [he needs] respondent is proxy, SP male [she needs] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male | | HFE1 - HEIGHTFT |
| HEIGHTFT | HFE1 | numeric | How tall [are you/is (SP)]? | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | [are you] respondent is SP [is (SP)] respondent is proxy | | HFE1 - HEIGHTIN |
| WEIGHT | HFE1 | numeric | How much [do you/does (SP)] weigh? | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy | | HFFINTRO - PREVHLTHINTRO |
| PREVHLTHINTRO | HFFINTRO | no entry | These next few questions are about preventive health care measures some people take. | (01) CONTINUE (-7) EMPTY | | | HFF1 - BPTAKEN |
| BPTAKEN | HFF1 | code one | When was the most recent time [you/(SP)] had (your/his/her) blood pressure taken by a doctor or other health professional? | (01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD BLOOD PRESSURE TAKEN (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFF2 - BCTAKEN |
| BCTAKEN | HFF2 | code one | When was the most recent time [you/(SP)] had (your/his/her) blood cholesterol checked? | (01) LESS THAN 6 MONTHS AGO (02) 6 MONTHS TO LESS THAN 1 YEAR AGO (03) 1 YEAR TO LESS THAN 2 YEARS AGO (04) 2 YEARS AGO TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (06) NEVER HAD CHOLESTEROL CHECKED (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFF1 |
| | BOX HFF1 | routing | IF SP IS FEMALE, GO TO HFF3 - MAMMOGRM. ELSE GO TO BOX HFF3. | | | | |
| MAMMOGRM | HFF3 | yes/no | {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)? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) HFF6 - PAPSMEAR (02) BOX HFF1A HFF5 - MAMCODE (-8) HFF6 - PAPSMEAR (-9) HFF6 - PAPSMEAR |
| | BOX HFF1A | routing | IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO HFF6 - PAPSMEAR. ELSE GO TO HFF5 - MAMCODE. | | | | |

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|----------|-----------|---------------|--|---|---|--|--|
| | | | | (01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR BREAST CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF MAMMOGRAM/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) MAMMOGRAM RADIATION COULD CAUSE CANCER/ILL EFFECTS (13) NEVER HEARD OF MAMMOGRAM (14) APPOINTMENT SCHEDULED FOR FUTURE DATE (15) MASTECTOMY/BREASTS REMOVED (16) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | (01) HFF6 - PAPSMEAR (02) HFF6 - PAPSMEAR (03) HFF6 - PAPSMEAR (04) HFF6 - PAPSMEAR (05) HFF6 - PAPSMEAR (06) HFF6 - PAPSMEAR (07) HFF6 - PAPSMEAR (08) HFF6 - PAPSMEAR (09) HFF6 - PAPSMEAR (10) HFF6 - PAPSMEAR (11) HFF6 - PAPSMEAR (12) HFF6 - PAPSMEAR (13) HFF6 - PAPSMEAR (14) HFF6 - PAPSMEAR (15) HFF6 - PAPSMEAR (16) HFF6 - PAPSMEAR (91) HFF5 - MAMNOTHS (-8) HFF6 - PAPSMEAR (-9) HFF6 - PAPSMEAR | |
| MAMCODE | HFF5 | code all | What is the reason that [you have/(SP) has] not had a mammogram since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY. | [you have] respondent is SP [(SP) has] respondent is proxy | | | |
| MAMNOTHS | HFF5 | verbatim text | OTHER (SPECIFY) | | | HFF6 - PAPSMEAR | |
| | | | | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | (01) BOX HFF2 (02) BOX HFF1B-HFF8 - PAPCODE (-8) BOX HFF2 (-9) BOX HFF2 | |
| PAPSMEAR | HFF6 | yes/no | [Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR)? | | | | |
| | BOX HFF1B | routing | IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFF2. ELSE GO TO HFF8 - PAPCODE. | | | | |
| | | | | (01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PAP SMEAR (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) HAD HYSTERECTOMY/NO UTERUS, OVARIES (15) TOO ILL, PHYSICALLY/MENTALLY (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | (01) BOX HFF2 (02) BOX HFF2 (03) BOX HFF2 (04) BOX HFF2 (05) BOX HFF2 (06) BOX HFF2 (07) BOX HFF2 (08) BOX HFF2 (09) BOX HFF2 (10) BOX HFF2 (11) BOX HFF2 (12) BOX HFF2 (13) BOX HFF2 (14) BOX HFF2 (15) BOX HFF2 (91) HFF8 - PAPNOTHS (-8) BOX HFF2 (-9) BOX HFF2 | |
| PAPCODE | HFF8 | code all | What is the reason that [you have/(SP) has] not had a Pap smear test since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY. | [you have] respondent is SP [(SP) has] respondent is proxy | | | |
| PAPNOTHS | HFF8 | verbatim text | OTHER (SPECIFY) | | | BOX HFF2 | |
| | BOX HFF2 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE AND RESPONSE TO HFF8 - PAPCODE DOES NOT INCLUDE 14/HadHysterectomy, GO TO HFF9 - HYSTEREC. ELSE GO TO BOX HFF3. | | | | |
| | | | | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | HFF15 - FLUSHOT | |
| HYSTEREC | HFF9 | yes/no | [Have you/Has (SP)] ever had a hysterectomy? | | | | |
| | BOX HFF3 | routing | IF SP HAS EVER REPORTED HAVING PROSTATE SURGERY IN A PREVIOUS ROUND, GO TO HFF11 - DIGTEXAM. ELSE GO TO HFF10 - PROSSURG. | | | | |

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|----------------------|----------------|---------------------------|---|---|---|--|
| PROSSURG | HFF10 | yes/no | <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. Surgery can include complete or partial removal of the prostate.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[Since (LAST HF MONTH YEAR)] second or more time through loop [have you] respondent is SP, second or more time through loop [has (SP)] respondent is proxy, second or more time through loop [Have you ever] respondent is SP, first time through loop [Has (SP) ever] respondent is proxy, first time through loop [your] respondent is SP [his] respondent is proxy [Since (LAST HF MONTH YEAR), have you] HFQ has been completed before in a previous round and the respondent is SP [Since (LAST HF MONTH YEAR), has (SP)] HFQ has been completed before in a previous round and the respondent is proxy [Have you ever] respondent is SP, first time through the HFQ section ever [Has (SP) ever] respondent is proxy, first time through the HFQ section ever [your] respondent is SP [his] respondent is proxy</p> | HFF11 - DIGTEXAM |
| DIGTEXAM | HFF11 | yes/no | <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>[EXPLAIN IF NECESSARY: The exam may be used to detect prostate cancer, to determine whether cancer has spread beyond the prostate, and as part of follow-up care after prostate surgery.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[preventive health care measures some people take] PROSSURG in(02,-8,-9) [follow-up care sometimes prescribed after prostate surgery] PROSSURG = 01 or P_PROSSURG=1 [Have you] respondent is SP [Has (SP)] respondent is proxy</p> | HFF12 - BLOODTST |
| BLOODTST | HFF12 | yes/no | <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 spread beyond the prostate, and as part of follow-up care after prostate surgery.]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[Have you] respondent is SP [Has (SP)] respondent is proxy</p> | <p>(01) HFF15 - FLUSHOT (02) BOX HFF3B-HFF14 - PRONCODE (-8) HFF15 - FLUSHOT (-9) HFF15 - FLUSHOT</p> |
| | BOX HFF3B | routing | <p>IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO HFF15 - FLUSHOT. ELSE GO TO HFF14 - PRONCODE.</p> | | | |
| PRONCODE PRONOTHS | HFF14 HFF14 | code all verbatim text | <p>What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (LAST HF MONTH YEAR)? CHECK ALL THAT APPLY. OTHER (SPECIFY)</p> | <p>(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF TEST/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PSA (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (14) PROSTATECTOMY/PROSTATE REMOVED (91) OTHER (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy</p> | <p>(01) HFF15 - FLUSHOT (02) HFF15 - FLUSHOT (03) HFF15 - FLUSHOT (04) HFF15 - FLUSHOT (05) HFF15 - FLUSHOT (06) HFF15 - FLUSHOT (07) HFF15 - FLUSHOT (08) HFF15 - FLUSHOT (09) HFF15 - FLUSHOT (10) HFF15 - FLUSHOT (11) HFF15 - FLUSHOT (12) HFF15 - FLUSHOT (13) HFF15 - FLUSHOT (14) HFF15 - FLUSHOT (91) HFF14 - PRONOTHS (-8) HFF15 - FLUSHOT (-9) HFF15 - FLUSHOT</p> |
| FLUSHOT | HFF15 | yes/no | <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> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy</p> | <p>(01) HFF18 - FLUSITE (02) HFF17 - FLUCODE (-8) BOX HFF5 (-9) BOX HFF5</p> |

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| | | | | (01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE FLU (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY (05) FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF SHOT/NOT WORTH THE MONEY (12) HAD SHOT BEFORE/DIDN'T NEED IT AGAIN (13) VACCINE UNAVAILABLE/VACCINE SHORTAGE (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | | (01) BOX HFF4 (02) BOX HFF4 (03) BOX HFF4 (04) BOX HFF4 (05) BOX HFF4 (06) BOX HFF4 (07) BOX HFF4 (08) BOX HFF4 (09) BOX HFF4 (10) BOX HFF4 (11) BOX HFF4 (12) BOX HFF4 (13) BOX HFF4 (91) HFF17 - FLUOTHOS (-8) BOX HFF4 (-9) BOX HFF4 |
| FLUCODE | HFF17 | code all | Why didn't [you/(SP)] get a seasonal flu shot last winter? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | | [you] respondent is SP [(SP)] respondent is proxy | | |
| FLUOTHOS | HFF17 | verbatim text | OTHER (SPECIFY) | | | | BOX HFF4 |
| | BOX HFF4 | routing | IF RESPONSE TO HFF17 – FLUCODE DOES NOT INCLUDE 13/VaccineUnavailable, GO TO HFF21 - NOVACINE. ELSE GO TO BOX HFF5. | | | | |
| | | | | (01) DOCTORS OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) HOSPITAL EMERGENCY ROOM (11) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (12) VA FACILITY (13) HEALTH FAIR (14) SHOPPING MALL/OTHER STORE (15) SENIOR CENTER (16) AT HOME (17) CHURCH/SCHOOL (18) LIBRARY (19) HOSPITAL INPATIENT (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | (01) HFF18A - VACPAID (02) HFF18A - VACPAID (03) HFF18A - VACPAID (04) HFF18A - VACPAID (05) HFF18A - VACPAID (06) HFF18A - VACPAID (07) HFF18A - VACPAID (08) HFF18A - VACPAID (09) HFF18A - VACPAID (10) HFF18A - VACPAID (11) HFF18A - VACPAID (12) HFF18A - VACPAID (13) HFF18A - VACPAID (14) HFF18A - VACPAID (15) HFF18A - VACPAID (16) HFF18A - VACPAID (17) HFF18A - VACPAID (18) HFF18A - VACPAID (19) HFF18A - VACPAID (91) HFF18 - FLUSITOS (-8) HFF18A - VACPAID (-9) HFF18A - VACPAID |
| FLUSITE | HFF18 | code all | 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? [IF CLINIC, ASK: Was it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where was this?] | | | | |
| FLUSITOS | HFF18 | verbatim text | OTHER (SPECIFY) | | | | HFF18A - VACPAID |
| | | | Did [you/(SP)] pay some or all of the cost of the flu shot? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | | |
| VACPAID | HFF18A | yes/no | Please include any monetary donations that you may have made to cover the cost of the flu shot. | | | | HFF20 - VACSUPPLY |
| | | | 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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | |
| VACSUPPLY | HFF20 | yes/no | | | | | BOX HFF5 |
| | | | Was one reason that [you/(SP)] did not get a seasonal flu shot last winter because the vaccine was in short supply or unavailable? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | | |
| NOVACINE | HFF21 | yes/no | | | | | BOX HFF5 |
| | BOX HFF5 | routing | IF SP HAS EVER REPORTED HAVING A PNEUMONIA SHOT IN A PREVIOUS ROUND, GO TO BOX HFG1. ELSE GO TO HFF22 - PNEUSHOT. | | | | |
| | | | | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) BOX HFG1 (02) BOX HFF5B HFF23-PNUCODE (-8) BOX HFG1 (-9) BOX HFG1 |
| PNEUSHOT | HFF22 | yes/no | [Have you/Has (SP)] ever had a shot for pneumonia? | | | | |
| | BOX HFF5B | routing | IF THIS IS ROUND 73 AND SP IS NOT IN THE SUPPLEMENTAL SAMPLE GO TO BOX HFG1. ELSE GO TO HFF23 - PNUCODE. | | | | |

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| | | | | (01) DIDN'T KNOW IT WAS NEEDED (02) SHOT COULD CAUSE PNEUMONIA (03) SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE (04) DIDN'T THINK IT WOULD PREVENT PNEUMONIA/COULD GET PNEUMONIA ANYWAY (05) PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK (06) DOCTOR DID NOT RECOMMEND THE SHOT (07) DOCTOR RECOMMENDED AGAINST GETTING SHOT/ALLERGIC TO SHOT/MEDICAL REASONS (08) DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS (09) INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION (10) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT (11) COST OF SHOT/NOT WORTH THE MONEY (91) OTHER (-8) DON'T KNOW (-9) REFUSED | | | (01) BOX HFG1 (02) BOX HFG1 (03) BOX HFG1 (04) BOX HFG1 (05) BOX HFG1 (06) BOX HFG1 (07) BOX HFG1 (08) BOX HFG1 (09) IBOX HFG1 (10) BOX HFG1 (11) BOX HFG1 (91) HFF23 - PNUOTHOS (-8) BOX HFG1 (-9) BOX HFG1 |
| PNUCODE | HFF23 | code all | Why [haven't you/hasn't (SP)] ever had a shot for pneumonia? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | | [you] respondent is SP [(SP)] respondent is proxy | | |
| PNUOTHOS | HFF23 | verbatim text | OTHER (SPECIFY) | | | | |
| | BOX HFG1 | routing | IF SP WAS ASKED IF HE/SHE NOW SMOKES CIGARETTES, CIGARS, OR PIPE TOBACCO IN A PREVIOUS ROUND, GO TO HFG2 - SMOKNOW. ELSE GO TO HFG1 - EVERSOK. | | | | |
| EVERSMOK | HFG1 | yes/no | [Have you/Has (SP)] ever smoked cigarettes, cigars, or pipe tobacco? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) HFG2 - SMOKNOW (02) BOX HFG1C (-8) BOX HFG1C (-9) BOX HFG1C |
| SMOKNOW | HFG2 | yes/no | [Do you/Does (SP)] smoke cigarettes, cigars, or pipe tobacco now? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) BOX HFG1A (02) BOX HFG1A (03) BOX HFG1C (-8) BOX HFG1C (-9) BOX HFG1C |
| | BOX HFG1A | routing | IF THIS IS ROUND 73 THEN IF HFG2-SMOKNOW = 2/No, GO TO HFG3 - DIDSMOKE. ELSE GO TO HFG5 - HAVSMOKE. ELSE IF THIS IS NOT ROUND 73 THEN IF HFG2-SMOKNOW = 2/No, GO TO BOX HFG1C. ELSE GO TO HFG5A - DRQTSMOK. | | | | |
| DIDSMOKE | HFG3 | numeric | How many years did [you/(SP)] smoke? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.] | (01) continuous answer (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | | HFG3 - DIDSMOKE_LESSONE |
| LASTSMOK | HFG4 | code 1 | About how long has it been since [you/(SP)] last smoked regularly? | (01) WITHIN THE LAST MONTH (02) 1 MONTH TO LESS THAN 6 MONTHS AGO (03) 6 MONTHS TO LESS THAN 1 YEAR AGO (04) 1 YEAR TO LESS THAN 5 YEARS AGO (05) 5 YEARS TO LESS THAN 10 YEARS AGO (06) 10 OR MORE YEARS AGO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFG1C |
| HAVSMOKE | HFG5 | numeric | How many years [have you/has (SP)] smoked? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [have you] respondent is SP [(SP)] respondent is proxy | | HFG5 - HAVSMOKE_LESSONE |
| HAVSMOKE_LESSONE | HFG5 | numeric | How many years [have you/has (SP)] smoked? [EXCLUDE BREAKS WHEN THE RESPONDENT DID NOT SMOKE BETWEEN YEARS OF SMOKING.] | (01) LESS THAN ONE YEAR (-7) Empty | [have you] respondent is SP [(SP)] respondent is proxy | | HFG5A - DRQTSMOK |
| DRQTSMOK | HFG5A | yes/no | Since (LAST HF MONTH YEAR), has a doctor or other health professional advised [you/(SP)] to quit smoking? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFG1B |
| | BOX HFG1B | routing | IF THIS IS ROUND 67 73, GO TO HFG6 - QUITSMOK. ELSE GO TO BOX HFG1C | | | | |
| QUITSMOK | HFG6 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female | | BOX HFG1C HFG7 - DRINKDAY |
| | BOX HFG1C | routing | IF THIS IS ROUND 73, GO TO HFG7 - DRINKDAY. ELSE GO TO HFHINTRO - DIFINTRO. | | | | |
| DRINKDAY | HFG7 | numeric | The next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, mixed drinks, wine, beer, and any other type of alcoholic beverage. Please think about a typical month in the past year. On how many days did [you/(SP)] drink any type of alcoholic beverage? ENTER "0" FOR "NEVER DRANK" OR "NONE". | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFG2 |
| | BOX HFG2 | routing | IF HFG7 - DRINKDAY = 0, GO TO HFHINTRO - DIFINTRO. ELSE GO TO HFG8 - DRINKSPD. | | | | |

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| DRINKSPD | HFG8 | numeric | [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? | (01) [Continuous answer.] (-7) LESS THAN ONE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFG9 - FOURDRNK |
| FOURDRNK | HFG9 | numeric | [Please think about a typical month in the past year.] On how many days did [you/(SP)] have 4 or more drinks in a single day? ENTER "0" FOR "NEVER" OR "NONE". | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | HFHINTRO - DIFINTRO |
| DIFINTRO | HFHINTRO | no entry | Now, I'm going to ask about how difficult it is, on the average, for [you/(SP)] to do certain kinds of activities. Please tell me for each activity whether [you have/(SP) has] no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (is/are) not able to do it. | (01) CONTINUE (-7) Empty | [you] respondent is SP [(SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | HFH1 - DIFSTOOP |
| DIFSTOOP | HFH1 | code 1 | SHOW CARD HF1 HF3 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? | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | HFH2 - DIFLIFT |
| DIFLIFT | HFH2 | code 1 | SHOW CARD HF1 HF3 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 of difficulty, or (is/are) not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | HFH3 - DIFREACH |
| DIFREACH | HFH3 | code 1 | SHOW CARD HF1 HF3 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?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | HFH4 - DIFWRITE |
| DIFWRITE | HFH4 | code 1 | SHOW CARD HF1 HF3 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/are) not able to do it?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | HFH5 - DIFWALK |
| DIFWALK | HFH5 | code 1 | SHOW CARD HF1 HF3 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?] | (01) NO DIFFICULTY AT ALL (02) A LITTLE DIFFICULTY (03) SOME DIFFICULTY (04) A LOT OF DIFFICULTY (05) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [is] respondent is proxy [are] respondent is SP | | BOX HFH1 |
| | BOX HFH1 | routing | IF THIS IS ROUND 73, GO TO HFH10INT - PHYSACTINTRO. ELSE GO TO HFJINTRO - MEDCONDINTRO. | | | | |
| PHYSACTINTRO | HFH10INT | no entry | We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate. Moderate activities cause small increases in breathing or heart rate. First I will ask about the vigorous activities that [you do/(SP) does]. | (01) CONTINUE (-7) Empty | [you do] respondent is SP [(SP) does] respondent is proxy | | HFH10 - VIGUNIT |
| VIGUNIT | HFH10 | quantity unit | In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFH10 - VIGNUM (02) HFH10 - VIGNUM (03) HFH10 - VIGNUM (04) HFH10 - VIGNUM (96) HFH11 - MODUNIT (-8) HFH11 - MODUNIT (-9) HFH11 - MODUNIT |
| VIGNUM | HFH10 | quantity unit | In a typical week, how much time [do you/does (SP)] spend doing vigorous activities, such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | HFH11 - MODUNIT |
| MODUNIT | HFH11 | quantity unit | In a typical week, how much time [do you/does (SP)] spend doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, or vacuuming? IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFH11 - MODNUM (02) HFH11 - MODNUM (03) HFH11 - MODNUM (04) HFH11 - MODNUM (96) HFH12 - MUSUNIT (-8) HFH12 - MUSUNIT (-9) HFH12 - MUSUNIT |
| MODNUM | HFH11 | numeric | 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? | (01)continuous answer | | | (01) HFH12 - MUSUNIT |

| | | | | | | | |
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| MUSUNIT | HFH12 | quantity unit | IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) NUMBER OF MINUTES PER DAY (02) NUMBER OF HOURS PER DAY (03) NUMBER OF HOURS PER WEEK (04) NUMBER OF HOURS PER MONTH (96) NONE (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFH12 - MUSNUM (02) HFH12 - MUSNUM (03) HFH12 - MUSNUM (04) HFH12 - MUSNUM (96) HFJINTRO - MEDCONDINTRO (-8) HFJINTRO - MEDCONDINTRO (-9) HFJINTRO - MEDCONDINTRO |
| MUSNUM | HFH12 | numeric | IF TIME REPORTED IN BOTH MINUTES AND HOURS, ROUND TO NEAREST HOUR. | (01) Continuous answer | | | HFJINTRO - MEDCONDINTRO |
| MEDCONDINTRO | HFJINTRO | no entry | 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? [INTERVIEWER: IF THE SP IS CURRENTLY TAKING MEDICATION TO CONTROL A CONDITION, THE RESPONSE RECORDED SHOULD BE "YES" TO INDICATE THAT THE SP HAS THE CONDITION.] IF SP HAS EVER REPORTED HAVING HARDENING OF THE ARTERIES IN A PREVIOUS ROUND, GO TO HFJ2 - OCHBP. ELSE GO TO HFJ1 - OCARTERY. | (01) CONTINUE (-7) Empty | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX HFJ1 |
| | BOX HFJ1 | routing | | | | | |
| OCARTERY | HFJ1 | yes/no | [Since (LAST HF MONTH YEAR) has/Has a doctor (ever) told [you/(SP)] that (you/he/she) had... hardening of the arteries or arteriosclerosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ2 - OCHBP |
| OCHBP | HFJ2 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has a doctor [ever] told [you/(SP)] that [you/he/she] still have [still has/still have/had/has/have]...] hypertension, sometimes called high blood pressure? IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ3 - YRHBP. ELSE GO TO HFJ4 - OCMYOCAR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [still has] respondent is proxy, SP is alive, P_OCHBP = 1 [still have] respondent is SP, P_OCHBP = 1 [had] respondent is proxy, SP is deceased, P_OCHBP = 1 [has] respondent is proxy, SP is alive, P_OCHBP = 0 [have] respondent is SP, P_OCHBP = 0 | | (01) BOX HFJ2 (02) HFJ4 - OCMYOCAR (-8) HFJ4 - OCMYOCAR (-9) HFJ4 - OCMYOCAR |
| | BOX HFJ2 | routing | | | | | |
| YRHBP | HFJ3 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) still had hypertension or high blood pressure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ4 - OCMYOCAR |
| OCMYOCAR | HFJ4 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has a doctor (ever) told [you/(SP)] that (you/he/she) had...] a myocardial infarction or heart attack? IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ5 - YRMYOACAR. ELSE GO TO HFJ6 - OCCHD. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) BOX HFJ3 (02) HFJ6 - OCCHD (-8) HFJ6 - OCCHD (-9) HFJ6 - OCCHD |
| | BOX HFJ3 | routing | | | | | |
| YRMYOACAR | HFJ5 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a myocardial infarction or heart attack? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ6 - OCCHD |

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| OCCHD | HFJ6 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [a new episode of] P_OCCHD = 1 | (01) BOX HFJ4 (02) HFJ8 - OCCFAIL (-8) HFJ8 - OCCFAIL (-9) HFJ8 - OCCFAIL |
| | BOX HFJ4 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ7 - YRCHD. ELSE GO TO HFJ8 - OCCFAIL. | | | |
| YRCHD | HFJ7 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | HFJ8 - OCCFAIL |
| OCCFAIL | HFJ8 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [a new episode of] P_OCCFAIL = 1 | (01) BOX HFJ5 (02) HFJ10 - OCCVALVE (-8) HFJ10 - OCCVALVE (-9) HFJ10 - OCCVALVE |
| | BOX HFJ5 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ9 - YRCFAIL. ELSE GO TO HFJ10 - OCCVALVE. | | | |
| YRCFAIL | HFJ9 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of congestive heart failure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | HFJ10 - OCCVALVE |
| OCCVALVE | HFJ10 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [a new episode of] P_OCCVALVE = 1 | (01) BOX HFJ6 (02) HFJ12 - OCRHYTHM (-8) HFJ12 - OCRHYTHM (-9) HFJ12 - OCRHYTHM |
| | BOX HFJ6 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ11 - YRVALVE. ELSE GO TO HFJ12 - OCRHYTHM. | | | |
| YRVALVE | HFJ11 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | HFJ12 - OCRHYTHM |
| OCRHYTHM | HFJ12 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | (01) BOX HFJ7 (02) HFJ14 - OCOTHHRT (-8) HFJ14 - OCOTHHRT (-9) HFJ14 - OCOTHHRT |
| | BOX HFJ7 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ13 - YRRHYTHM. ELSE GO TO HFJ14 - OCOTHHRT. | | | |
| YRRHYTHM | HFJ13 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | HFJ14 - OCOTHHRT |

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| OCOTHHRT | HFJ14 | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>(a new episode of) any other heart condition? [DO NOT RECORD THE NAME OF THE CONDITION AT THIS QUESTION.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) BOX HFJ8 (02) HFJ16 - OCSTROKE (-8) HFJ16 - OCSTROKE (-9) HFJ16 - OCSTROKE</p> |
| | BOX HFJ8 | routing | <p>IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ15 - YROTHHRT. ELSE GO TO HFJ16 - OCSTROKE.</p> | | | |
| YROTHHRT | HFJ15 | yes/no | <p>Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an episode of any other heart condition?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>HFJ16 - OCSTROKE</p> |
| OCSTROKE | HFJ16 | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>a stroke, a brain hemorrhage, or a cerebrovascular accident?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) BOX HFJ9 (02) HFJ17A - OCCHOLES (-8) HFJ17A - OCCHOLES (-9) HFJ17A - OCCHOLES</p> |
| | BOX HFJ9 | routing | <p>IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ17 - YRSTROKE. ELSE GO TO HFJ17A - OCCHOLES.</p> | | | |
| YRSTROKE | HFJ17 | yes/no | <p>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?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>HFJ17A - OCCHOLES</p> |
| OCCHOLES | HFJ17A | yes/no | <p>Has a doctor ever told [you/(SP)] that (you/he/she) had high cholesterol?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) HFJ17B - YRCHOLES (02) HFJ18 - OCCSKIN (-8) HFJ18 - OCCSKIN (-9) HFJ18 - OCCSKIN</p> |
| YRCHOLES | HFJ17B | yes/no | <p>Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had high cholesterol?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>HFJ18 - OCCSKIN</p> |
| OCCSKIN | HFJ18 | yes/no | <p>[I've recorded that [you/(SP)] previously reported having had skin cancer.]</p> <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>(a new occurrence of) skin cancer?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[I've recorded that [you] previously reported having had skin cancer] OCCSKIN = 1 in a previous round for SP, respondent is SP. second or more time through loop [I've recorded that [(SP)] previously reported having had skin cancer] OCCSKIN = 1 in a previous round for SP, respondent is proxy, second or more time through loop [Since (LAST HF MONTH YEAR) has] HFQ has been completed in a previous round for this respondent second or more time through loop [Has] HFQ has not been completed in a previous round for this respondent first time through loop [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [a new occurrence] second or more time through loop</p> | <p>(01) BOX HFJ10 (02) HFJ20 - OCCANCER (-8) HFJ20 - OCCANCER (-9) HFJ20 - OCCANCER</p> |
| | BOX HFJ10 | routing | <p>IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ19 - YRCSKIN. ELSE GO TO HFJ20 - OCCANCER.</p> | | | |
| YRCSKIN | HFJ19 | yes/no | <p>Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had an occurrence of skin cancer?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>HFJ20 - OCCANCER</p> |

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| | | | | | <p>[I've recorded that [you]] respondent is SP, second or more time through loop, tumor, growth or cancer previously reported</p> <p>[I've recorded that [SP]] respondent is proxy, second or more time through loop, tumor, growth or cancer previously reported</p> <p>[Has a doctor ever told] first time through loop</p> <p>[I've recorded that [you] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].]</p> <p>SP has OCCANCER = 1 in a previous round, respondent is SP</p> <p>[I've recorded that [(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].]</p> <p>SP has OCCANCER =1 in a previous round, respondent is proxy</p> <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> <p>[you] respondent is SP</p> <p>[he] respondent is proxy, SP male</p> <p>[she] respondent is proxy, SP female</p> <p>[Since (LAST HF MONTH YEAR)] second or mor time through loop</p> <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> <p>[you] reespondent is SP</p> <p>[he] respondent is proxy, SP male</p> <p>[she] respondent is proxy, SP female</p> <p>[other] SP has OCCANCER = 1 in a previous round second or more time through loop, tumor, growth or cancer reported previously</p> | | |
| OCCANCER | HFJ20 | yes/no | <p>[I've recorded that [you/(SP)] previously reported having had a tumor, growth, or cancer of the [READ RESPONSES BELOW].]</p> <p>[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) had] any (other) kind of cancer, malignancy, or tumor other than skin cancer?</p> <p>INCLUDE BENIGN OR NON-MALIGNANT TUMORS OR GROWTHS.</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX HFJ11 (02) BOX HFJ13 (-8) BOX HFJ13 (-9) BOX HFJ13 |
| | BOX HFJ11 | routing | IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ21 - YRCANCER. ELSE GO TO HFJ22 - OCCCODE. | | | | |
| YRCANCER | HFJ21 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] reespondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ22 - OCCCODE |
| | | | | (01) LUNG (02) COLON, RECTUM, OR BOWEL (03) BREAST (04) UTERUS (05) PROSTATE (06) BLADDER (07) OVARY (08) STOMACH (09) CERVIX (10) BRAIN (11) KIDNEY (12) THROAT (13) HEAD (14) BACK (15) OTHER FEMALE REPRODUCTIVE ORGANS (91) OTHER (-8) Don't Know (-9) Refused | | | (01) BOX HFJ13 (02) BOX HFJ13 (03) BOX HFJ13 (04) BOX HFJ13 (05) BOX HFJ13 (06) BOX HFJ13 (07) BOX HFJ13 (08) BOX HFJ13 (09) BOX HFJ13 (10) BOX HFJ13 (11) BOX HFJ13 (12) BOX HFJ13 (13) BOX HFJ13 (14) BOX HFJ13 (15) BOX HFJ13 (91) HFJ22 - OCCOS (-8) BOX HFJ13 (-9) BOX HFJ13 |
| OCCCODE | HFJ22 | code all | [PROBE: Any other part?] CHECK ALL THAT APPLY | (01) [Continuous answer.] | | | BOX HFJ13 |
| OCCOS | HFJ22 | verbatim text | OTHER (SPECIFY) | | | | |
| | BOX HFJ13 | routing | IF SP HAS EVER REPORTED HAVING RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ14. ELSE GO TO HFJ24 - OCARTHHR. | | | | |
| OCARTHHR | HFJ24 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] rheumatoid arthritis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent</p> <p>[Has] first time through loop HFQ has never been completed in a previous round for this respondent</p> <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> <p>[ever] first time through loop HFQ has never been completed in a previous round for this respondent</p> <p>[you] respondent is SP</p> <p>[he] respondent is proxy, SP male</p> <p>[she] respondent is proxy, SP female</p> | | BOX HFJ14 |
| | BOX HFJ14 | routing | IF SP HAS EVER REPORTED HAVING ARTHRITIS OTHER THAN RHEUMATOID ARTHRITIS IN A PREVIOUS ROUND, GO TO BOX HFJ16. ELSE GO TO HFJ25 - OCARTH. | | | | |

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| OCARTH | HFJ25 | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>arthritis, other than rheumatoid arthritis?</p> <p>[EXPLAIN IF NECESSARY: This includes osteoarthritis.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | BOX HFJ16 |
| | BOX HFJ15 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ26 - YRARTHRD. ELSE GO TO BOX HFJ16A. | | | |
| YRARTHRD | HFJ26 | yes/no | <p>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?</p> <p>[EXPLAIN IF NECESSARY: This includes osteoarthritis.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | BOX HFJ16 |
| | BOX HFJ16 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ28 - OCMENTAL. ELSE GO TO BOX HFJ16A. | | | |
| OCMENTAL | HFJ28 | yes/no | <p>[Has a doctor ever told [you/(SP)] that (you/he/she) had...]</p> <p>an intellectual disability, sometimes called mental retardation?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | BOX HFJ16A |
| | BOX HFJ16A | routing | IF SP HAS EVER REPORTED HAVING ALZHEIMER'S DISEASE IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS. ELSE GO TO HFJ29A - OCALZMER. | | | |
| OCALZMER | HFJ29A | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>Alzheimer's disease?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) HFJ30AA - OCDEPRSS (02) BOX HFJ16B (-8) BOX HFJ16B (-9) BOX HFJ16B</p> |
| | BOX HFJ16B | routing | IF SP HAS EVER REPORTED HAVING DEMENTIA IN A PREVIOUS ROUND, GO TO HFJ30AA - OCDEPRSS. ELSE GO TO HFJ29B - OCDEMENT. | | | |
| OCDEMENT | HFJ29B | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>any type of dementia other than Alzheimer's disease?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | HFJ30AA - OCDEPRSS |
| OCDEPRSS | HFJ30AA | yes/no | <p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>depression?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) BOX HFJ17A (02) HFJ30A - OCPSYCHO (-8) HFJ30A - OCPSYCHO (-9) HFJ30A - OCPSYCHO</p> |
| | BOX HFJ17A | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ30BB - YRDEPRSS. ELSE GO TO HFJ30A - OCPSYCHO. | | | |

| | | | | | | | |
|----------|------------|---------|---|--|---|--|---|
| YRDEPRSS | HFJ30BB | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had depression? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ30A - OCPSYCHO |
| OCPSYCHO | HFJ30A | yes/no | [[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? [INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) BOX HFJ17B (02) BOX HFJ19 (-8) BOX HFJ19 (-9) BOX HFJ19 |
| | BOX HFJ17B | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ31A - YRPSYCHO. ELSE GO TO BOX HFJ19. | | | | |
| YRPSYCHO | HFJ31A | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a mental or psychiatric disorder other than depression? [INCLUDE ALCOHOLISM AS A MENTAL OR PSYCHIATRIC DISORDER.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX HFJ19 |
| | BOX HFJ19 | routing | IF SP HAS EVER REPORTED HAVING OSTEOPOROSIS IN A PREVIOUS ROUND, GO TO HFJ33 - OCBRKHIP. ELSE GO TO HFJ32 - OCOSTEOP. | | | | |
| OCOSTEOP | HFJ32 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ33 - OCBRKHIP |
| OCBRKHIP | HFJ33 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] a broken hip? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) BOX HFJ20 (02) BOX HFJ21 (-8) BOX HFJ21 (-9) BOX HFJ21 |
| | BOX HFJ20 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFJ34 - YRBRKHIP. ELSE GO TO BOX HFJ21. | | | | |
| YRBRKHIP | HFJ34 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had a broken hip? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX HFJ21 |
| | BOX HFJ21 | routing | IF SP HAS EVER REPORTED HAVING PARKINSON'S DISEASE IN A PREVIOUS ROUND, GO TO BOX HFJ22. ELSE GO TO HFJ35 - OCPARKIN. | | | | |
| OCPARKIN | HFJ35 | yes/no | [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] Parkinson's disease? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX HFJ22 |
| | BOX HFJ22 | routing | IF SP HAS EVER REPORTED HAVING EMPHYSEMA, ASTHMA OR COPD IN A PREVIOUS ROUND, GO TO HFJ37 - OCPPARAL. ELSE GO TO HFJ36 - OCEMPHYS. | | | | |

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|------------|-----------|---------------|---|---|---|--|--|
| OCEMPHYS | HFJ36 | yes/no | emphysema, asthma, or COPD? COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ37 - OCPPARAL |
| OCPPARAL | HFJ37 | yes/no | complete or partial paralysis? IF SP IS OBVIOUSLY PARTIALLY OR COMPLETELY PARALYZED, SELECT "YES" AND DO NOT ASK. OTHERWISE, ASK: [[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (LAST HF MONTH YEAR) has] second or more time through loop HFQ has been completed in a previous round for this respondent [Has] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [(SP)] respondent is proxy [ever] first time through loop HFQ has never been completed in a previous round for this respondent [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) BOX HFJ23 (02) BOX HFJ24 (-8) BOX HFJ24 (-9) BOX HFJ24 |
| | BOX HFJ23 | routing | IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ38 - YRPPARAL. ELSE GO TO BOX HFJ24. | | | | |
| YRPPARAL | HFJ38 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he/she) had complete or partial paralysis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | BOX HFJ24 |
| | BOX HFJ24 | routing | IF SP HAS EVER REPORTED AN ABSENCE OR LOSS OF ARM OR LEG IN A PREVIOUS ROUND, GO TO BOX HFJ25. ELSE GO TO HFJ39 - OCAMPUTE. | | | | |
| OCAMPUTE | HFJ39 | yes/no | What about absence or loss of an arm or a leg? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX HFJ25 |
| | BOX HFJ25 | routing | IF SP IS FEMALE, GO TO HFJ41A - OCBETES. ELSE GO TO HFJ40 - HAVEPROS. | | | | |
| HAVEPROS | HFJ40 | yes/no | an enlarged prostate or benign prostatic hypertrophy (BPH)? [[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...] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX HFJ26 (02) HFJ41A - OCBETES (-8) HFJ41A - OCBETES (-9) HFJ41A - OCBETES |
| | BOX HFJ26 | routing | IF SP IS IN THE SUPPLMENTAL SAMPLE, GO TO HFJ41 - YRPROST. ELSE GO TO HFJ41A - OCBETES. | | | | |
| YRPROST | HFJ41 | yes/no | Since (LAST HF MONTH YEAR), did a doctor tell [you/(SP)] that (you/he) had an enlarged prostate or benign prostatic hypertrophy (BPH)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFJ41A - OCBETES |
| OCBETES | HFJ41A | yes/no | 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)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | (01) HFJ41B - OCDTYPE (02) BOX HFJ27 (-8) BOX HFJ27 (-9) BOX HFJ27 |
| OCdtype | HFJ41B | code 1 | SHOW CARD HF6 -HF4 Looking at this card, please tell me which type of diabetes the doctor said that [you have/(SP) has]. [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] [EXPLAIN IF NECESSARY: "Type 1" was formerly called "insulin dependent" or "juvenile-onset" diabetes. This type of diabetes usually develops during childhood or adolescence; but, it also can develop in adults. "Type 2" was formerly called "non-insulin dependent" or "adult-onset" diabetes. Until recently, this type of diabetes was found only in adults; but, now it is also occurring in children.] | (01) TYPE 1 (02) TYPE 2 (03) BORDERLINE (04) PRE-DIABETES (05) GESTATIONAL (PREGNANCY-RELATED) (91) SOME OTHER TYPE (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy | | (01) HFJ41C - OCDVISIT (02) HFJ41C - OCDVISIT (03) HFJ41C - OCDVISIT (04) HFJ41C - OCDVISIT (05) HFJ41C - OCDVISIT (91) HFJ41B - OCDTYPOS (-8) HFJ41C - OCDVISIT (-9) HFJ41C - OCDVISIT |
| OCdtypePOS | HFJ41B | verbatim text | SOME OTHER TYPE (SPECIFY) [IF THE RESPONDENT REPORTS MORE THAN ONE TYPE OF DIABETES, PROBE FOR THE MOST RECENT TYPE OF DIABETES THE DOCTOR TOLD THE RESPONDENT HE/SHE HAS.] | (01) [Continuous answer.] | | | HFJ41C - OCDVISIT |
| OCDVISIT | HFJ41C | yes/no | [Were you/Was (SP)] told on two or more different visits that (you/he/she) had diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | | BOX HFJ27 |

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|---------------|-----------|---------------|--|--|--|--|--|
| | BOX HFJ27 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE AND SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS UNDER 65 THEN IF SP REPORTED "YES" TO AT LEAST ONE HFJ CONDITION, GO TO HFJ42 - EMCOND. ELSE IF SP REPORTED "NO" TO ALL HFJ CONDITIONS , GO TO HFJ43 - EMCAUSEVB. ELSE IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE OR SP'S AGE AT TIME OF CURRENT MEDICARE ELIGIBILITY WAS NOT UNDER 65 THEN GO TO BOX HFPO. | | | | |
| EMCOND | HFJ42 | yes/no | 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? [NOTE THAT CONDITIONS MAY NOT BE DISPLAYED WITH THE EXACT CONDITION NAME THAT WAS USED EARLIER IN THE INTERVIEW (E.G., HYPERTENSION CAN ALSO BE CALLED HIGH BLOOD PRESSURE AT DIFFERENT QUESTIONS).] What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Was this] one condition [Were any of these] more than one condition [your] respondent is SP [(SP's)] respondent is proxy | | (01) BOX HFJ28 (02) HFJ43 - EMCAUSEVB (-8) BOX HFPO (-9) BOX HFPO |
| EMCAUSEVB | HFJ43 | verbatim text | What was the original cause of [your/(SP's)] becoming eligible for Medicare? RECORD VERBATIM. | (01) [Continuous answer.] | [your] respondent is SP [(SP's)] respondent is proxy | | BOX HFPO |
| | BOX HFJ28 | routing | IF SP RESPONDED "YES" TO ONLY ONE HFJ CONDITION, GO TO BOX HFPO. ELSE GO TO HFJ44 - EMCODE. | | | | |
| EMCODE | HFJ44 | code all | Which of these conditions was the cause of [your/(SP's)] becoming eligible for Medicare? [PROBE: Any other condition?] CHECK UP TO 8 CONDITIONS. | (01) ARTERIES HARDENING (02) HYPERTENSION (03) HEART ATTACK (04) HEART DISEASE (05) CONGESTIVE HEART FAILURE (06) HEART VALVE PROBLEM (07) HEART RHYTHM PROBLEM (08) OTHER HEART PROBLEM (09) STROKE OR HEMORRHAGE (10) SKIN CANCER (11) CANCER/TUMOR (12) RHEUMATOID ARTHRITIS (13) OTHER ARTHRITIS (14) MENTAL RETARDATION (15) ALZHEIMER'S (16) DEMENTIA (17) DEPRESSION (18) MENTAL DISORDER (19) OSTEOPOROSIS (20) BROKEN HIP (21) PARKINSON'S (22) EMPHYSEMA/ASTHMA/COPD (23) PARALYSIS (24) LOSS OF LIMB (25) DIABETES (91) OTHER (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | (01) BOX HFPO (02) BOX HFPO (03) BOX HFPO (04) BOX HFPO (05) BOX HFPO (06) BOX HFPO (07) BOX HFPO (08) BOX HFPO (09) BOX HFPO (10) BOX HFPO (11) BOX HFPO (12) BOX HFPO (13) BOX HFPO (14) BOX HFPO (15) BOX HFPO (16) BOX HFPO (17) BOX HFPO (18) BOX HFPO (19) BOX HFPO (20) BOX HFPO (21) BOX HFPO (22) BOX HFPO (23) BOX HFPO (24) BOX HFPO (25) BOX HFPO (91) HFJ44 - EMOS (-8) BOX HFPO (-9) BOX HFPO |
| EMOS | HFJ44 | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | | | BOX HFPO |
| | BOX HFPO | routing | IF THIS IS ROUND 67 73, GO TO BOX HFR1. ELSE GO TO HFPINTRO - HLTHCAREINTRO. | | | | |
| HLTHCAREINTRO | HFPINTRO | no entry | 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). | (01) CONTINUE (-7) Empty | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male | | BOX HFP1A |
| | BOX HFP1A | routing | IF (HFJ41A – OCBETES = 1/Yes) AND (HFJ41B - OCDTYPE = 1/TypeOne, 2/TypeTwo, 3/Borderline, 4/PreDiabetes, 91/Other, DK, or RF), GO TO HFP1 - DIAAGE. ELSE GO TO HFP21 - DIAEVERT. | | | | |
| DIAAGE | HFP1 | numeric | I recorded that [you were/(SP) was] told by a doctor that (you have/she has/he has) (Type 1 diabetes/Type 2 diabetes/borderline diabetes/pre-diabetes/diabetes). How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had diabetes? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male [Type I diabetes] type I diabetes recorded [Type II diabetes] type II diabetes recorded [borderline diabetes] borderline diabetes recorded [pre-diabetes] pre-diabetes recorded [diabetes] diabetes recorded [were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP males [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFP1 - DIAAGE_LESSONE |

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|----------|----------|---------------|--|---|---|--|---|
| | BOX HFP2 | routing | IF THE SP IS FEMALE AND (HFP1 – DIAAGE is >= 12 and is <= 45) OR (HFP1 – DIAAGE = DK OR RF), GO TO HFP2 - DIAPRGNT. ELSE GO TO HFP4 - DIAINSUL. | | | | |
| DIAPRGNT | HFP2 | yes/no | Did [you/(SP)] have diabetes only during a pregnancy? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) HFP21 - DIAEVERT (02) HFP4 - DIAINSUL (-8) HFP21 - DIAEVERT (-9) HFP21 - DIAEVERT |
| DIAINSUL | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... take insulin? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy | | HFP4 - DIAMEDS |
| DIAMEDS | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... take prescription diabetes pills or oral diabetes medicine? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy | | HFP4 - DIATEST |
| DIATEST | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... test (your/his/her) blood for sugar or glucose? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP4 - DIASORES |
| DIASORES | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... check for sores or irritations on (your/his/her) feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP4 - DIAPRESS |
| DIAPRESS | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... measure (your/his/her) blood pressure at home? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP4 - DIAASPRN |
| DIAASPRN | HFP4 | list | Please tell me whether (you use/SP uses) any of the following ways to manage (your/his/her) diabetes. [Do you/Does (SP)]... take aspirin regularly for (your/his/her) diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you use] respondent is SP [(SP) uses] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFP3 |
| | BOX HFP3 | routing | IF HFP4 - DIAINSUL = 1/Yes, GO TO HFP5 - INSUTAKE. ELSE IF HFP4 - DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHECK. ELSE GO TO HFP10 - DIATENYR. | | | | |
| INSUTAKE | HFP5 | quantity unit | How often [do you/does (SP)] take insulin? | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) USE INSULIN PUMP (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFP5 - INSUDAY (02) HFP5 - INSUWEEK (03) BOX HFP4 (-8) BOX HFP4 (-9) BOX HFP4 |
| INSUDAY | HFP5 | quantity unit | How often [do you/does (SP)] take insulin? | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy | | BOX HFP4 |
| | BOX HFP4 | routing | IF HFP4 – DIAMEDS = 1/Yes, GO TO HFP6 - MEDSTAKE. ELSE IF HFP4 - DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 - DIASORES = 1/Yes, GO TO HFP8 - SORECHECK. ELSE GO TO HFP10 - DIATENYR. | | | | |

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|--------------|----------|---------------|---|---|--|--|---|
| MEDSTAKE | HFP6 | quantity unit | How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine? | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFP6 - MEDDAY (02) HFP6 - MEDWEEK (03) HFP6 - MEDMONTH (-8) BOX HFP5 (-9) BOX HFP5 |
| MEDDAY | HFP6 | quantity unit | How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine? | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy | | BOX HFP5 |
| MEDWEEK | HFP6 | quantity unit | How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine? | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy | | BOX HFP5 |
| MEDMONTH | HFP6 | quantity unit | How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine? | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy | | BOX HFP5 |
| | BOX HFP5 | routing | IF HFP4 – DIATEST = 1/Yes, GO TO HFP7 - TESTTAKE. ELSE IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHECK. ELSE GO TO HFP10 - DIATENYR. | | | | |
| TESTTAKE | HFP7 | quantity unit | 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.] | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFP7 - TESTDAY (02) HFP7 - TESTWEEK (03) HFP7 - TESTMNTNTH (04) HFP7 - TESTYEAR (-8) BOX HFP6 (-9) BOX HFP6 |
| TESTDAY | HFP7 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFP6 |
| TESTWEEK | HFP7 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFP6 |
| TESTMNTNTH | HFP7 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFP6 |
| TESTYEAR | HFP7 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFP6 |
| | BOX HFP6 | routing | IF HFP4 – DIASORES = 1/Yes, GO TO HFP8 - SORECHECK. ELSE GO TO HFP10 - DIATENYR. | | | | |
| SORECHECK | HFP8 | quantity unit | 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.] | (01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFP8 - SOREDAY (02) HFP8 - SOREWEEK (03) HFP8 - SOREMNTNTH (04) HFP8 - SOREYEAR (-8) HFP10 - DIATENYR (-9) HFP10 - DIATENYR |
| SOREDAY | HFP8 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP10 - DIATENYR |
| SOREWEEK | HFP8 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP10 - DIATENYR |
| SOREMNTNTH | HFP8 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP10 - DIATENYR |
| HST.SOREYEAR | HFP8 | quantity unit | 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.] | (01) [Continuous answer.] | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP10 - DIATENYR |
| DIATENYR | HFP10 | yes/no | In the past year has a doctor or other medical professional examined (your/his/her) feet for sores or irritations? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP11 - DIADRSAW |
| DIADRSAW | HFP11 | numeric | About how many times in the past year [have you/has (SP)] seen a doctor or other health professional for (your/his/her) diabetes? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP13 - DIAHEMOC |

| | | | | | | | |
|----------|---------|---------|---|---|--|--|--|
| DIAHEMOC | HFP13 | numeric | A test of hemoglobin "A one C" measures the average level of blood sugar over the past three months. It is usually done in a doctor's office. About how many times in the past year has a doctor or other health professional checked [you/(SP)] for hemoglobin "A one C"? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | HFP14 - DIACTRLD |
| DIACTRLD | HFP14 | code 1 | SHOW CARD HF4-HF5 Would you say that [your/(SP's)] blood sugar is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled" we mean a recent hemoglobin "A one C" result of 7.5 or less or an average fasting blood test of 140 or less. | (01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | HFP14A1 - DIAHYPO |
| DIAHYPO | HFP14A1 | yes/no | In the past year, [have you/has (SP)] experienced hypoglycemia, sometimes called low blood sugar or an insulin reaction? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFP14A2 - DIAHYPTR (02) HFP14A - DIAFEET (-8) HFP14A - DIAFEET (-9) HFP14A - DIAFEET |
| DIAHYPTR | HFP14A2 | code 1 | 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, or did (you/he/she) require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.] | (01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Were you] respondent is SP [Was (SP)] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFP14A3 - DIAFTEVR |
| DIAFTEVR | HFP14A3 | yes/no | [Have you/Has (SP)] ever had any problems with (your/his/her) feet as a result of (your/his/her) diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFP14A - DIAFEET (02) HFP15 - DIAEYPRB (-8) HFP15 - DIAEYPRB (-9) HFP15 - DIAEYPRB |
| DIAFEET | HFP14A | yes/no | [Do you/Does (SP)] currently have any problems with (your/his/her) feet as a result of (your/his/her) diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFP14B - DIANEURO |
| DIANEURO | HFP14B | list | 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/Has (SP)] ever been told by a doctor that (you/he/she) had... Neuropathy or nerve damage , which may cause pain or numbness in the feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFP14B - DIACIRCF |
| DIACIRCF | HFP14B | list | 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/Has (SP)] ever been told by a doctor that (you/he/she) had... Poor circulation or blood flow in the feet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFP14B - DIAULCER |

| | | | | | | |
|----------|----------|---------|---|---|--|--|
| DIALCER | HFP14B | list | <p>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.</p> <p>[Have you/Has (SP)] ever been told by a doctor that (you/he/she) had...</p> <p>Foot ulcers?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | HFP14B - DIASKINC |
| DIASKINC | HFP14B | list | <p>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.</p> <p>[Have you/Has (SP)] ever been told by a doctor that (you/he/she) had...</p> <p>Calluses, infections, or other skin changes affecting the feet?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | HFP15 - DIAEYPRB |
| DIAEYPRB | HFP15 | yes/no | <p>[Do you/Does (SP)] have any problems with (your/his/her) eyes as a result of (your/his/her) diabetes?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | HFP16A1 - DIAKDPEV |
| DIKDPEV | HFP16A1 | yes/no | <p>[Have you/Has (SP)] ever had any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?</p> <p>[EXPLAIN IF NECESSARY: This is tested by looking for protein in the urine.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>(01) HFP16 - DIAKDPRB (02) HFP17 - DIAMNGE (-8) HFP17 - DIAMNGE (-9) HFP17 - DIAMNGE</p> |
| DIKDPRB | HFP16 | yes/no | <p>[Do you/Does (SP)] currently have any problems with (your/his/her) kidneys as a result of (your/his/her) diabetes?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>(01) HFP16A - DIAKIDNY (02) HFP17 - DIAMNGE (-8) HFP17 - DIAMNGE (-9) HFP17 - DIAMNGE</p> |
| DIKIDNY | HFP16A | yes/no | <p>[Have you/Has (SP)] ever been told by a doctor that (you have/she has/he has) chronic kidney disease?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Have you] respondent is SP [Has (SP)] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male</p> | HFP17 - DIAMNGE |
| DIAMNGE | HFP17 | yes/no | <p>[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?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Have you] respondent is SP [Has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respndent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>(01) HFP18 - DIATRIN (02) BOX HFP7 (-8) BOX HFP7 (-9) BOX HFP7</p> |
| DIATRIN | HFP18 | code 1 | <p>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? [IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]</p> | <p>(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respndent is proxy, SP male [her] respondent is proxy, SP female</p> | BOX HFP7 |
| | BOX HFP7 | routing | <p>IF THE SP IS THE RESPONDENT, GO TO HFP19 - DIAKNOW. ELSE GO TO BOX HFR1.</p> | | | |

| | | | | | | | |
|----------|----------|---------|---|--|---|--|--|
| DIACKNOW | HFP19 | code 1 | SHOW CARD HF3 HF6 How much do you think you know about managing your diabetes? Do you know . . . | (01) just about everything you need to know, (02) most of what you need to know, (03) some of what you need to know, (04) a little of what you need to know, or (05) almost none of what you need to know about managing your diabetes? (-8) Don't Know (-9) Refused | | | HFP20 - DIASUPPS |
| DIASUPPS | HFP20 | yes/no | Before today, did you know that Medicare now helps pay the cost of diabetic testing supplies and self-management education for people with diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX HFR1 |
| DIAEVERT | HFP21 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [I have recorded that [you have/(SP) has] never been told by a doctor that (you have/she has/he has) diabetes.] OCBETES = 02 [you have] respondent is SP [(SP) has] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male [Have you] respondent is SP [Has (SP)] respondent is proxy [you have] respondent is SP [she has] respondent is proxy, SP female [he has] respondent is proxy, SP male | | (01) HFP22 - DIARECNT (02) BOX HFP8 (-8) BOX HFP8 (-9) BOX HFP8 |
| DIARECNT | HFP22 | code 1 | When was the most recent time [you were/(SP) was] tested for diabetes? | (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy | | HFP24 - DIARISK |
| | BOX HFP8 | routing | IF THE SP IS THE RESPONDENT, GO TO HFP23 - DIAAWARE. ELSE GO TO HFP24 - DIARISK. | | | | |
| DIAAWARE | HFP23 | yes/no | Before today, were you aware that there is a blood test to determine if a person has diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HFP24 - DIARISK |
| DIARISK | HFP24 | yes/no | Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female | | HFP25 - DIASIGNS |
| DIASIGNS | HFP25 | yes/no | In the past year, [have you/has (SP)] received any information about the signs, symptoms, or risk factors for diabetes? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | BOX HFR1 |
| | BOX HFR1 | routing | IF (SP HAS EVER HEARD ABOUT COLORECTAL OR COLON CANCER IS UNKNOWN) AND (SP HAS NOT REPORTED HAVING COLON, RECTAL OR BOWEL CANCER IN THE CURRENT ROUND OR IN A PREVIOUS ROUND), GO TO HFR1 - COLHEAR. ELSE GO TO BOX HFS0. | | | | |
| COLHEAR | HFR1 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HFR3 - COLHTEST |
| COLHTEST | HFR3 | yes/no | The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) HFR5 - COLCARD (02) HFR4 - COLHKIT (-8) HFR4 - COLHKIT (-9) HFR4 - COLHKIT |
| COLHKIT | HFR4 | yes/no | Have you ever heard of this home testing kit? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HFR4A - COLFDOC |
| COLFDOC | HFR4A | yes/no | 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/was] at the doctor's office? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) HFR7 - COLRECNT (02) HFR8 - COLSCOPY (-8) HFR8 - COLSCOPY (-9) HFR8 - COLSCOPY |
| COLCARD | HFR5 | yes/no | Did [you/(SP)] complete the samples and return them for (your/his/her) most recent test? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFR7 - COLRECNT |

| | | | | | | | |
|----------|----------|----------|---|--|--|--|--|
| COLRECT | HFR7 | code 1 | When did [you/(SP)] have (your/his/her) most recent blood stool test(using a home testing kit)? | (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFR8 - COLSCOPY |
| COLSCOPY | HFR8 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy | | HFR10 - HEARSCOP (01) YES--> WHENSCOP (02) NO--> HEARSCOP (8) Don't Know->HEARSCOP (9) Refused->HEARSCOP |
| WHENSCOP | HFR9 | code 1 | When did [you/(SP)] have (your/his/her) most recent sigmoidoscopy or colonoscopy? | (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFR13 - COLSCRNS |
| HEARSCOP | HFR10 | yes/no | Before today, had you ever heard of a sigmoidoscopy or colonoscopy? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) HFR11 - COLDRREC (02) BOX HFR2 (-8) BOX HFR2 (-9) BOX HFR2 |
| | BOX HFR2 | routing | IF HFR3 - COLHTEST = 1/Yes or HFR4 - COLHKIT = 1/Yes, GO TO HFR13 - COLSCRNS. ELSE GO TO BOX HFS0. | | | | |
| COLDRREC | HFR11 | yes/no | Has a doctor ever recommended that [you/(SP)] have this test? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | HFR13 - COLSCRNS |
| COLSCRNS | HFR13 | yes/no | Before today, did you know that Medicare now pays the cost of screening tests for colorectal cancer? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX HFS0 |
| | BOX HFS0 | routing | IF THIS IS ROUND 67 73, GO TO HFAC29 - HCTROUBL. ELSE GO TO BOX HFS1. | | | | |
| | BOX HFS1 | routing | IF SP HAS EVER REPORTED HAVING OSTEOPOROSIS IN THE CURRENT ROUND OR IN A PREVIOUS ROUND, GO TO HFS3 - OSTTEST. ELSE GO TO HFSINTRO - OSTINTRO | | | | |
| OSTINTRO | HFSINTRO | no entry | 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. | (01) CONTINUE (-7) Empty | | | HFS1 - OSTEVERT |
| OSTEVERT | HFS1 | yes/no | [Have you/Has (SP)] ever talked with (your/his/her) doctor or other health professional about osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFS2 - OSTHRISK (02) HFS3 - OSTTEST (-8) HFS3 - OSTTEST (-9) HFS3 - OSTTEST |
| OSTHRISK | HFS2 | yes/no | Has a doctor or other health professional ever told [you/(SP)] that (you are/he is/she is) at high risk for osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female | | HFS2A - OSTFRACT |
| OSTFRACT | HFS2A | yes/no | Have [you/(SP)] ever experienced a fracture that (your/his/her) doctor told (you/him/her) was related to osteoporosis? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFS3 - OSTTEST |
| OSTTEST | HFS3 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy | | (01) HFS5 - OSTRECT (02) HFS4 - OSTHEAR (-8) HFS4 - OSTHEAR (-9) HFS4 - OSTHEAR |
| OSTHEAR | HFS4 | yes/no | Before today, had you ever heard of this test? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) HFS6 - OSTMASS (02) HFAC29 - HCTROUBL (-8) HFAC29 - HCTROUBL (-9) HFAC29 - HCTROUBL |
| OSTRECT | HFS5 | code 1 | When was the most recent time that [you/(SP)] had a Bone Mass or Bone Density Measurement test? | (01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS AGO (03) 2 YEARS TO LESS THAN 3 YEARS AGO (04) 3 YEARS TO LESS THAN 5 YEARS AGO (05) 5 OR MORE YEARS AGO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | HFS6 - OSTMASS |
| OSTMASS | HFS6 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HFAC29 - HCTROUBL |

| | | | | | | |
|-----------|----------|---------------|---|--|---|---|
| HCTROUBL | HFAC29 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | (01) HFAC30A - HCTCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY |
| HCTCODE | HFAC30A | code all | Why was that? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) SP DOES NOT HAVE MONEY (02) COST IS TOO HIGH (03) SERVICES/SUPPLIES NOT COVERED (04) NEEDED TRANSPORTATION TO DOCTOR/HOSPITAL (05) DIFFICULTY GETTING HOME HEALTH CARE (06) NO TREATMENT AVAILABLE/DOCTOR WON'T TREAT (07) WAIT TOO LONG/DOCTOR TOO BUSY (08) OWN DOCTOR DOESN'T ACCEPT MEDICARE/COULDN'T FIND DOCTOR WHO ACCEPTS MEDICARE (09) NOT ELIGIBLE FOR PUBLIC COVERAGE (10) DIFFICULTY GETTING APPOINTMENT/ DELAYS BECAUSE SP ON MEDICARE (11) DOCTOR REFERRED SP TO SPECIALIST OR OTHER DOCTOR (12) HMO REFERRAL PROCESS (DIFFICULTY GETTING) (13) PROBLEMS WITH HMO DOCTORS NOT GOOD OR AVAILABLE (14) HMO WOULD NOT COVER OR PROVIDE SERVICE (91) OTHER (-8) Don't Know (-9) Refused | | (01) BOX HFF6 (02) BOX HFF6 (03) BOX HFF6 (04) BOX HFF6 (05) BOX HFF6 (06) BOX HFF6 (07) BOX HFF6 (08) BOX HFF6 (09) BOX HFF6 (10) BOX HFF6 (11) BOX HFF6 (12) BOX HFF6 (13) BOX HFF6 (14) BOX HFF6 (91) HFAC30A - HCTOTHOS (-8) BOX HFF6 (-9) BOX HFF6 |
| HCTOTHOS | HFAC30A | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | | BOX HFF6 |
| | BOX HFF6 | routing | IF RESPONSE TO HFAC30A - HCTCODE INCLUDES 8/DrDoesNotAcceptMedicare OR 10/DifficultyGettingAppt, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC30B - CGETAPPT. | | | |
| CGETAPPT | HFAC30B | yes/no | 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)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) HFAC30C - CGETCODE (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY |
| CGETCODE | HFAC30C | code all | What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with [you/(SP)]? [PROBE: Any other reason?] CHECK ALL THAT APPLY | (01) DOCTOR DOES NOT ACCEPT INSURANCE PLAN (02) ALL OF DOCTORS APPOINTMENTS WERE FULL (03) DOCTOR IS NOT ACCEPTING ANY NEW PATIENTS (04) DOCTOR IS NOT ACCEPTING NEW MEDICARE PATIENTS (05) DOCTRS HOURS CONFLICTED WITH REQUIREMENTS OF SP (06) DOCTOR DOES NOT ACCEPT MEDICAID (07) DOCTOR DOES NOT ACCEPT MEDICARE AT ALL (08) DOCTOR DOES NOT ACCEPT MEDICARE ASSIGNMENT (09) DOCTOR FELT ANOTHER PROVIDER WOULD BE BETTER FOR SP (91) OTHER (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX HFF7 (02) BOX HFF7 (03) BOX HFF7 (04) BOX HFF7 (05) BOX HFF7 (06) BOX HFF7 (07) BOX HFF7 (08) BOX HFF7 (09) BOX HFF7 (91) HFAC30C - CGETOTOS (-8) BOX HFF7 (-9) BOX HFF7 |
| | BOX HFF7 | routing | IF RESPONSE TO HFAC30C - CGETCODE INCLUDES 4/DocNotAcceptNewMedicare OR 7/DocNotAcceptMCAR, GO TO HFAC30D - OFFEXPLN. ELSE GO TO HFAC31 - HCDELAY. | | | |
| OFFEXPLN | HFAC30D | yes/no | Did the doctor's office explain why [it is difficult for Medicare patients to get an appointment/Medicare is not accepted] at that practice? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [it is difficult for Medicare patients to get an appointment] Medicare accepted [Medicare is not accepted] Medicare not accepted | (01) HFAC30E - OFFEXVB (02) HFAC31 - HCDELAY (-8) HFAC31 - HCDELAY (-9) HFAC31 - HCDELAY |
| OFFEXVB | HFAC30E | verbatim text | What was that explanation? RECORD VERBATIM. | (01) [Continuous answer.] | | HFAC31 - HCDELAY |
| HCDELAY | HFAC31 | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] delayed seeking medical care because (you were/he was/she was) worried about the cost? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female | HFKINTRO - IADLINTRO |
| IADLINTRO | HFKINTRO | no entry | Now I'm going to ask about some everyday activities and whether [you have/(SP) has] any difficulty doing them by (yourself/himself/herself). | (01) CONTINUE (-7) Empty | [you have] respondent is SP [(SP) has] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female | HFKA1 - PRBTELE |
| PRBTELE | HFKA1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... using the telephone? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | (01) HFKB1 - PRBLHWK (02) HFKB1 - PRBLHWK (03) HFKA2 - DONTTELE (-8) HFKB1 - PRBLHWK (-9) HFKB1 - PRBLHWK |

| | | | | | | | |
|-----------------|-----------|---------|--|---|---|--|---|
| DONTTELE | HFKA2 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFKB1 - PRBLHWK |
| PRBLHWK | HFKB1 | code 1 | 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)? [You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't/(SP) doesn't] do.] | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFKC1 - PRBHHWK (02) HFKC1 - PRBHHWK (03) HFKB2 - DONTLHWK (-8) HFKC1 - PRBHHWK (-9) HFKC1 - PRBHHWK |
| DONTLHWK | HFKB2 | yes/no | Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFKC1 - PRBHHWK |
| PRBHHWK | HFKC1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... doing heavy housework (like scrubbing floors or washing windows)? [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't/(SP) doesn't] do.] | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFKD1 - PRBMEAL (02) HFKD1 - PRBMEAL (03) HFKC2 - DONTTHWK (-8) HFKD1 - PRBMEAL (-9) HFKD1 - PRBMEAL |
| DONTTHWK | HFKC2 | yes/no | Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFKD1 - PRBMEAL |
| PRBMEAL | HFKD1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... preparing (your/his/her) own meals? [You said that preparing (your/his/her) own meals is something that [you don't/(SP) doesn't] do.] | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | (01) HFKE1 - PRBSHOP (02) HFKE1 - PRBSHOP (03) HFKD2 - DONTMEAL (-8) HFKE1 - PRBSHOP (-9) HFKE1 - PRBSHOP |
| DONTMEAL | HFKD2 | yes/no | Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFKE1 - PRBSHOP |
| PRBSHOP | HFKE1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... shopping for personal items (such as toilet items or medicines)? [You said that shopping for personal items (such as toilet items or medicines) is something that [you don't/(SP) doesn't] do.] | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFKF1 - PRBBILS (02) HFKF1 - PRBBILS (03) HFKE2 - DONTSHOP (-8) HFKF1 - PRBBILS (-9) HFKF1 - PRBBILS |
| DONTSHOP | HFKE2 | yes/no | Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFKF1 - PRBBILS |
| PRBBILS | HFKF1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... managing money (like keeping track of expenses or paying bills)? [You said that managing money (like keeping track of expenses or paying bills) is something that [you don't/(SP) doesn't] do.] | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) BOX HFKA1 (02) BOX HFKA1 (03) HFKF2 - DONTBILS (-8) BOX HFKA1 (-9) BOX HFKA1 |
| DONTBILS | HFKF2 | yes/no | Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | BOX HFKA1 |
| | BOX HFKA1 | routing | IF HFKA1 - PRBTELE = 1/Yes OR HFKA2 - DONTTELE = 1/Yes, GO TO HFKA3 - HELPTELE. ELSE GO TO BOX HFKB1. | | | | |
| HELPTELE | HFKA3 | yes/no | [[You said that [your/(SP's)] health makes using the telephone difficult./You said that using the telephone is something that [you don't do/(SP) doesn't do].]] [Do you/Does (SP)] receive help from another person with... using the telephone? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes using the telephone difficult] respondent is SP, SP uses telephone [You said that [(SP's)] health makes using the telephone difficult] respondent is proxy, SP uses telephone [You said that using the telephone is something that [you don't do]] respondent is SP, SP doesn't use telephone [You said that using the telephone is something that [(SP) doesn't do]] respondent is proxy, SP doesn't use telephone [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFKA4 - PERSON_HLPRTELE (02) BOX HFKB1 (-8) BOX HFKB1 (-9) BOX HFKB1 |
| PERSON_HLPRTELE | HFKA4 | roster | You mentioned that [you receive/(SP) receives] help with using the telephone. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFKB1 |
| | BOX HFKB1 | routing | IF HFKB1 - PRBLHWK = 1/Yes or HFKB2 - DONTLHWK = 1/Yes, GO TO HFKB3 - HELPLHWK. ELSE GO TO BOX HFKC1. | | | | |

| | | | | | | |
|-----------------|-----------|---------|--|--|--|--|
| HELPLHWK | HFKB3 | yes/no | <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 don't do/(SP) doesn't do].]]</p> <p>[Do you/Does (SP)] receive help from another person with...</p> <p>doing light housework (like washing dishes, straightening up, or light cleaning)?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[You said that [your] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult] respondent is SP, SP does housework [You said that [(SP's)] health makes doing light housework (like washing dishes, straightening up, or light cleaning) difficult] respondent is proxy, SP does housework [You said that doing light housework (like washing dishes, straightening up, or light cleaning) is something that [you don't do]] respondent is SP, SP doesn't do housework [You said that doing light housework (like washing dishes, straightening up, or light cleaning)is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do housework [Do you] respondent is SP [Does (SP)] respondent is proxy</p> | <p>(01) HFKB4 - PERSON_HLPRLHWK (02) BOX HFKC1 (-8) BOX HFKC1 (-9) BOX HFKC1</p> |
| PERSON_HLPRLHWK | HFKB4 | roster | <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> | <p>(01) [Continuous answer.]</p> | <p>[you receive] respondent is SP [(SP) receives] respondent is proxy</p> | <p>BOX HFKC1</p> |
| | BOX HFKC1 | routing | <p>IF HFKC1 - PRBHHWK = 1/Yes or HFKC2 - DONTHHWK = 1/Yes, GO TO HFKC3 - HELPHHWK. ELSE GO TO BOX HFKD1</p> | | | |
| HELPHHWK | HFKC3 | yes/no | <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/Does (SP)] receive help from another person with...</p> <p>doing heavy housework (like scrubbing floors or washing windows)?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[You said that [your] health makes doing heavy housework (like scrubbing floors or washing windows) difficult] respondent is SP, SP does housework [You said that [(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult] respondent is proxy, SP does housework [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [you don't do]] respondent is SP, SP doesn't do housework [You said that doing heavy housework (like scrubbing floors or washing windows) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do housework [Do you] respondent is SP [Does (SP)] respondent is proxy</p> | <p>(01) HFKC4 - PERSON_HLPRHHWK (02) BOX HFKD1 (-8) BOX HFKD1 (-9) BOX HFKD1</p> |
| PERSON_HLPRHHWK | HFKC4 | roster | <p>You mentioned that [you receive/(SP) receives] help with doing heavy housework (like scrubbing floors or washing windows). Who gives that help? ENTER ALL HELPERS.</p> | <p>(01) [Continuous answer.]</p> | <p>[you receive] respondent is SP [(SP) receives] respondent is proxy</p> | <p>BOX HFKD1</p> |
| | BOX HFKD1 | routing | <p>IF HFKD1 - PRBMEAL = 1/Yes or HFKD2 - DONTMEAL = 1/Yes, GO TO HFKD3 - HELPMEAL. ELSE GO TO BOX HFKE1.</p> | | | |
| HELPMEAL | HFKD3 | yes/no | <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>preparing (your/his/her) own meals?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[You said that [your] health makes preparing [your] own meals difficult] respondent is SP, SP makes meals [You said that [(SP's)] health makes preparing [his] own meals difficult] respondent is proxy, SP male, SP makes meals [You said that [(SP's)] health makes preparing [her] own meals difficult] respondent is proxy, SP female, SP makes meals [You said that preparing [your] own meals is something that [you don't do]] respondent is SP, SP doesn't make meals [You said that preparing [his] own meals is something that [(SP) doesn't do] respondent is proxy, SP male, SP doesn't make meals [You said that preparing [her] own meals is something that [(SP) doesn't do] respondent is proxy, SP female, SP doesn't make meals [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>(01) HFKD4 - PERSON_HLPRMEAL (02) BOX HFKE1 (-8) BOX HFKE1 (-9) BOX HFKE1</p> |
| PERSON_HLPRMEAL | HFKD4 | roster | <p>You mentioned that [you receive/(SP) receives] help with preparing (your/his/her) own meals. Who gives that help? ENTER ALL HELPERS.</p> | <p>(01) [Continuous answer.]</p> | <p>[you receive] respondent is SP [(SP) receives] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>BOX HFKE1</p> |
| | BOX HFKE1 | routing | <p>IF HFKE1 - PRBSHOP = 1/Yes or HFKE2 - DONTSHOP = 1/Yes, GO TO HFKE3 - HELPSHOP. ELSE GO TO BOX HFKF1.</p> | | | |
| HELPSHOP | HFKE3 | yes/no | <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 you/Does (SP)] receive help from another person with...</p> <p>shopping for personal items (such as toilet items or medicines)?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[You said that [your] health makes shopping for personal items (such as toilet items or medicines) difficult.] respondent is SP, SP shops [You said that [(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult.] respondent is proxy, SP shops [You said that shopping for personal items (such as toilet items or medicines) is something that [you don't do]] respondent is SP, SP doesn't shop [You said that shopping for personal items (such as toilet items or medicines) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't do shop [Do you] respondent is SP [Does (SP)] respondent is proxy</p> | <p>(01) HFKE4 - PERSON_HLPRSHOP (02) BOX HFKF1 (-8) BOX HFKF1 (-9) BOX HFKF1</p> |

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|-----------------|-----------|----------|---|---|---|--|---|
| PERSON_HLPRSHOP | HFKE4 | roster | You mentioned that [you receive/(SP) receives] help with shopping for personal items (such as toilet items or medicines). Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFKE4 |
| | BOX HFKE4 | routing | IF HFKE4 - PRBBILS = 1/Yes or HFKE4 - DONTBILS = 1/Yes, GO TO HFKE4 - HELPBILS. ELSE GO TO HFLINTRO - ADLSINTRO. | | | | |
| HELPBILS | HFKE4 | yes/no | [[You said that [your/(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult./You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do/(SP) doesn't do.]] [Do you/Does (SP)] receive help from another person with... managing money (like keeping track of expenses or paying bills)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes managing money (like keeping track of expenses or paying bills) difficult.] respondent is SP, SP does manage money [You said that [(SP's)] health makes managing money (like keeping track of expenses or paying bills) difficult.] respondent is proxy, SP does manage money [You said that managing money (like keeping track of expenses or paying bills) is something that [you don't do]] respondent is SP, SP doesn't manage money [You said that managing money (like keeping track of expenses or paying bills) is something that [(SP) doesn't do]] respondent is proxy, SP doesn't manage money [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFKE4 - PERSON_HLPRBILS (02) HFLINTRO - ADLSINTRO (-8) HFLINTRO - ADLSINTRO (-9) HFLINTRO - ADLSINTRO |
| PERSON_HLPRBILS | HFKE4 | roster | You mentioned that [you receive/(SP) receives] help with managing money (like keeping track of expenses or paying bills). Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | HFLINTRO - ADLSINTRO |
| ADLSINTRO | HFLINTRO | no entry | 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. | (01) CONTINUE (-7) Empty | [you have] respondent is SP [(SP) has] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female | | HFLA1 - HPPDBATH |
| HPPDBATH | HFLA1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... bathing or showering? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFLB1 - HPPDDRES (02) HFLB1 - HPPDDRES (03) HFLA2 - DONTBATH (-8) HFLB1 - HPPDDRES (-9) HFLB1 - HPPDDRES |
| DONTBATH | HFLA2 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFLB1 - HPPDDRES |
| HPPDDRES | HFLB1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... dressing? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFLC1 - HPPDEAT (02) HFLC1 - HPPDEAT (03) HFLB2 - DONTDRES (-8) HFLC1 - HPPDEAT (-9) HFLC1 - HPPDEAT |
| DONTDRES | HFLB2 | yes/no | [You said that dressing is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFLC1 - HPPDEAT |
| HPPDEAT | HFLC1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... eating? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFLD1 - HPPDCHAR (02) HFLD1 - HPPDCHAR (03) HFLC2 - DONTTEAT (-8) HFLD1 - HPPDCHAR (-9) HFLD1 - HPPDCHAR |
| DONTTEAT | HFLC2 | yes/no | [You said that eating is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFLD1 - HPPDCHAR |
| HPPDCHAR | HFLD1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... getting in or out of bed or chairs? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFLE1 - HPPDWALK (02) HFLE1 - HPPDWALK (03) HFLD2 - DONTCHAR (-8) HFLE1 - HPPDWALK (-9) HFLE1 - HPPDWALK |
| DONTCHAR | HFLD2 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFLE1 - HPPDWALK |
| HPPDWALK | HFLE1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... walking? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) HFLF1 - HPPDTOIL (02) HFLF1 - HPPDTOIL (03) HFLE2 - DONTWALK (-8) HFLF1 - HPPDTOIL (-9) HFLF1 - HPPDTOIL |
| DONTWALK | HFLE2 | code 1 | [You said that walking is something that [you don't/(SP) doesn't] do.] Is this because of a health or physical problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | HFLF1 - HPPDTOIL |
| HPPDTOIL | HFLF1 | code 1 | Because of a health or physical problem, [do you/does (SP)] have any difficulty... using the toilet? | (01) YES (02) NO (03) DOESN'T DO (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy | | (01) BOX HFLA1 (02) BOX HFLA1 (03) HFLF2 - DONTTOIL (-8) BOX HFLA1 (-9) BOX HFLA1 |

| | | | | | | | |
|----------|-----------|---------|--|---|---|--|--|
| DONTOIL | HFL2 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you don't] respondent is SP [(SP) doesn't] respondent is proxy | | BOX HFLA1 |
| | BOX HFLA1 | routing | IF HFLA1 – HPPDBATH = 1/Yes OR HFLA2 - DONTBATH = 1/Yes, GO TO HFLA3 - HELPBATH. ELSE GO TO BOX HFLB1. | | | | |
| HELPBATH | HFLA3 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes bathing or showering difficult.] respondent is SP, SP bathes or showers [You said that [(SP's)] health makes bathing or showering difficult.] respondent is proxy, SP bathes or showers [You said that bathing or showering is something that [you don't do]] respondent is SP, SP doesn't bathe or shower [You said that bathing or showering is something that [(SP) doesn't do]] respondent is proxy, SP doesn't bathe or shower [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLA5 - EQIPBATH (02) HFLA4 - PCHKBATH (-8) HFLA4 - PCHKBATH (-9) HFLA4 - PCHKBATH |
| PCHKBATH | HFLA4 | yes/no | 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]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLA5 - EQIPBATH |
| EQIPBATH | HFLA5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/him/her] with bathing or showering? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFLA2 |
| | BOX HFLA2 | routing | IF HFLA3 – HELPBATH = 1/Yes, GO TO HFLA6 - LONGBATH. ELSE GO TO BOX HFLB1. | | | | |
| LONGBATH | HFLA6 | code 1 | How long [have you/has (SP)] needed help with bathing or showering? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLA7 - STILBATH (02) BOX HFLB1 (03) BOX HFLB1 (-8) BOX HFLB1 (-9) BOX HFLB1 |
| STILBATH | HFLA7 | yes/no | Do you expect that [you/(SP)] will still need help with bathing or showering three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLB1 |
| | BOX HFLB1 | routing | IF HFLB1 - HPPDDRES = 1/Yes OR HFLB2 – DONTDRES = 1/Yes, GO TO HFLB3 - HELPDRES. ELSE GO TO BOX HFLC1. | | | | |
| HELPDRES | HFLB3 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes dressing difficult.] respondent is SP, SP dresses [You said that [(SP's)] health makes dressing difficult.] respondent is proxy, SP dresses [You said that dressing is something that [you don't do]] respondent is SP, SP doesn't dress [You said that dressing is something that [(SP) doesn't do]] respondent is proxy, SP doesn't dress [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLB5 - EQIPDRES (02) HFLB4 - PCHKDRES (-8) HFLB4 - PCHKDRES (-9) HFLB4 - PCHKDRES |
| PCHKDRES | HFLB4 | yes/no | 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]?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLB5 - EQIPDRES |
| EQIPDRES | HFLB5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help [you/him/her] with dressing? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFLB2 |
| | BOX HFLB2 | routing | IF HFLB3 – HELPDRES = 1/Yes, GO TO HFLB6 - LONGDRES. ELSE GO TO BOX HFLC1. | | | | |
| LONGDRES | HFLB6 | code 1 | How long [have you/has (SP)] needed help with dressing? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLB7 - STILDRES (02) BOX HFLC1 (03) BOX HFLC1 (-8) BOX HFLC1 (-9) BOX HFLC1 |
| STILDRES | HFLB7 | yes/no | Do you expect that [you/(SP)] will still need help with dressing three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLC1 |
| | BOX HFLC1 | routing | IF HFLC1 - HPPDEAT = 1/Yes OR HFLC2 – DONTEAT = 1/Yes, GO TO HFLC3 - HELPEAT. ELSE GO TO BOX HFLD1. | | | | |

| | | | | | | | |
|----------|-----------|---------|--|---|---|--|---|
| HELPEAT | HFLC3 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes eating difficult.] respondent is SP, SP eats [You said that [(SP's)] health makes eating difficult.] respondent is proxy, SP eats [You said that eating is something that [you don't do]] respondent is SP, SP doesn't eat [You said that eating is something that [(SP) doesn't do]] respondent is proxy, SP doesn't eat [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLC5 - EQIPEAT (02) HFLC4 - PCKEAT (-8) HFLC4 - PCKEAT (-9) HFLC4 - PCKEAT |
| PCKEAT | HFLC4 | yes/no | 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)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLC5 - EQIPEAT |
| EQIPEAT | HFLC5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help (you/him/her) with eating? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFLC2 |
| | BOX HFLC2 | routing | IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC6 - LONGEAT. ELSE GO TO BOX HFLD1. | | | | |
| LONGEAT | HFLC6 | code 1 | How long [have you/has (SP)] needed help with eating? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLC7 - STILEAT (02) BOX HFLD1 (03) BOX HFLD1 (-8) BOX HFLD1 (-9) BOX HFLD1 |
| STILEAT | HFLC7 | yes/no | Do you expect that [you/(SP)] will still need help with eating three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLD1 |
| | BOX HFLD1 | routing | IF HFLD1 - HPPDCHAR = 1/Yes OR HFLD2 - DONTCHAR = 1/Yes, GO TO HFLD3 - HELPCHAR. ELSE GO TO BOX HFLE1. | | | | |
| HELPCHAR | HFLD3 | yes/no | [[You said [your/(SP's)] health makes getting in or out of bed or chairs difficult./You said that getting in or out of bed or chairs is something [you don't/(SP) doesn't] do.]] [Do you/Does (SP)] receive help from another person with getting in or out of bed or chairs? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes getting in or out of bed or chairs difficult.] respondent is SP, SP gets in or out of bed or chairs [You said that [(SP's)] health makes getting in or out of bed or chairs difficult.] respondent is proxy, SP gets in or out of bed or chairs [You said that getting in or out of bed or chairs is something that [you don't do]] respondent is SP, SP doesn't get in or out of bed or chairs [You said that getting in or out of bed or chairs is something that [(SP) doesn't do]] respondent is proxy, SP doesn't get in or out of bed or chairs [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLD5 - EQIPCHAR (02) HFLD4 - PCKCHAR (-8) HFLD4 - PCKCHAR (-9) HFLD4 - PCKCHAR |
| PCKCHAR | HFLD4 | yes/no | 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)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLD5 - EQIPCHAR |
| EQIPCHAR | HFLD5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help (you/him/her) with getting in or out of bed or chairs? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | BOX HFLD2 |
| | BOX HFLD2 | routing | IF HFLD3 - HELPCHAR = 1/Yes, GO TO HFLD6 - LONGCHAR. ELSE GO TO BOX HFLE1. | | | | |
| LONGCHAR | HFLD6 | code 1 | How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLD7 - STILCHAR (02) BOX HFLE1 (03) BOX HFLE1 (-8) BOX HFLE1 (-9) BOX HFLE1 |
| STILCHAR | HFLD7 | yes/no | Do you expect that [you/(SP)] will still need help with getting in or out of bed or chairs three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLE1 |
| | BOX HFLE1 | routing | IF HFLE1 - HPPDWALK = 1/Yes OR HFLE2 - DONTWALK = 1/Yes, GO TO HFLE3 - HELPWALK. ELSE GO TO BOX HFLF1. | | | | |

| | | | | | | | |
|-----------------|-----------|---------|--|---|---|--|--|
| HELPWALK | HFLE3 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes walking difficult.] respondent is SP, SP walks [You said that [(SP's)] health makes walking difficult.] respondent is proxy, SP walks [You said that walking is something that [you don't do]] respondent is SP, SP doesn't walk [You said that waking is something that [(SP) doesn't do]] respondent is proxy, SP doesn't walk [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLE5 - EQIPWALK (02) HFLE4 - PCHKWALK (-8) HFLE4 - PCHKWALK (-9) HFLE4 - PCHKWALK |
| PCHKWALK | HFLE4 | yes/no | 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)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLE5 - EQIPWALK |
| EQIPWALK | HFLE5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help (you/him/her) with walking? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | BOX HFLE2 |
| | BOX HFLE2 | routing | IF HFLE3 - HELPWALK = 1/Yes, GO TO HFLE6 - LONGWALK. ELSE GO TO BOX HFLF1. | | | | |
| LONGWALK | HFLE6 | code 1 | How long [have you/has (SP)] needed help with walking? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLE7 - STILWALK (02) BOX HFLF1 (03) BOX HFLF1 (-8) BOX HFLF1 (-9) BOX HFLF1 |
| STILWALK | HFLE7 | yes/no | Do you expect that [you/(SP)] will still need help with walking three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLF1 |
| | BOX HFLF1 | routing | IF HFLF1 - HPPDTOIL = 1/Yes OR HFLF2 - DONTTOIL = 1/Yes, GO TO HFLF3 - HELPTOIL. ELSE GO TO BOX HFLA3. | | | | |
| HELPTOIL | HFLF3 | yes/no | [[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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [You said that [your] health makes using the toilet difficult.] respondent is SP, SP uses toilet [You said that [(SP's)] health makes using the toilet difficult.] respondent is proxy, SP uses toilet [You said that using the toilet is something that [you don't do]] respondent is SP, SP doesn't use toilet [You said that using the toilet is something that [(SP) doesn't do]] respondent is proxy, SP doesn't use toilet [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) HFLF5 - EQIPTOIL (02) HFLF4 - PCHKTOIL (-8) HFLF4 - PCHKTOIL (-9) HFLF4 - PCHKTOIL |
| PCHKTOIL | HFLF4 | yes/no | 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)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you need] respondent is SP [(SP) needs] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFLF5 - EQIPTOIL |
| EQIPTOIL | HFLF5 | yes/no | [Do you/Does (SP)] use special equipment or aids to help (you/him/her) with using the toilet? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | BOX HFLF2 |
| | BOX HFLF2 | routing | IF HFLF3 - HELPTOIL = 1/Yes, GO TO HFLF6 - LONGTOIL. ELSE GO TO BOX HFLA3. | | | | |
| LONGTOIL | HFLF6 | code 1 | How long [have you/has (SP)] needed help with using the toilet? Has it been . . . | (01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFLF7 - STILTOIL (02) BOX HFLA3 (03) BOX HFLA3 (-8) BOX HFLA3 (-9) BOX HFLA3 |
| STILTOIL | HFLF7 | yes/no | Do you expect that [you/(SP)] will still need help with using the toilet three months from now? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFLA3 |
| | BOX HFLA3 | routing | IF HFLA3 - HELPBATH = 1/Yes, GO TO HFLA9 - PERSON_HLPRBATH. ELSE GO TO BOX HFLB3. | | | | |
| PERSON_HLPRBATH | HFLA9 | roster | You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFLB3 |
| | BOX HFLB3 | routing | IF HFLB3 - HELPDRES = 1/Yes, GO TO HFLB9 - PERSON_HLPRDRES. ELSE GO TO BOX HFLC3. | | | | |
| PERSON_HLPRDRES | HFLB9 | roster | You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFLC3 |
| | BOX HFLC3 | routing | IF HFLC3 - HELPEAT = 1/Yes, GO TO HFLC9 - PERSON_HLPPREAT. ELSE GO TO BOX HFLD3. | | | | |
| PERSON_HLPPREAT | HFLC9 | roster | You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFLD3 |
| | BOX HFLD3 | routing | IF HFLD3 - HELPCHAR = 1/Yes, GO TO HFLD9 - PERSON_HLPRCHAR. ELSE GO TO BOX HFLE3. | | | | |

| | | | | | | | |
|-----------------|-----------|---------------|--|---|--|--|--|
| PERSON_HLPRCHAR | HFLD9 | roster | You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFLE3 |
| | BOX HFLE3 | routing | IF HFLE3 – HELPWALK = 1/Yes, GO TO HFLE9 - PERSON_HLPRWALK. ELSE GO TO BOX HFLF3. | | | | |
| PERSON_HLPRWALK | HFLF9 | roster | You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFLF3 |
| | BOX HFLF3 | routing | IF HFLF3 – HELPTOIL = 1/Yes, GO TO HFLF9 - PERSON_HLPRTOIL. ELSE GO TO BOX HFL4. | | | | |
| PERSON_HLPRTOIL | HFLF9 | roster | You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? ENTER ALL HELPERS. | (01) [Continuous answer.] | [you receive] respondent is SP [(SP) receives] respondent is proxy | | BOX HFL4 |
| | BOX HFL4 | routing | IF MORE THAN ONE PERSON SELECTED AT HFLA9, HFLB9, HFLC9, HFLD9, HFLE9, AND/OR HFLF9, GO TO HFL10 - PERSON_HLPRMOST. ELSE GO TO BOX HFM1. | | | | |
| PERSON_HLPRMOST | HFL10 | roster | Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE. | (01) [Continuous answer.] | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFM1 |
| | BOX HFM1 | routing | IF THIS IS ROUND 67 73, GO TO HFM1 - FALLANY. ELSE GO TO HFN1 - MEMLOSS. | | | | |
| FALLANY | HFM1 | yes/no | Since (LAST HF MONTH YEAR), [have you/has (SP)] fallen down? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | | (01) HFM2 - FALLTIME (02) HFN1 - MEMLOSS (-8) HFN1 - MEMLOSS (-9) HFN1 - MEMLOSS |
| | | | | [Continuous answer.] Don't Know Refused | | | |
| FALLTIME | HFM2 | numeric | Since (LAST HF MONTH YEAR), how many times [have you/has (SP)] fallen down? ENTER "95" IF 95 OR MORE FALLS REPORTED. | | [have you] respondent is SP [has (SP)] respondent is proxy | | HFM3A - FALLHELP |
| | | | | | | | |
| FALLHELP | HFM3A | yes/no | Thinking about the [most recent] time that [you/(SP)] fell, did (you/he/she) hurt (yourself/himself/herself) badly enough to get medical help? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [most recent] SP fell more than once [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female | | HFM3B - FALCODE |
| | | | | (01) BROKEN BONE/FRACTURE (02) SPRAIN/STRAIN (03) BRUISE (04) CUT/WOUND/LACERATION (05) CONCUSSION (06) DISLOCATION (91) OTHER (96) NO INJURY (-8) Don't Know (-9) Refused | | | (01) HFM3C - FALLIMIT (02) HFM3C - FALLIMIT (03) HFM3C - FALLIMIT (04) HFM3C - FALLIMIT (05) HFM3C - FALLIMIT (06) HFM3C - FALLIMIT (91) HFM3B - FALOTHOS (96) HFM3C - FALLIMIT (-8) HFM3C - FALLIMIT (-9) HFM3C - FALLIMIT |
| FALCODE | HFM3B | code all | What kind of injury did [you/(SP)] have in that (most recent) fall? [PROBE: Anything else?] CHECK ALL THAT APPLY. | (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [most recent] SP fell more than once | | HFM3C - FALLIMIT |
| FALOTHOS | HFM3B | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | | | |
| | | | | | [you] respondent is SP [(SP's)] respondent is proxy [most recent] SP fell more than once [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFM3D - FALLBACK (02) HFM3E - FALLFEAR (-8) HFM3E - FALLFEAR (-9) HFM3E - FALLFEAR |
| FALLIMIT | HFM3C | yes/no | Did [your/(SP's)] (most recent) fall cause (you/him/her) to limit (your/his/her) regular activities? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | |
| | | | | (01) LESS THAN ONE WEEK (02) ONE WEEK OR MORE (03) NEVER RESUMED REGULAR ACTIVITIES (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [most recent] SP fell more than once | | HFM3E - FALLFEAR |
| FALLBACK | HFM3D | code 1 | How long did it take [you/(SP)] to get back to regular activities after (your/his/her) (most recent) fall? | | | | |
| | | | | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | HFN1 - MEMLOSS |
| FALLFEAR | HFM3E | numeric | 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"? | | | | |
| | | | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | HFN2 - PROBDECS |
| MEMLOSS | HFN1 | yes/no | [Do you/Does (SP)] experience memory loss such that it interferes with daily activities? | | | | |
| | | | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | HFN3 - TROBCONC |
| PROBDECS | HFN2 | yes/no | [Do you/Does (SP)] have problems making decisions to the point that it interferes with daily activities? | | | | |

| | | | | | | | |
|----------|----------|---------|---|---|---|--|--|
| TROBCONC | HFN3 | yes/no | [Do you/Does (SP)] have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [[you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female | | HFN4 - TIMESAD |
| TIMESAD | HFN4 | code 1 | SHOW CARD HF4-HF5 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? [WE ARE ASKING FOR A SUBJECTIVE EVALUATION OF THE RESPONDENT'S EMOTIONAL STATE; WE ARE NOT LOOKING FOR A MEDICAL DIAGNOSIS AT THIS QUESTION.] | (01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you were] respondent is SP [(SP) was] respondent is proxy | | HFN5 - LOSTINTR |
| LOSTINTR | HFN5 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFQ1 - LOSTURIN |
| LOSTURIN | HFQ1 | code 1 | SHOW CARD HF2-HF7 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. | (01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP IS ON DIALYSIS OR CATHETERIZATION OR UROSTOMY OR BLADDER BAG (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HFQ2 - TALKURIN (02) HFQ2 - TALKURIN (03) HFQ2 - TALKURIN (04) HFQ2 - TALKURIN (05) HFQ2 - TALKURIN (06) HFQ2 - TALKURIN (07) BOX HFTO (08) BOX HFTO (-8) BOX HFTO (-9) BOX HFTO |
| TALKURIN | HFQ2 | yes/no | [Have you/Has (SP)] talked about this problem with [your/(SP's)] doctor or other medical professional? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | (01) HFQ3 - FEELURIN (02) BOX HFTO (-8) BOX HFTO (-9) BOX HFTO |
| FEELURIN | HFQ3 | yes/no | Has [your/(SP's)] doctor or other medical professional asked (you/him/her) about how (you/he/she) (feel/feels) about this problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [feel] respondent is SP [feels] respondent is proxy | | HFQ4 - REASURIN |
| REASURIN | HFQ4 | yes/no | Has [your/(SP's)] doctor or other medical professional examined (you/him/her) to figure out why (you/he/she) (lose/loses) urine? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [lose] respondent is SP [loses] respondent is proxy | | HFQ5 - SURGURIN |
| SURGURIN | HFQ5 | yes/no | Has [your/(SP's)] doctor or other medical professional talked with (you/him/her) about taking medicine or having surgery for this problem? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFTO |
| | BOX HFTO | routing | IF THIS IS ROUND 67 73, GO TO BOX HFT1. ELSE GO TO BOX HFEND. | | | | |
| | BOX HFT1 | routing | IF HFJ2 - OCHBP = 1/Yes, GO TO HFT1 - HYPETOLD. ELSE GO TO BOX HFEND. | | | | |
| HYPETOLD | HFT1 | code 1 | We have recorded that [you were/(SP) was] told by a doctor that (you had/he had/she had) hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that (you/he/she) had high blood pressure or hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.] | (01) YES (02) NO (03) SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [you had] respondent is SP [he had] respondent is proxy, SP male [she had] respondent is proxy, SP female [Were you] respondent is SP [Was (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [(SP's)] respondent is proxy | | (01) HFT2 - HYPEAGE (02) HFT2 - HYPEAGE (03) BOX HFEND (-8) HFT2 - HYPEAGE (-9) HFT2 - HYPEAGE |

| | | | | | | | |
|-----------------|----------|---------|---|--|---|--|-------------------------|
| HYPEAGE | HFT2 | numeric | How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFT2 - HYPEAGE_LESSONE |
| HYPEAGE_LESSONE | HFT2 | numeric | How old [were you/was (SP)] when (you were/he was/she was) first told that (you/he/she) had high blood pressure? | (01) LESS THAN ONE YEAR OLD (-7) Empty | [were you] respondent is SP [was (SP)] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HFT6D - HYPEHOME |
| HYPEHOME | HFT6D | yes/no | Because of (your/his/her) high blood pressure, [are you/is (SP)] now measuring (your/his/her) blood pressure at home? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [are you] respondent is SP [is (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFT6G - HYPEMEDS |
| HYPEMEDS | HFT6G | yes/no | Because of (your/his/her) high blood pressure, [are you/is (SP)] now taking prescribed medicine for (your/his/her) high blood pressure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [are you] respondent is SP [is (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFT6J - HYPEDRNK |
| HYPEDRNK | HFT6J | yes/no | (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?) | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Have you] respondent is SP [Has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFT2 |
| | BOX HFT2 | routing | IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT7 - HYPELONG. ELSE GO TO HFT12A - HYPECTRL. | | | | |
| HYPELONG | HFT7 | numeric | How long [have you/has (SP)] been treated with prescribed medicines for (your/his/her) high blood pressure? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFT7 - HYPELONG_LESSONE |
| | BOX HFT3 | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO HFT8 - HYPEMANY. ELSE GO TO HFT11A - HYPECOND. | | | | |
| HYPEMANY | HFT8 | numeric | How many different prescribed medicines [do you/does (SP)] take for (your/his/her) high blood pressure? [WE ARE ASKING ABOUT HOW MANY DIFFERENT PRESCRIBED MEDICINES FOR HIGH BLOOD PRESSURE ARE TAKEN BY THE RESPONDENT, NOT THE NUMBER OF PILLS THEY MIGHT TAKE IN ONE DAY.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFT11A - HYPECOND |
| HYPECOND | HFT11A | code 1 | How often [do you/does (SP)] have trouble with side effects from (your/his/her) blood pressure (medicine/medicines)? Please tell me if (you/he/she) always, sometimes, or never (have/has) trouble with side effects. [EXPLAIN IF NECESSARY: By "side effects", I mean that the medicine causes any condition such as fatigue, headache, or coughing.] | (01) ALWAYS (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [do you] respondent is SP [does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [medicine] SP takes one medicine [medicines] SP takes more than one medicine [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [have] respondent is SP [has] respondent is proxy | | HFT12A - HYPECTRL |
| HYPECTRL | HFT12A | code 1 | 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? | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX HFT4 |
| | BOX HFT4 | routing | IF HFT6G - HYPEMEDS = 1/Yes, GO TO HFT13 - HYPEPAY. ELSE GO TO BOX HFEND. | | | | |

| | | | | | | | |
|----------|-------|--------|---|--|--|--|------------------|
| HYPEPAY | HFT13 | yes/no | [Do you/Does (SP)] have difficulty paying for the (medicine/medicines) (your/his/her) doctor prescribes for (your/his/her) high blood pressure? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [medicine] SP only takes one medicine [medicines] SP takes more than one medicine [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | HFT14 - HYPESKIP |
| HYPESKIP | HFT14 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HFEND |

Satisfaction with Care (SCQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|--|--|------------|-----------------|
| MCQUALTY | SC1 | code 1 | <p>SHOW CARD SC1 We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/ since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied you have been with the following:</p> <p>The overall quality of the health care [you have /(SP) has] received [over the past year/since (SURVEY REFERENCE DATE)].</p> | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [over the past year] SP is in supplemental sample or did not receive the Fall supplement sections in the past year [(SURVEY REFERENCE MONTH AND YEAR)] SP not in supplemental sample or received Fall supplement sections in past year [you have] respondent is SP [(SP) has] respondent is proxy [over the past year] SP is in supplemental sample or did not receive the Fall supplement sections in the past year [(SURVEY REFERENCE MONTH AND YEAR)] SP not in supplemental sample or received Fall supplement sections in past year | | SC2 - MCAVAIL |
| MCAVAIL | SC2 | code 1 | <p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The availability of health care at night and on weekends.</p> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | | | SC3 - MCEASE |
| MCEASE | SC3 | code 1 | <p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The ease and convenience of getting to a doctor from where [you/(SP)] [live/lives].</p> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [live] respondent is SP [lives] respondent is proxy | | SC4 - MCCOSTS |
| MCCOSTS | SC4 | code 1 | <p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The out-of-pocket costs [you/(SP)] paid for health care.</p> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | SC5 - MCINFO |
| MCINFO | SC5 | code 1 | <p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The information given to [you/you or (SP)] about what was wrong with [you/(SP)].</p> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you] respondent is SP [you or (SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | | SC6 - MCFOLUP |
| MCFOLUP | SC6 | code 1 | <p>SHOW CARD SC1 [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> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | SC7 - MCCONCRN |
| MCCONCRN | SC7 | code 1 | <p>SHOW CARD SC1 [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> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | SC8 - MCSAMLOC |
| MCSAMLOC | SC8 | code 1 | <p>SHOW CARD SC1 [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> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | SC8A - MCSPECAR |
| MCSPECAR | SC8A | code 1 | <p>SHOW CARD SC1 [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> | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [(SP)] respondent is proxy [feel] respondent is SP [feels] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [need] respondent is SP [needs] respondent is proxy | | SC8B - MCTELANS |
| MCTELANS | SC8B | code 1 | <p>SHOW CARD SC1 [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> | (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | SC8C - MCAMTPAY |

| | | | | | | | |
|----------|-----------|---------|--|--|---|--|--|
| MCAIMPAY | SC8C | code 1 | SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | BOX SC1A |
| | BOX SC1A | routing | IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST. ELSE GO TO SC9 - MDISSFY. | | | | |
| MCDRGLST | SC8D | code 1 | SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] [Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan. [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.] | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | SC8E - MCFNDPCY |
| MCFNDPCY | SC8E | code 1 | SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease of finding a pharmacy which accepts your prescription drug plan. [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.] | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | | | SC8F - MCRECPLN |
| MCRECPLN | SC8F | code 1 | Would [you/(SP)] recommend [your/his/her] prescription drug plan to other people like [you/him/her]? [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.] | (01) YES (02) NO (03) NOT APPLICABLE (-8) Don't Know (-9) Refused | [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | SC8G - DHEVHEAR |
| DHEVHEAR | SC8G | yes/no | [[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 called "Medicare Part D" plans.] In many Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole", during which there is a reduction in coverage and people have to pay a higher share of their drug costs. Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare drug plans? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [[You receive] [your] prescription drug coverage through a [Medicare Prescription Drug Plan] respondent is SP, SP has current Medicare Prescription Drug Plan [[You receive] [your] prescription drug coverage through a [Medicare Advantage Plan] respondent is SP, SP has current Medicare Advantage Plan [[SP] receives] [his] prescription drug coverage through a [Medicare Prescription Drug Plan] respondent is proxy, SP male, SP has current Medicare Prescription Drug Plan [[SP] receives] [his] prescription drug coverage through a [Medicare Advantage Plan] respondent is proxy, SP male, SP has current Medicare Advantage Plan [[SP] receives] [her] prescription drug coverage through a [Medicare Prescription Drug Plan] respondent is proxy, SP female, SP has current Medicare Prescription Drug Plan [[SP] receives] [her] prescription drug coverage through a [Medicare Advantage Plan] respondent is proxy, SP female, SP has current Medicare Advantage Plan [Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans] SP doesn't have current Medicare Prescription Drug Plan or Medicare Advantage Plan | | BOX SC1AA |
| | BOX SC1AA | routing | IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN. ELSE GO TO SC9 - MDISSFY. | | | | |
| DHPLAN | SC8I | yes/no | Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or "doughnut hole"? [EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage during which there is a reduction in coverage and people have to pay a higher share of their drug costs.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)] SP has current medicare prescription drug plan [(CURRENT MEDICARE ADVANTAGE PLAN)] SP has current medicare advantage plan | | (01) SC8L - DHTHISYR (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY |

| | | | | | | |
|---------------------|--------------|-------------------------|--|---|--|--|
| DHTHISYR | SC8L | yes/no | <p>[Have you/Has (SP)] reached the start of the coverage gap during (CURRENT YEAR)?</p> <p>[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 coverage and [you/he/she] will have to pay a higher share of [your/his/her] drug costs.]</p> <p>REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Have you] respondent is SP [Has (SP)] respondent is proxy [you have] respondent is SP [(SP) has] respondent is proxy [you have] respondent is SP [he has] respondent is proxy, SP male [she has] respondent is proxy, SP female [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male</p> | <p>(01) SC8M - DHSTART (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY</p> |
| DHSTART DHSTAROS | SC8M SC8M | code 1 verbatim text | <p>How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap? OTHER (SPECIFY)</p> | <p>(01) SP OR SOMEONE FOR THE SP KEPT TRACK OF TOTAL MEDICINE SPENDING (02) INFORMATION PROVIDED BY THE PART D PLAN (03) INFORMATION PROVIDED BY THE PHARMACY (91) OTHER (-8) Don't Know (-9) Refused (01) [Continuous answer.]</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | <p>(01) SC8N - DHEND (02) SC8N - DHEND (03) SC8N - DHEND (91) SC8M - DHSTAROS (-8) SC8N - DHEND (-9) SC8N - DHEND SC8N - DHEND</p> |
| DHEND | SC8N | yes/no | <p>[Have you/Has (SP)] reached the end of the coverage gap during (CURRENT YEAR)?</p> <p>[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total cost of each prescription and (your/his/her) drug plan pays the remaining amount.]</p> <p>REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy [you have] respondent is SP [he has] respondent is proxy, SP male [she has] respondent is proxy, SP female [you pay] respondent is SP [he pays] respondent is proxy, SP male [she pays] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>(01) SC8O - DHWORRY (02) SC8O - DHWORRY (-8) SC8N - MDISSFY (-9) SC9 - MDISSFY</p> |
| DHWORRY | SC8O | code 1 | <p>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?</p> <p>Would you say that [you/(SP)] [are/is/were/was] very worried, somewhat worried, or not at all worried?</p> | <p>(01) VERY WORRIED (02) SOMEWHAT WORRIED (03) NOT AT ALL WORRIED (-8) Don't Know (-9) Refused</p> | <p>[are] respondent is SP, currently experiencing coverage gap [is] respondent is proxy, SP currently experiencing coverage gap [were] respondent is SP, SP no longer experiencing coverage gap [was] respondent is proxy, SP no longer experiencing coverage gap [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [(SP)] respondent is proxy [are] respondent is SP, currently experiencing coverage gap [is] respondent is proxy, SP currently experiencing coverage gap [were] respondent is SP, SP no longer experiencing coverage gap [was] respondent is proxy, SP no longer experiencing coverage gap</p> | <p>SC9 - MDISSFY</p> |
| MDISSFY | SC9 | verbatim text | <p>Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors, hospitals and pharmacies.</p> <p>What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?</p> | <p>(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused</p> | <p>[(SP)] respondent is proxy [receive] respondent is SP [receives] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [receive] respondent is SP [receives] respondent is proxy</p> | <p>(01) SC10A - MCWORRY (91) SC9 - MCDISVB (-8) SC10A - MCWORRY (-9) SC10A - MCWORRY</p> |
| MCDISVB | SC9 | verbatim text | <p>Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies.</p> <p>What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?</p> | <p>(01) [Continuous answer.]</p> | <p>[(SP)] respondent is proxy [receive] respondent is SP [receives] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [receive] respondent is SP [receives] respondent is proxy</p> | <p>SC10A - MCWORRY</p> |
| MCWORRY | SC10A | list | <p>Please tell me whether each of the following statements is true or false.</p> <p>[You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?]</p> | <p>(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused</p> | <p>[(SP)] respondent is proxy [worry] respondent is SP [worries] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | <p>SC10A - MCAVOID</p> |

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|-----------|----------|---------------|--|--|---|---|
| MCAVOID | SC10A | list | Please tell me whether each of the following statements is true or false. [You/(SP)] will do just about anything to avoid going to the doctor. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | [You] respondent is SP [(SP)] respondent is proxy | SC10A - MCSICK |
| MCSICK | SC10A | list | Please tell me whether each of the following statements is true or false. When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself]. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | [(SP)] respondent is proxy [are] respondent is SP [is] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [try] respondent is SP [tries] respondent is proxy [yourself] respondent is SP [himself] respondent is proxy, SP male [herself] respondent is proxy, SP female | SC10A - MCDRSOON |
| MCDRSOON | SC10A | list | Please tell me whether each of the following statements is true or false. Usually, [you/(SP)] (go/goes) to the doctor as soon as (you/he/she) (start/starts) to feel bad. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | [(SP)] respondent is proxy [go] respondent is SP [goes] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [start] respondent is SP [starts] respondent is proxy | SC11 - MCDRNSEE |
| MCDRNSEE | SC11 | yes/no | 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? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | (01) SC12AA - TEMPCOND1 (02) SC15 - PMNOTGET (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET |
| TEMPCOND1 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] | | SC12AA - TEMPCOND2 |
| TEMPCOND2 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] (-7) Empty | | (01) SC12AA - TEMPCOND3 (-7) SC12A - MCDRATMP |
| TEMPCOND3 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] (-7) Empty | | SC12A - MCDRATMP |
| MCDRATMP | SC12A | yes/no | Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | SC13A - SCRCODES |
| SCRCODES | SC13A | code all | SHOW CARD SC2 This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX SC1B (02) BOX SC1B (03) BOX SC1B (04) BOX SC1B (05) BOX SC1B (06) BOX SC1B (07) BOX SC1B (91) SC13A - SCROTOS (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET |
| SCROTOS | SC13A | verbatim text | OTHER (SPECIFY) IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO SC15 - PMNOTGET. | (01) [Continuous answer.] | | BOX SC1B |
| | BOX SC1B | routing | | | | |

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|----------------------|----------------|---------------------------|---|--|--|--|
| SCRMAIN | SC14A | code 1 | Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) | (01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [this condition] only one condition listed in previous questions (If SC12AA - TEMPCOND2 = empty and SC12AA - TEMPCOND3 = empty) [these conditions] more than one condition listed in previous questions | SC15 - PMNOTGET |
| PMNOTGET | SC15 | yes/no | 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. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | (01) SC16 - TEMPAMED1 (02) SC20 - GENERRX (-8) SC20 - GENERRX (-9) SC20 - GENERRX |
| TEMPMED1 | SC16 | text | What were the names of those medicines? ENTER ALL MEDICINES. | (01) [Continuous answer.] (01) [Continuous answer.] | | SC16 - TEMPAMED2 (01) SC16 - TEMPAMED3 |
| TEMPMED2 | SC16 | text | What were the names of those medicines? ENTER ALL MEDICINES. | (-7) Empty | | (-7) SC17INTR - SCINT2 |
| TEMPMED3 | SC16 | text | What were the names of those medicines? ENTER ALL MEDICINES. | (01) [Continuous answer.] (-7) Empty | | (01) SC16 - TEMPAMED4 (-7) SC17INTR - SCINT2 |
| TEMPMED4 | SC16 | text | What were the names of those medicines? ENTER ALL MEDICINES. | (01) [Continuous answer.] (-7) Empty | | (01) SC16 - TEMPAMED5 (-7) SC17INTR - SCINT2 |
| TEMPMED5 | SC16 | text | What were the names of those medicines? ENTER ALL MEDICINES. | (01) [Continuous answer.] (-7) Empty | | SC17INTR - SCINT2 |
| SCINT2 | SC17INTR | no entry | SHOW CARD SC3 This card lists some reasons people have given for not having prescriptions filled or refilled. | (01) CONTINUE (-7) Empty | | SC17A - SCPMCODS |
| SCPMCODS SCPMOTOS | SC17A SC17A | code all verbatim text | Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]? [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16] [PROBE: Any other reason?] CHECK ALL THAT APPLY. OTHER (SPECIFY) | (01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (07) TROUBLE OBTAINING MEDICINE (08) OBTAINED/USED SAMPLES (09) USED ANOTHER MEDICINE AS A SUBSTITUTION (91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX SC2 (02) BOX SC2 (03) BOX SC2 (04) BOX SC2 (05) BOX SC2 (06) BOX SC2 (07) BOX SC2 (08) BOX SC2 (09) BOX SC2 (91) SC17A - SCPMOTOS (-8) SC20 - GENERRX (-9) SC20 - GENERRX BOX SC2 |
| | BOX SC2 | routing | IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN. ELSE GO TO SC20 - GENERRX. | (01) [Continuous answer.] | | |
| SCPMMAIN | SC18A | code 1 | Which of these was the main reason [you/(SP)] did not obtain [this medicine/these medicines] during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16] | (01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (07) TROUBLE OBTAINING MEDICINE (08) OBTAINED/USED SAMPLES (09) USED ANOTHER MEDICINE AS A SUBSTITUTION (91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [this medicine] one medicine listed [these medicines] more than one medicine listed | SC20 - GENERRX |
| GENERRX | SC20 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... asked for generics instead of brand name drugs? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC20 - MAILRX |

| | | | | | | |
|----------|------|------|---|---|--|-----------------|
| MAILRX | SC20 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... purchased prescription drugs through the mail or on the Internet? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC20 - DOESRX |
| DOESRX | SC20 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... taken smaller doses than prescribed of a medicine to make the medicine last longer? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC20 - SKIPRX |
| SKIPRX | SC20 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... skipped doses to make the medicine last longer? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC20 - DELAYRX |
| DELAYRX | SC20 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... delayed getting a prescription filled because the medicine cost too much? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC21 - SAMPLERX |
| SAMPLERX | SC21 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... asked for or received free samples from (your/his/her) doctor or health provider? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | SC21 - COMPARRX |
| COMPARRX | SC21 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... compared prices or shopped around for the best price? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC21 - NOFILLRX |
| NOFILLRX | SC21 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... decided not to fill a prescription because it cost too much? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC21 - SPENTLRX |
| SPENTLRX | SC21 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... spent less money on food, heat, or other basic needs so that (you/he/she) would have money for medicine? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | SC22 - CHAINRX |
| CHAINRX | SC22 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy | SC22 - STOPRX |
| STOPRX | SC22 | list | SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never... talked with (your/his/her) doctor about stopping a medicine to save money or substituting a medicine with one that is less expensive? | (01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | SC22 - CREDRX |

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|---------|-----------|---------|--|--|---|----------------|
| CREDRX | SC22 | list | <p>SHOW CARD SC4</p> <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> <p>used a credit card so that (you/he/she) could pay for prescription drugs over time?</p> | <p>(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy [Have you] respondent is SP [has (SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female</p> | SC23 - NOINSRX |
| NOINSRX | SC23 | code 1 | <p>SHOW CARD SC4</p> <p>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.</p> <p>Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?</p> | <p>(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | BOX SCEND |
| | BOX SCEND | routing | GO TO NEXT SECTION | | | |

Usual Source of Care (USQ)/Patient Perceptions of Integrated Care (PPIC): Sections have been merged and de-duplicated

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text fills | Routing |
|---------------|----------------|---------------|---|---|---|--|
| PLACEPAR | US1 | yes/no | 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? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [go] respondent is SP [goes] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP is male [she is] respondent is proxy, SP is female [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female | (01) US2 - PLACEKND (02) US39 - NUSNOTSK (-8) PPS7-RATECARE (-9) PPS7-RATECARE |
| PLACEKND | US2 | code one | 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 medical provider's office, a hospital, or some other place? IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where is this? | (01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER (91) OTHER (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP is male [she is] respondent is proxy, SP is female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female | (01) BOX USB (02) BOX USB (03) US3A - CLNAME (04) US3A - CLNAME (05) US3A - CLNAME (06) US3A - CLNAME (07) US3A - CLNAME (08) US3A - CLNAME (09) US3A - CLNAME (10) US5A - MDNAME (11) US3A - CLNAME (12) US3A - CLNAME (13) US3A - CLNAME (14) US3A - CLNAME (91) US2 - PLACEOS (-8) US3A - CLNAME (-9) US3A - CLNAME |
| PLACEOS | US2 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | US3A - CLNAME |
| | BOX USB | routing | IF SP WAS COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO US2A - PLACEMCP. ELSE IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME. ELSE GO TO US3A - CLNAME. | | | |
| PLACEMCP | US2A | yes/no | Is this (medical provider/medical clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [medical provider] If US2 - PLACEKND=1/DoctorsOffice [medical clinic] If US2 - PLACEKND is not equal to 1/DoctorsOffice [you] - respondent is SP [his] - respondent is proxy, SP is male [her] - respondent is proxy, SP is female | BOX USC |
| | BOX USC | routing | IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME. ELSE GO TO US3A - CLNAME. | | | |
| CLNAME | US3A | verbatim text | What is the complete name of the [place/managed care plan or HMO center/(US2 RESPONSE)] that [you go to/(SP) goes to]? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.] | (01) continuous answer | [place] US2 - PLACEKND=DK or RF [managed care plan or HMO center] US2 - PLACEKND=3/HMO Else if US2 - PLACEKND=91/Other, display US2 Other specify response, US2 - PLACEOS. Else display US2 - PLACEKND response. [you go to] respondent is SP [(SP) goes to] respondent is proxy | US4 - USJALDOC |
| USJALDOC | US4 | yes/no | Is there a particular medical provider [you usually see/(SP) usually sees] at this [place/managed care plan or HMO center/(US2 RESPONSE)] ? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you usually see] respondent is SP [(SP) usually sees] respondent is proxy [place] US2 - PLACEKND=DK or RF [managed care plan or HMO center] US2 - PLACEKND=3/HMO Else if US2 - PLACEKND=91/Other, display US2 Other specify response, US2 - PLACEOS. Else display US2 - PLACEKND response. | (01) US5A - MDNAME (02) BOX US1 (-8) US8 - GETUSHOW (-9) US8 - GETUSHOW |
| MDNAME | US5A | verbatim text | What is the complete name of that medical provider? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.] | (01) CONTINUOUS ANSWER | | US5B-MDSEX |
| MDSEX | US5B | code one | Is (US5A PROVIDER NAME) a male or female? | (01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED | | US6A - MDSPEC |

| | | | | | | |
|----------------|---------|---------------|---|--|--|--|
| MDSPEC | US6A | code one | SHOW CARD AC1 What is [US5A PROVIDER NAME]'s specialty? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.] | (01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/ METABOLISM (DIABETES, THYROID) (08) FAMILY PRACTICE (09) GASTROENTEROLOGY (10) GENERAL PRACTICE (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (15) HOSPITAL RESIDENCE (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (19) NUCLEAR MEDICINE (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) | | (01)-(05) BOX US1 (07)-(35) BOX US1 (91) US6A - MDSPECOS (-8) BOX US1 (-9) BOX US1 |
| MDSPECOS | US6A | text | OTHER DR SPECIALTY (SPECIFY) [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.] | (01) CONTINUOUS ANSWER | | BOX US1 |
| | BOX US1 | routing | IF US2 - PLACEKND = 10/AtHome, GO TO US15 - USHOWLNG. ELSE GO TO US8 - GETUSHOW. | | | |
| GETUSHOW | US8 | code one | How [do you/does (SP)] usually get to [[US5A PROVIDER NAME]'s office/(US3A PROVIDER NAME)]? [EXPLAIN IF NEEDED: [Do you/Does (SP)] get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?] | (01) WALKING (02) DRIVING (03) BEING DRIVEN (04) AMBULANCE OR OTHER SPECIAL VEHICLE (05) TAXI (06) OTHER PUBLIC TRANSPORTATION (07) DR. USUALLY COMES TO HOME (91) SOME OTHER WAY (-8) DON'T KNOW (-9) REFUSED | [do you] respondent is SP [does (SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice) or (US4 - USUALDOC=1/Yes), Display "[US5A PROVIDER NAME]'s office". Display US5A - MDNAME provider name. Else Display "[US3A PROVIDER NAME]". Display US3A - CLNAME provider name. [Do you] respondent is SP [Does (SP)] respondent is proxy | (01) US9 - GETUSUNT (02) US9 - GETUSUNT (03) US9 - GETUSUNT (04) US9 - GETUSUNT (05) US9 - GETUSUNT (06) US9 - GETUSUNT (07) US15 - USHOWLNG (91) US8 - GETUSOS (-8) US15 - USHOWLNG (-9) US15 - USHOWLNG |
| GETUSOS | US8 | verbatim text | SOME OTHER WAY (SPECIFY) | (01) continuous answer | | US9 - GETUSUNT |
| GETUSUNT | US9 | code one | About how long does it usually take for [you/(SP)] to get there? | (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | (01) US9 - GETUSHRS (02) US9 - GETUSMIN (03) US9 - GETUSHRS (-8) US10 - ACCOMPUS (-9) US10 - ACCOMPUS |
| GETUSHRS | US9 | numeric | | (01) CONTINUOUS ANSWER | | If US9 GETUSUNT=3/HoursAndMinutes go to US9 - GETUSMIN. Else go to US10 - ACCOMPUS. |
| GETUSMIN | US9 | numeric | | (01) CONTINUOUS ANSWER | | US10 - ACCOMPUS |
| ACCOMPUS | US10 | yes/no | [Do you/Does (SP)] usually have someone accompany [you/him/her] there? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female | (01) US11 - PERSON_USUALGO (02) US15 - USHOWLNG (-8) US15 - USHOWLNG (-9) US15 - USHOWLNG |
| PERSON_USUALGO | US11 | roster | Who usually goes with [you/(SP)]? SELECT OR ADD ONLY ONE PERSON | (01) CONTINUOUS ANSWER | [you] respondent is SP [(SP)] respondent is proxy | US11A1 - PERSWITH |
| PERSWITH | US11A1 | code one | How often [are you/is that person] with [you/(SP)] while [you/(SP)] [see/sees] the medical provider or other medical person? Would you say always, sometimes, or never? | (01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED | [are you] respondent is proxy [is that person] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [see] respondent is SP [sees] respondent is proxy | US11AA - ACCREAS |
| ACCREAS | US11AA | code all | What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there? What [do you/does this person] do? [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS (02) GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR (03) EXPLAINS DOCTOR'S INSTRUCTIONS TO SP (04) ASKS QUESTIONS (05) TRANSLATES LANGUAGE (06) SCHEDULES APPOINTMENTS (07) NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT (08) TRANSPORTATION (09) SP NEEDS PHYSICAL ASSISTANCE (91) OTHER (-8) DON'T KNOW (-9) REFUSED | If proxy interview and person selected at US11 is proxy, display "you accompany (SP)". Else if proxy interview and person selected at US11 is not the proxy, display "this person accompanies (SP)". Else display "this person accompanies you". If proxy interview and person selected at US11 is proxy, display "do you". Else display "does this person". | (01) US15 - USHOWLNG (02) US15 - USHOWLNG (03) US15 - USHOWLNG (04) US15 - USHOWLNG (05) US15 - USHOWLNG (06) US15 - USHOWLNG (07) US15 - USHOWLNG (08) US15 - USHOWLNG (09) US15 - USHOWLNG (91) US11AA - ACCOTHOS (-8) US15 - USHOWLNG (-9) US15 - USHOWLNG |
| ACCOOTHOS | US11AA | verbatim text | OTHER (SPECIFY) | (01) continuous answer | | US15 - USHOWLNG |

| | | | | | | |
|------------|------|----------|---|--|--|--|
| USHOWLNG | US15 | code one | SHOW CARD US1 How long [have you/has (SP)] been [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)]? | (01) LESS THAN 1 YEAR (02) 1 YEAR TO LESS THAN 3 YEARS (03) 3 YEARS TO LESS THAN 5 YEARS (04) 5 YEARS TO LESS THAN 10 YEARS (05) 10 YEARS OR MORE (-8) DON'T KNOW (-9) REFUSED | [have you] respondent is SP [has SP] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "seeing (US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "going to (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | (01) US17 - PREVMEDC (02) PP1- REMINDAPPT (03) PP1- REMINDAPPT (04) PP1- REMINDAPPT (05) PP1- REMINDAPPT (-8) PP1- REMINDAPPT (-9) PP1- REMINDAPPT |
| PREVMEDC | US17 | yes/no | 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 medical provider for medical care? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "seeing (US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "going to (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP1- REMINDAPPT |
| REMINDAPPT | PP1 | yes/no | The next questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)]. Some offices remind patients about appointments. Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)], did [you/he/she] get a reminder from [(US5A PROVIDER NAME)'s office /(US3A PROVIDER NAME)] about the appointment? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [your] respondent is SP [(SP)'s] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP2- PREPARE |
| PREPARE | PP2 | yes/no | Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)], did [you/he/she] get instructions telling [you/him/her] what to expect or how to prepare? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female [you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP3- APPTCANCEL |
| APPTCANCEL | PP3 | code one | Now I'm going to read you questions about the medical providers you have seen in the last six months, that is since [CurrentMonth - 6]. In the last six months, how often has [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)] canceled or changed the date of an appointment? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP4- APPTMISS |
| APPTMISS | PP4 | code one | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] People have busy lives and miss appointments for many reasons. In the last six months, how often did [you/(SP)] miss an appointment with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)]? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | (01) PP6- PPREPEAT (02) PP5- APPTNEW (03) PP5- APPTNEW (04) PP5- APPTNEW (-8) PP6- PPREPEAT (-9) PP6- PPREPEAT |
| APPTNEW | PP5 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, when [you/(SP)] missed an appointment with US5A PROVIDER NAME/(US3A PROVIDER NAME), how often did someone from [(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)] contact [you/him/her] to make a new appointment? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP6- PPREPEAT |

| | | | | | | |
|-------------|------|----------|--|--|---|------------------|
| PPREPEAT | PP6 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [you/(SP)] have to repeat information that [you/(SP)] had already provided during the same visit? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | PP7- PPINFO |
| PPINFO | PP7 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] seem to know the important information about [your/(SP)'s] medical history? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP8- DOCLIFE |
| DOCLIFE | PP8 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ask about things in [your/(SP)'s] work or life at home that affect [your/(SP)'s] life? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP9- EXPLAINEASY |
| EXPLAINEASY | PP9 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] explain things in a way that was easy [for (SP)] to understand? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [for (SP)] respondent is proxy | PP10- PPLISTEN |
| PPLISTEN | PP10 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] listen carefully to [you/(SP)]? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP11- PPREPECT |
| PPREPECT | PP11 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] show respect for what [you/(SP)] had to say? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP12- ENOUGHTIME |
| ENOUGHTIME | PP12 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] spend enough time with [you/(SP)]? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP13- PPIDEAS |
| PPIDEAS | PP13 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ask whether [you/(SP)] had ideas about how to improve [your/his/her] health? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy | PP14- PPVALUE |
| PPVALUE | PP14 | code one | How would you rate [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] knowledge of [your/(SP)'s] values and beliefs that are important to [your/his/her] health care? | (01) POOR (02) FAIR (03) GOOD (04) EXCELLENT (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP15- SETGOAL |

| | | | | | | |
|----------|------|----------|---|---|--|---|
| SETGOAL | PP15 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].]</p> <p>In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] talk with [you/(SP)] about setting goals for [your/his/her] health?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[your] respondent is SP [(SP's)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | <p>(01) PP16- MEETGOAL (02) PP16- MEETGOAL (03) PP17-OSTAFF (-8) PP17-OSTAFF (-9) PP17-OSTAFF</p> |
| MEETGOAL | PP16 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].]</p> <p>In the last six months, did the care [you/(SP)] received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] help [you/(SP)] meet [your/his/her] goals?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | US27-USCKEVRY |
| USCKEVRY | US27 | list | <p>SHOW CARD U+D4653</p> <p>Now I am going to read some statements people have made about their health care. Think about the care [you receive/(SP) receives] from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.</p> <p>[(US5A PROVIDER NAME) is/The medical providers at (US3A PROVIDER NAME) are] very careful to check everything when examining (you/him/her).</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>[you receive] respondent is SP [(SP) receives] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> | US27 - USCOMPET |
| USCOMPET | US27 | list | <p>SHOW CARD US3</p> <p>[(US5A PROVIDER NAME) is/The medical providers at (US3A PROVIDER NAME) are] competent and well-trained.</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) is". Display US5A - MDNAME provider name.</p> <p>Else Display "The medical providers at (US3A PROVIDER NAME) are". Display US3A - CLNAME provider name.</p> | US27-USUNWRNG |
| USUNWRNG | US27 | list | <p>SHOW CARD US3</p> <p>[(US5A PROVIDER NAME) has/The medical providers at (US3A PROVIDER NAME) have] a complete understanding of the things that are wrong with [you/him/her].</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) has". Display US5A - MDNAME provider name.</p> <p>Else Display "The medical providers at (US3A PROVIDER NAME) have". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | US27 - USHURRY |
| USHURRY | US27 | list | <p>SHOW CARD US3</p> <p>[(US5A PROVIDER NAME) often seems/The medical providers at (US3A PROVIDER NAME)] often (seem/seems) to be in a hurry.</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) often seems". Display US5A - MDNAME provider name.</p> <p>Else Display "The medical providers at (US3A PROVIDER NAME) often seem". Display US3A - CLNAME provider name.</p> | US32 - USEXPPRB |
| USEXPPRB | US32 | list | <p>SHOW CARD 452 US3</p> <p>[Think about the care [you/(SP)] [receive/receives] from [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)].]</p> <p>[(US5A PROVIDER NAME) often does/The medical providers at (US3A PROVIDER NAME)] often (does/do) not explain (your/his/her) medical problems to (you/him/her).</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[receive] respondent is SP [receives] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) often does". Else Display "The medical providers at (US3A PROVIDER NAME) often do". Display US3A - CLNAME provider name.</p> <p>[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> <p>[him] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | US32 - USDISCUS |
| USDISCUS | US32 | list | <p>SHOW CARD US3</p> <p>[You/(SP)] often (have/has) health problems that should be discussed but are not.</p> | <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> | <p>[You] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy</p> | US32 - USFAVOR |

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| USFAVOR | US32 | list | SHOW CARD US3 [[US5A PROVIDER NAME] often acts/The medical providers at (US3A PROVIDER NAME) often act] as though [(he/she) was/they were] doing [you/(SP)] a favor by talking to (you/him/her). | (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) often acts". Else Display "The medical providers at (US3A PROVIDER NAME) often act". Display US3A - CLNAME provider name. If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(he/she) was". Always display "(he/she)" in parenthesis. Else display "they were". [you] respondent is SP [(SP)] respondent is proxy [him] respondent is proxy, SP male [her] respondent is proxy, SP female | US32 - USTELALL |
| USTELALL | US32 | list | SHOW CARD US3 [[US5A PROVIDER NAME] tells/The medical providers at (US3A PROVIDER NAME) tell] (you/him/her) all (you want/he wants/she wants) to know about (your/his/her) condition and treatment. | (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) tells". Else Display "The medical providers at (US3A PROVIDER NAME) tell". Display US3A - CLNAME provider name. [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female [you want] respondent is SP [he wants] respondent is proxy, SP male [she wants] respondent is proxy, SP female [his] respondent is proxy, SP male [her] respondent is proxy, SP female | US32 - USANSQUX |
| USANSQUX | US32 | list | SHOW CARD US3 [[US5A PROVIDER NAME] answers/The medical providers at (US3A PROVIDER NAME) answer] all (your/his/her) questions. | (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME) answers". Else Display "The medical providers at (US3A PROVIDER NAME) answer". Display US3A - CLNAME provider name. [you] respondent is SP [his] respondent is proxy [her] respondent is SP | US37 - USCONFID |
| USCONFID | US37 | list | SHOW CARD US3 [Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).] [You have/(SP) has] great confidence in (US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]. | (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [receive] respondent is SP [receives] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [You have] respondent is SP [(SP) has] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "The medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. Always display brackets around question text. | US37 - USDEPEND |
| USDEPEND | US37 | list | SHOW CARD US3 [You depend/(SP) depends] on [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] in order to feel better both physically and emotionally. | (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | [You depend] respondent is SP [(SP) depends] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "The medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP17-OSTAFF |
| OSTAFF | PP17 | yes/no | People often get instructions about their health from more than one person in the same office, such as other medical providers, nurses, nutritionists, and social workers. [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, did [you/(SP)] get any instructions about your health from any other staff [in (US5A PROVIDER NAME)'s office/ at (US3A PROVIDER NAME)]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "in (US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | (01) PP18- OSAWARE (02) PP21- OSTEST (-8) PP21- OSTEST (-9) PP21- OSTEST |
| OSAWARE | PP18 | code one | SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, how often did these other staff seem up-to-date about the care [you were/(SP) was] receiving from [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)]? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP19- OSCARE |

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| OS CARE | PP19 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did these other staff talk with [you/(SP)] about care [you/he/she] [were/was] receiving from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female</p> <p>[were] respondent is SP [was] respondent is proxy</p> | PP20- OSINFO |
| OSINFO | PP20 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did these other staff seem to know the important information about [your/(SP)'s] medical history?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP [(SP)'s] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> | PP21- OSTEST |
| OSTEST | PP21 | yes/no | <p>The next set of questions ask about the care you received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office.</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office order a blood test, x-ray, or other test for [you/(SP)]?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in(01,02)</p> <p>if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDEX not in(01,02)</p> | <p>(01) PP22- OSFOLLOWUP (02) PP25- PPHARD (-8) PP25- PPHARD (-9) PP25 - PPHARD</p> |
| OSFOLLOWUP | PP22 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, when [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone from [his/her/their] office ordered a blood test, x-ray, or other test for [you/(SP)], how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone from [his/her/their] office follow up to give [you/(SP)] those results?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDEX not in(01,02)</p> <p>if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)] If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDEX not in(01,02)</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> | PP23- REQUEST |
| REQUEST | PP23 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [you/(SP)] have to request [your/his/her] test results before [you/he/she] got them?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> <p>[you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female</p> | PP24- TESTCLEAR |
| TESTCLEAR | PP24 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often were [your/(SP)'s] test results presented in a way that was easy to understand?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP [(SP)'s] respondent is proxy</p> | PP25- PPHARD |

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| PPHARD | PP25 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, were there things that made it hard for [you/(SP)] to take care of your health?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> | <p>(01) PP26- ASKHARD (02) PP26 - ASKHARD (03) PP28- PPIDENTIFY (-8) PP28- PPIDENTIFY (-9) PP28- PPIDENTIFY</p> |
| ASKHARD | PP26 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office ask you about these things that made it hard for [you/(SP)] to take care of [your/his/her] health?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his]-US5B-MDSEX = 01/MALE [her]-US5B-MDSEX = 02/FEMALE [their]-US5B-MDSEX not in(01,02) if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | <p>PP27- PLANHARD</p> |
| PLANHARD | PP27 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did you and [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office come up with a plan to help [you/(SP)] deal with the things that make it hard for [you/(SP)] to take care of [your/his/her] health?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his]-US5B-MDSEX = 01/MALE [her]-US5B-MDSEX = 02/FEMALE [their]-US5B-MDSEX not in(01,02) if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | <p>PP28- PPIDENTIFY</p> |
| PPIDENTIFY | PP28 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office help you identify the most important things for [you/(SP)] to do for [your/his/her] health?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his]-US5B-MDSEX = 01/MALE [her]-US5B-MDSEX = 02/FEMALE [their]-US5B-MDSEX not in(01,02) if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | <p>PP29- PPSERVICES</p> |
| PPSERVICES | PP29 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [you/(SP)] need services at home to help [you/him/her] take care of [your/his/her] health?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> <p>[you] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | <p>(01) PP30- HELPGET (02) PP31- PPINSTRUCTIONS (-8) PP31- PPINSTRUCTIONS (-9) PP31- PPINSTRUCTIONS</p> |

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| HELPGET | PP30 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office help [you/SP] get these services at home to take care of [your/his/her] health?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in (01,02) if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [[SP]] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP31- PPINSTRUCTIONS |
| PPINSTRUCTIONS | PP31 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office give [you/SP] instructions about how to take care of [your/his/her] health?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in (01,02) if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [[SP]] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | (01) PP32- PPFOLLOWUP (02) PP34- KNOWASK (-8) PP34- KNOWASK (-9) PP34- KNOWASK |
| PPFOLLOWUP | PP32 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often [were you/was (SP)] able to follow these instructions about taking care of [your/his/her] health?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[were you] respondent is SP [was (SP)] respondent is proxy</p> | PP33- INSTUHELP |
| INSTUHELP | PP33 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did the instructions [you/SP] received help [you/him/her] take care of [your/his/her] health?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [[SP]] respondent is proxy</p> <p>[you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP34- KNOWASK |
| KNOWASK | PP34 | code one | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, if [you /(SP)] had any trouble taking care of [your/his/her] health at home, would [you/he/she] know who to ask for help?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [[SP]] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> <p>[you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female</p> | PP35- PPMED |
| PPMED | PP35 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [you/SP] take any prescription medicine?</p> <p>[THIS IS DIFFERENT FROM THE PRESCRIPTION DRUG WHERE WE ASK IF THE R HAD ANY PRESCRIPTIONS FILLED]</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [[SP]] respondent is proxy</p> | (01) PP36- HOWMED (02) PP39- CONTACTBW (-8) PP39- CONTACTBW (-9) PP39- CONTACTBW |

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| HOWMED | PP36 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office talk with [you/(SP)] about how [you were/he was/she was] supposed to take [your/his/her] medicine?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in (01,02) if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP37- ASPRESCRIBED |
| ASPRESCRIBED | PP37 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>There are many reasons why people may not always be able to take their medicines as prescribed. In the last six months, how often [were you/was (SP)] able to take [your/his/her] medicine as prescribed?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[were you] respondent is SP [was (SP)] respondent is proxy</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP38- REACTION |
| REACTION | PP38 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office talk with [you/(SP)] about what to do if [you have/he has/she has] a bad reaction to [your/his/her] medicine?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in (01,02) if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[you have] respondent is SP [he has] respondent is proxy, SP is male [she has] respondent is proxy, SP is female</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP39- CONTACTBW |
| CONTACTBW | PP39 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, how often did [[US5A PROVIDER NAME]/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office contact [you/(SP)] between visits to see how [you were/he was/she was] doing?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in (01,02) if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUSALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their]</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female</p> | PP40- MEDQAFTER |
| MEDQAFTER | PP40 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did [you/(SP)] try to contact [[US5A PROVIDER NAME]'s office/(US3A PROVIDER NAME)] with a medical question after regular office hours?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> | <p>(01) PP41- QTIMELY (02) PP42- SPCLCARE (-8) PP42- SPCLCARE (-9) PP42- SPCLCARE</p> |

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| QTIMELY | PP41 | code one | <p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, when [you/(SP)] tried to contact [(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)] after regular office hours, how often did [you/he/she] get an answer to [your/his/her] medical question in a timely manner?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female</p> <p>[your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female</p> | PP42-SPCLCARE |
| SPCLCARE | PP42 | yes/no | <p>SHOW CARD #55 AC1</p> <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>Specialists are medical providers who specialize in one area of health care. This card lists some examples of specialists.</p> <p>In the last six months, did [you/(SP)] receive care from any specialists outside the office of [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> | <p>(01) PP43- DRINFORMED (02) PP50- ADMITHOS (-8) PP50 - ADMITHOS (-9) PP50 - ADMITHOS</p> |
| DRINFORMED | PP43 | code one | <p>SHOW CARD US2</p> <p>In general, how often (does/do) [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] seem informed and up-to-date about the care [you/(SP)] (get/gets) from specialists?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[does] if (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes) [do] if US3A-CLNAME is displayed below</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[get] respondent is SP [gets] respondent is proxy</p> | PP44-REMINDDR |
| REMINDDR | PP44 | code one | <p>SHOW CARD US2</p> <p>In general, how often (do/does) [you/(SP)] have to remind [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] about care [you/(SP)] (receive/receives) from specialists?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[does] respondent is proxy [do] respondent is SP</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> <p>[receive] respondent is SP [receives] respondent is proxy</p> | PP45-SPCLSTPM |
| SPCLSTPM | PP45 | yes/no | <p>[IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].]</p> <p>In the last six months, did any specialists outside the [office of (US5A PROVIDER NAME)/(US3A PROVIDER NAME)] prescribe medicine for [you/(SP)]?</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "the office of(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> | <p>(01) PP46- TALKPMS (02) PP47- SPLKNOW (-8) PP47 - SPLKNOW (-9) PP47- SPLKNOW</p> |
| TALKPMS | PP46 | code one | <p>SHOW CARD US2</p> <p>In general, how often (does/do) [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] talk with [you/(SP)] about the medicines prescribed by these specialists?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>[does] if (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes) [do] if US3A-CLNAME is displayed below</p> <p>If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name.</p> <p>[you] respondent is SP [(SP)] respondent is proxy</p> | US37E1-SPCLNAME |

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| SPCLNAME | US37E1 | verbatim text | The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the last six months outside the [office of (US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]. [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] First, what is the name of the specialist [you/(SP)] saw most often in the last six months? | (01) continuous answer (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "office of (US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | US37E2-SPCLSEX |
| SPCLSEX | US37E2 | code one | Is [(US37E1 PROVIDER NAME)/the specialist you saw most often in the last six months] a male or female? | (01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED | [(US37E1 PROVIDER NAME)] US37E1 NE -8 or -9 [the specialist you saw most often in the last six months] US37E1 in(-8,-9) | PP47- SPLKNOW |
| SPLKNOW | PP47 | code one | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the last six months outside the [office of (US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]. When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], does [he/she/he or she] seem to know enough information about [your/his/her] medical history? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you see] respondent is SP [(SP) sees] respondent is proxy [(US37E1-SPCLNAME)] US37E1 NE -8 or -9 [this specialist] US37E1 in(-8,-9) [he] US37E2 = 01 [she] US37E2 = 02 [this specialist] US37E2 NE 1 or 2 [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP48- SPLREPEAT |
| SPLREPEAT | PP48 | code one | SHOW CARD US2 When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often [do you/does he/does she] have to repeat information that [you have/he has/she has] already given to [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you see] respondent is SP [(SP) sees] respondent is proxy [(US37E1-SPCLNAME)] US37E1 NE -8 or -9 [this specialist] US37E1 in(-8,-9) [do you] respondent is SP [does he] respondent is proxy, SP is male [does she] respondent is proxy, SP if female [you have] respondent is SP [he has] respondent is proxy, SP is male [she has] respondent is proxy, SP is female If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NA | PP49- SPLKNTST |
| SPLKNTST | PP49 | code one | SHOW CARD US2 When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often does [he/she/he or she] seem to know [your/(SP)'s] important test results from other providers? | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | [you see] respondent is SP [(SP) sees] respondent is proxy [(US37E1-SPCLNAME)] US37E1 NE -8 or -9 [this specialist] US37E1 in(-8,-9) [your] respondent is SP [(SP)'s] respondent is proxy | PP50-ADMITHOS |
| ADMITHOS | PP50 | yes/no | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth – 6].] In the last six months, [were you/was (SP)] admitted to a hospital overnight or longer? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [were you] respondent is SP [was (SP)] respondent is proxy | (01) PP51- HOSFLWUP (02) PP57- RATECARE (-8) PP57- RATECARE (-9) PP57- RATECARE |
| HOSFLWUP | PP51 | yes/no | After [your/(SP)'s] most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office contact [you/him/her] to see how [you were/he was/she was] doing? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [his] US5B-MDSEX = 01/MALE [her] US5B-MDSEX = 02/FEMALE [their] US5B-MDSEX not in(01,02) if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their] [you] respondent is SP [him] respondent is proxy, SP is male [her] respondent is proxy, SP is female [you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female | PP52- HOSMED |
| HOSMED | PP52 | yes/no | After [your/(SP)'s] most recent hospital stay, [were you/was (SP)] prescribed any medicines? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | (01) PP53- HOSFOLLOWUP (02) PP54- HOSINSTU (-8) PP54- HOSINSTU (-9) PP54- HOSINSTU |

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| HOSFOLLOWUP | PP53 | yes/no | After (your/(SP)'s) most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office contact [you/SP] to check if [you were/he was/she was] able to follow instructions about any medicines [you were/he was/she was] prescribed? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. [his]-US5B-MDSEX=01/MALE [he]-US5B-MDSEX=02/FEMALE [their]-US5B-MDSEX=not-in(01,02) if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [his] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [her] else fill [their] [you] respondent is SP [SP] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female [you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female | PP54- HOSINSTU |
| HOSINSTU | PP54 | yes/no | After (your/(SP)'s) most recent hospital stay, (were you/was he/was she) given instructions about caring for [yourself/himself/herself] at home? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy [were you] respondent is SP [was he] respondent is proxy, SP is male [was she] respondent is proxy, SP is female [yourself] respondent is SP [himself] respondent is proxy, SP is male [herself] respondent is proxy, SP is female | (01) PP55- INSTUEASY (02) PP56- HOSINFO (-8) PP56- HOSINFO (-9) PP56- HOSINFO |
| INSTUEASY | PP55 | code one | After (your/(SP)'s) most recent hospital stay, were the instructions [you were/(SP) was] given easy to understand? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy [you were] respondent is SP [(SP) was] respondent is proxy | PP56- HOSINFO |
| HOSINFO | PP56 | code one | After (your/(SP)'s) most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] seem to know the important information about this hospital stay? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)'s office". Display US5A - MDNAME provider name. Else Display "(US3A PROVIDER NAME)". Display US3A - CLNAME provider name. | PP57- RATECARE |
| RATECARE | PP57 | code one | SHOW CARD PP1 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all [your/(SP)'s] health care in the last six months? | (00) 0 WORST HEALTH CARE POSSIBLE (01) 1 (02) 2 (03) 3 (04) 4 (05) 5 (06) 6 (07) 7 (08) 8 (09) 9 (10) 10 BEST HEALTH CARE POSSIBLE | [your] respondent is SP [(SP)'s] respondent is proxy | PP58- RATEMANAGE |
| RATEMANAGE | PP58 | code one | SHOW CARD PP2 [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed. Using any number from 0 to 10, where 0 is hard and 10 is easy, what number would you use to rate how easy it was for [you/(SP)] to manage [your/his/her] medical care in the last six months? | (00) 0 HARD TO MANAGE (01) 1 (02) 2 (03) 3 (04) 4 (05) 5 (06) 6 (07) 7 (08) 8 (09) 9 (10) 10 EASY TO MANAGE | [your] respondent is SP [(SP)'s] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP59- DOCKNOWALL |
| DOCKNOWALL | PP59 | code one | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, was there one provider who knew about all [your/(SP)'s] medical care needs? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | PP60- KNOWMEDS |
| KNOWMEDS | PP60 | code one | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, was there one provider who knew about all the medicines [you were/(SP) was] taking? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you were] respondent is SP [(SP) was] respondent is proxy | PP61- KNOWPERSON |
| KNOWPERSON | PP61 | code one | [IF NEEDED: This question is about the last six months, that is since [CurrentMonth - 6].] In the last six months, was there one provider who knew [you/(SP)] well as a person? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?] | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PP62- PROB_INFO |

| | | | | | | |
|----------------|-------|----------|---|--|--|---|
| PROB_INFO | PP62 | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>The next questions are about problems you might have had with your health care.</p> <p>SHOWCARD PP3</p> <p>In the last six months, how much of a problem was each of these to [you/(SP)]?</p> <p>Lack of information about [your/(SP)'s] medical conditions?</p> | (01) NOT A PROBLEM AT ALL (02) A SMALL PROBLEM (03) A MODERATE PROBLEM (04) A BIG PROBLEM (05) A VERY BIG PROBLEM (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP)'s] respondent is proxy | PP63- PROB_TRMT |
| PROB_TRMT | PP63 | code one | <p>SHOWCARD PP3</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>[IF NEEDED: In the last six months, how much of a problem was each of these to [you/(SP)]?</p> <p>Lack of information about treatment options?</p> | (01) NOT A PROBLEM AT ALL (02) A SMALL PROBLEM (03) A MODERATE PROBLEM (04) A BIG PROBLEM (05) A VERY BIG PROBLEM (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PP64- PROB_CNCRNS |
| PROB_CNCRNS | PP64 | code one | <p>SHOWCARD PP3</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>[IF NEEDED: In the last six months, how much of a problem was each of these to [you/(SP)]?</p> <p>Bringing up concerns about [your/(SP)'s] health or health care with [your/his/her] providers?</p> | (01) NOT A PROBLEM AT ALL (02) A SMALL PROBLEM (03) A MODERATE PROBLEM (04) A BIG PROBLEM (05) A VERY BIG PROBLEM (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP)'s] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female | PP65- ASST_MED |
| ASST_MED | PP65 | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did [you/(SP)] ever need assistance with the following?</p> <p>Taking medicines</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | (01) PP65A (02) PP65A (03) PP66-ASST_MNGE (-8) PP66-ASST_MNGE (-9) PP66-ASST_MNGE |
| | PP65A | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did one or more friends or relatives help [you/(SP)] with taking medicines?</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PP66-ASST_MNGE |
| ASST_MNGE | PP66 | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>[IF NEEDED: In the last six months, did [you/(SP)] ever need assistance with the following?]</p> <p>Making medical-related appointments</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy Always display (In the last six months...) in parentheses | (01) PP66A (02) PP66A (03) PP67- ASST_TRANSPORT (-8) PP67- ASST_TRANSPORT (-9) PP67- ASST_TRANSPORT |
| | PP66A | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did one or more friends or relatives help [you/(SP)] with making medical-related appointments?</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PP67- ASST_TRANSPORT |
| ASST_TRANSPORT | PP67 | code one | <p>[IF NEEDED: In the last six months, did [you/(SP)] ever need assistance with the following?]</p> <p>Getting to or from a medical appointment</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy Always display (In the last six months...) in parentheses | (01) PP67A (02) PP67A (03) PP68- ASST_UNDSTND (-8) PP68- ASST_UNDSTND (-9) PP68- ASST_UNDSTND |
| | PP67A | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did one or more friends or relatives help [you/(SP)] with getting to or from a medical appointment?</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | PP68- ASST_UNDSTND |
| ASST_UNDSTND | PP68 | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>[IF NEEDED: In the last six months, did [you/(SP)] ever need assistance with the following?]</p> <p>Understanding information from a health care provider</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy Always display (In the last six months...) in parentheses | (01) PP68A (02) PP68A (03) PP70- AGREE_INTRO (-8) PP70- AGREE_INTRO (-9) PP70- AGREE_INTRO |
| | PP68A | code one | <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did one or more friends or relatives help [you/(SP)] with understanding information from a health care provider?</p> | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy | US37I-RECORDNA |
| RECORDNA | US37I | code one | <p>Now I'm going to ask you two questions about all the doctors you have seen in the last two years.</p> <p>In the last two years, when getting care for a medical problem, was there ever a time when test results, medical records, or reasons for referrals were not available at the time of [your/(SP)'s] scheduled doctor's appointment?</p> | (01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused | [your] respondent is SP [(SP)'s] respondent is proxy | US37I-UNMEDTST |
| UNMEDTST | US37I | code one | <p>In the last 2 years, when getting care for a medical problem, was there ever a time when medical providers ordered a medical test that [you/(SP)] felt was unnecessary because the test had already been done?</p> | (01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | US37K - EMEDREC |

| | | | | | | |
|-------------|----------|---------------|---|--|---|--|
| EMEDREC | US37K | yes/no | Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When you visit [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] [does he or she/do they] generally enter your health information into a computer while you are present? [EXPLAIN IF NEEDED. An "electronic health record" is an electronic version of a patient's medical history maintained by a provider over time. It automates the way in which doctors can access patient health information. "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | If (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "(US5A PROVIDER NAME)". Display US5A - MDNAME provider name. Else Display "the medical providers at (US3A PROVIDER NAME)". Display US3A - CLNAME provider name. if (US2 - PLACEKND=1/DoctorsOffice or 10/AtHome) or (US4 - USUALDOC=1/Yes), Display "does he or she"; Else Display "do they"; if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 01/MALE, FILL [does he] else if (US2-PLACEKND IN (1,10) or US4-USUALDOC=1) AND US5B-MDSEX = 02/FEMALE, FILL [does she] else fill [do they] | BOX PP2 |
| | BOX PP2 | routing | IF US1-PLACEPAR = 2 (NO) GO TO US39-NUSNOTSK OTHERWISE GO TO BOX PP70 | | | |
| NUSNOTSK | US39A | list | 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. There is no reason to have a usual source of health care because [you/(SP)] seldom or never (get/gets) sick. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you do] respondent is SP [(SP) does] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [get] respondent is SP [gets] respondent is proxy Always display "[Is that a reason...]" in brackets. | US39 - NUSMOVIN |
| NUSMOVIN | US39B | list | [You/(SP)] recently moved into the area. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [You] respondent is SP [(SP)] respondent is proxy [you do] respondent is SP [(SP) does] respondent is proxy Always display "[Is that a reason...]" in brackets. | US39 - NUSAVAIL |
| NUSAVAIL | US39C | list | [Your/(SP's)] usual source of health care in this area is no longer available. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [Your] respondent is SP [(SP)] respondent is proxy [you do] respondent is SP [(SP) does] respondent is proxy Always display "[Is that a reason...]" in brackets. | (01) US42 - USWHYNAV (02) US43 - NUSDIFFP (-8) US43 - NUSDIFFP (-9) US43 - NUSDIFFP |
| USWHYNAV | US42 | code one | Why is [your/(SP's)] usual source of health care no longer available? | (01) PREVIOUS DOCTOR RETIRED (02) PREVIOUS DOCTOR DIED (03) PREVIOUS DOCTOR MOVED (04) SP MOVED (05) PREVIOUS DR/PLACE TOO FAR AWAY (91) OTHER (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP)'s] respondent is proxy | (01) US43 - NUSDIFFP (02) US43 - NUSDIFFP (03) US43 - NUSDIFFP (04) US43 - NUSDIFFP (05) US42 - NUSDIFFP (91) US42 - USWHYNO1 (-8) US43 - NUSDIFFP (-9) US43 - NUSDIFFP |
| USWHYNO1 | US42 | verbatim text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | | US43 - NUSDIFFP |
| NUSDIFFP | US43 | list | 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)]: [You like/(SP) likes] to go to different places for different health care needs. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [you like] respondent is SP [(SP) likes] respondent is proxy [you do] respondent is respondent is SP [(SP) does] respondent is proxy Always display "[Is that a reason...]" in brackets. | US43 - NUSTOOFR |
| NUSTOOFR | US43 | list | The places where [you/(SP)] can receive health care are too far away. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [you do] respondent is respondent is SP [(SP) does] respondent is proxy Always display "[Is that a reason...]" in brackets. | US43 - NUSTOOEX |
| NUSTOOEX | US43 | list | The cost of health care is too expensive. [Is that a reason [you do/(SP) does] not have a usual source of health care?] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | [you do] respondent is respondent is SP [(SP) does] respondent is proxy Always display "[Is that a reason...]" in brackets. | BOX PP70 |
| | BOX PP70 | routing | If respondent = proxy, go to BOX USEND else go to PP70-AGREE_INTRO | | | |
| AGREE_INTRO | PP70 | | Please indicate how much you agree or disagree with each of the following statements. Please be as honest and as accurate as you can. Try not to let your response to one statement influence your response to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer. | (01) CONTINUE | | PP71- AGREE_BEST |
| AGREE_BEST | PP71 | | SHOW CARD PPX4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] In uncertain times, I usually expect the best. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | | PP72- AGREE_RELAX |

| | | | | |
|---------------|------|--|--|---------------------|
| AGREE_RELAX | PP72 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] It is easy for me to relax. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | PP73- AGREE_WRONG |
| AGREE_WRONG | PP73 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] If something can go wrong for me, it will. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | PP74- AGREE_OPTMSTC |
| AGREE_OPTMSTC | PP74 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] I am always optimistic about my future. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | PP75- AGREE_WAY |
| AGREE_WAY | PP75 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] I hardly ever expect things to go my way. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | PP76- AGREE_GOOD |
| AGREE_GOOD | PP76 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with each of the following statements.] I rarely count on good things happening to me. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | PP77- AGREE_BAD |
| AGREE_BAD | PP77 | SHOW CARD PP4 [IF NEEDED: Please indicate how much you agree or disagree with the following statement.] Overall, I expect more good things to happen to me than bad. | (01) AGREE A LOT (02) AGREE A LITTLE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE A LITTLE (05) DISAGREE A LOT (-8) DON'T KNOW (-9) REFUSED | BOX USEND |

Patient Activation (PAQ): THIS SECTION HAS BEEN DELETED

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|--|-----------------|------------|----------------|
| | BOX-PA1 | routing | GO TO PAINTRO – PAINTRO. | | | | |
| PAINTRO | PAINTRO | no entry | Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services. Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us. | (01) CONTINUE (-7) Empty | | | PA1 – PANECES |
| PANECES | PA1 | code 1 | SHOW CARD PA1 Please tell me how confident you are that you can identify when it is necessary for you to get medical care. | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | | | PA2 – PASIDEX |
| PASIDEX | PA2 | code 1 | SHOW CARD PA1 [How confident are you that you can...] Identify when you are having side effects from your medications? | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | | | PA3 – PAINSTR |
| PAINSTR | PA3 | code 1 | SHOW CARD PA1 Doctors often give instructions about how you should care for yourself at home, like changing a bandage, taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions to care for yourself at home? | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | | | PA4 – PAMEDREC |
| PAMEDREC | PA4 | code 1 | SHOW CARD PA1 Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of instruction, to change your habits or lifestyle? | (01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused | | | PA5 – PACHGDRS |
| PACHGDRS | PA5 | code 1 | SHOW CARD PA2 Please use this card to respond to the following statements. How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate? | (01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused | | | PA6 – PADISAGR |

| | | | | | | | |
|----------|------|--------|--|---|--|--|---------------|
| PADISAGR | PA6 | code 1 | SHOW CARD PA2 How likely are you to tell your doctor when you disagree with him or her? | (01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused | | | PA9 PAHCONDS |
| PAHCONDS | PA9 | code 1 | SHOW CARD PA3 These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following: Do you always, usually, sometimes, or never read about health conditions in newspapers, magazines, or on the Internet? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA10 PARXINFO |
| PARXINFO | PA10 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Read information about a new prescription, such as side effects and precautions? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA11 PADRQUEX |
| PADRQUEX | PA11 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Bring with you to your doctor visits a list of questions or concerns you want to cover? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA12 PAANSWR |
| PAANSWR | PA12 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Leave your doctor's office feeling that all of your concerns or questions have been fully answered? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA13 PALISTRX |
| PALISTRX | PA13 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Take a list of all of your prescribed medicines to your doctor visits? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | | | PA14 PATRSLT |
| PATRSLT | PA14 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Make sure you understand the results of any medical test or procedure such as an x ray, blood test, or EKG for heart conditions? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA15 PAOPTION |
| PAOPTION | PA15 | code 1 | SHOW CARD PA3 {Do you always, usually, sometimes, or never...} Talk with your doctor or other medical person about your options if you need tests, follow up care, or a referral for care by a medical specialist? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | | | PA16 PADRLISN |

| | | | | | | | |
|----------|------|--------|--|--|--|--|-----------------|
| PADRLISN | PA16 | code 1 | <p>SHOW CARD PA3</p> <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. [Does that always, usually, sometimes, or never happen?]</p> | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (- 8) Don't Know (- 9) Refused | | | PA20 - PADREXPL |
| PADREXPL | PA20 | code 1 | <p>SHOW CARD PA3</p> <p>My doctor explains things to me in terms that I can easily understand. Does that always, usually, sometimes, or never happen?</p> | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (- 8) Don't Know (- 9) Refused | | | PA21 - PADVICE |
| PADVICE | PA21 | code 1 | <p>SHOW CARD PA3</p> <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> | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (- 8) Don't Know (- 9) Refused | | | BOX PA2 |

Income and Assets (IAQ): Existing section below has been replaced with new items

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|--|---|------------|-----------------|
| | BOX IA1A | routing | IF (SP IS IN THE EXIT SAMPLE AND PREVIOUS ROUND INTERVIEW WAS NOT SKIPPED), GO TO IAINTR8-SPSEINHH. ELSE GO TO IAINTRO-IAINT. | | | | |
| SPSEINHH | IAINT8 | code 1 | WAS SP'S SPOUSE LIVING IN THE HOUSEHOLD DURING THIS ROUND? | (01) YES (02) NO (-8) Don't Know | | | IAINT9-ADLTINHH |
| ADLTINHH | IAINT9 | code 1 | BESIDES SP (AND SP'S SPOUSE), WAS ANY OTHER ADULT, AGE 15 OR OLDER, LIVING IN THE HOUSEHOLD DURING THIS ROUND? | (01) YES (02) NO (-8) Don't Know | | | IAINTRO-IAINT |
| IAINT | IAINTRO | no entry | 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}}. As with all information collected by the MCBS, the data are confidential and covered by the Privacy Act of 1974. Your answers will be combined with those of other respondents, and {your/his/her} Medicare benefits will not be affected in any way by your answers to these questions. GIVE BROCHURE TO RESPONDENT. ALLOW A FEW MINUTES FOR RESPONDENT TO REVIEW BROCHURE IF NECESSARY. | (01) CONTINUE (-7) Empty | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you and your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male {your} respondent is SP {his} respondent is proxy, SP male {her} respondent is proxy, SP female | | IAINTRO1-IAINT1 |

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| IAINT1 | IAINTRO1 | no entry | <p>As the brochure explains, your responses to these questions can help us determine the impact of income on [your/his/her] use and access to health care. I will be asking a series of questions about [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income and other financial resources. First, I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of income or other resources. All these questions can be answered with a "yes" or a "no." Then, I will ask you to estimate [your/(SP's)/their] total income. [Please answer all questions for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)].</p> <p>Please feel free to refer to any records or other persons who may be of assistance to you.</p> | (01) CONTINUE (-7) Empty | <p>[your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP, not married [(SP's)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife's] SP's spouse female [husband's] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife's] SP's spouse female [husband's] SP's spouse male [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male</p> | IA1A— SSRRPROB |
| SSRRPROB | IA1A | list | <p>In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . .</p> <p>receive Social Security and/or Railroad Retirement payments?</p> <p>[READ IF NECESSARY: Social Security checks are either automatically deposited in the bank or mailed, and payment generally arrives on the 3rd of the month.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male</p> | IA1A— SSIPROBE |

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| SSIPROBE | IA1A | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive Supplemental Security Income, which is also called SSI, or Social Security Disability Insurance, also called SSDI? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1A— DISAPROB |
| DISAPROB | IA1A | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive any disability payments (other than Social Security, SSDI, and/or Railroad Retirement)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1A— PENPROBE |
| PENPROBE | IA1A | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive any retirement or survivor pension or annuity (other than Social Security or Railroad Retirement)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1B— JOBPROBE |
| JOBPROBE | IA1B | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... work at a job or business for pay? That is, did [you/he/she/he or his wife/she or her husband/you or your (wife/husband)] receive income by working for an employer or by being self-employed, such as owning a business, professional practice, or farm? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1B— WELPROBE |

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| WELPROBE | IA1B | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive any income from public assistance or welfare from the state or local welfare office? Please include programs such as Temporary Assistance for Needy Families, or TANF, and food stamps. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1B— RELPROBE |
| RELPROBE | IA1B | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive financial assistance from relatives or friends? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1B— IRAWD |
| IRAWD | IA1B | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... convert or withdraw any funds from an IRA, Keogh, 401K, or other retirement savings account in (PREVIOUS YEAR)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1C— STOKPROB |
| STOKPROB | IA1C | list | In (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive any dividends from any investments in stocks or mutual funds or other investments? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA1C— LUMPPROB |

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| LUMPPROB | IA1C | list | In (PREVIOUS YEAR), did {you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)}... receive a lump sum or any one-time payments such as a life insurance or pension settlement, inheritance, or a capital gain from the sale of securities, property, or a business? | (01) YES (02) NO (-8) Don't Know (-9) Refused | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | IA1C— ESTPROBE |
| ESTPROBE | IA1C | list | In (PREVIOUS YEAR), did {you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)}... receive any regular payments from estates, trusts, annuities (other than pensions), life insurance, or royalties? | (01) YES (02) NO (-8) Don't Know (-9) Refused | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | IA1C— PROPRENT |
| PROPRENT | IA1C | list | In (PREVIOUS YEAR), did {you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)}... receive any income from the rental of properties? | (01) YES (02) NO (-8) Don't Know (-9) Refused | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | IA13— OTHPROBE |
| OTHPROBE | IA13 | code 1 | Not including anything you've already told me about, did {you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)} receive income from any other sources, such as Department of Veterans Affairs payments, worker's or unemployment compensation, child support, or alimony? | (01) YES (02) NO (-8) Don't Know (-9) Refused | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | BOX IA1 |

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| | | | IF AT LEAST ONE INCOME PROBE AT IA1A, IA1B, IA1C, OR IA13 WAS ANSWERED "YES", GO TO IA14— INCYRAMT. ELSE GO TO BOX IA2AA. | | | | |
| | BOX IA1 | routing | | | | | |
| INCYRAMT | IA14 | quantity unit | <p>SHOW CARD IA1 Taking all of these income sources into account, please estimate {your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)} income for (PREVIOUS YEAR).</p> <p>{PROBE: In estimating (your/his/her/their) total income you can respond for all of (PREVIOUS YEAR), or, if you prefer, provide a one month estimate.}</p> <p>{PROBE: REVIEW THESE SOURCES WITH RESPONDENT: [Social Security or Railroad Retirement/ (SSI/SSDI)/disability/pensions/job, business, professional practice, farm/public assistance programs/assistance from relatives or friends/withdrawal from retirement or savings/dividends/lump sum payments/other regular payments/rental properties/other sources]}</p> | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | <p>{your} respondent is SP, not married {(SP's)} respondent is proxy, SP not married {you and your} respondent is SP, SP married {wife's} SP's spouse female {husband's} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife's} SP's spouse female {husband's} SP's spouse male {your} respondent is SP {his} respondent is proxy, SP male, SP not married {her} respondent is proxy, SP female, SP not married {their} respondent is proxy, SP married</p> | IA14— INCYRUNT | |

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|-----------------|-------------|----------------------|---|---|---|--|
| <p>INCYRUNT</p> | <p>IA14</p> | <p>quantity unit</p> | <p>SHOW CARD IA1 Taking all of these income sources into account, please estimate {your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)} income for (PREVIOUS YEAR).</p> <p>{PROBE: In estimating (your/his/her/their) total income you can respond for all of (PREVIOUS YEAR), or, if you prefer, provide a one month estimate.}</p> <p>{PROBE: REVIEW THESE SOURCES WITH RESPONDENT: [Social Security or Railroad Retirement/ (SSI/SSDI)/disability/pensions/job, business, professional practice, farm/public assistance programs/assistance from relatives or friends/withdrawal from retirement or savings/dividends/lump sum payments/other regular payments/rental properties/other sources]}</p> | <p>(01) TOTAL FOR (PREVIOUS YEAR) (02) ONE MONTH (-8) Don't Know (-9) Refused</p> | <p>{your} respondent is SP, not married {(SP's)} respondent is proxy, SP not married {you and your} respondent is SP, SP married {wife's} SP's spouse female {husband's} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife's} SP's spouse female {husband's} SP's spouse male {your} respondent is SP {his} respondent is proxy, SP male, SP not married {her} respondent is proxy, SP female, SP not married {their} respondent is proxy, SP married</p> | <p>(01) BOX-IA2AA (02) BOX-IA2AA (-8) IA15-INCYRMT1 (-9) IA15-INCYRMT1</p> |
| <p>INCYRMT1</p> | <p>IA15</p> | <p>code 1</p> | <p>Was it more than {\$20,000/\$1,700/\$40,000/\$3,300} ?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | | <p>(01) BOX-IA2AA (02) IA16-INCYRMT2 (-8) BOX-IA2AA (-9) BOX-IA2AA</p> |
| <p>INCYRMT2</p> | <p>IA16</p> | <p>code 1</p> | <p>Was it more than {\$12,000/\$1,000/\$25,000/\$2,000} ?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | | <p>(01) BOX-IA2AA (02) IA17-INCYRMT3 (-8) BOX-IA2AA (-9) BOX-IA2AA</p> |
| <p>INCYRMT3</p> | <p>IA17</p> | <p>code 1</p> | <p>Was it more than {\$7,700/\$640/\$17,000/\$1,400}?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | | <p>BOX-IA2AA</p> |

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| | | | IF (IAINT9 – ADLTINHH = 1/Yes) OR (THERE IS AN ADULT AGE 15 OR OLDER LIVING WITH THE SP IN THE CURRENT ROUND OTHER THAN THE SPOUSE), GO TO IA17A – HHINCOME. ELSE GO TO IA18A – HOMEPRBB. | | | |
| | BOX-IA2AA | routing | | | | |
| HHINCOME | IA17A | code 1 | <p>SHOW CARD IA2</p> <p>According to our records, other than [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)], at least one person 15 years of age or older lives in (your household/the household). Including their income as well as [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income, please look at this card and tell me which letter represents the total combined income of all the members of [your household/(SP's) household]. This includes income from jobs, Social Security, Railroad Retirement, other retirement, and any other money income received by all members of (your household/the household).</p> | <p>(01) A. Less than \$5,000</p> <p>(02) B. \$5,000 – 9,999</p> <p>(03) C. \$10,000 – 14,999</p> <p>(04) D. \$15,000 – 19,999</p> <p>(05) E. \$20,000 – 24,999</p> <p>(06) F. \$25,000 – 29,999</p> <p>(07) G. \$30,000 – 34,999</p> <p>(08) H. \$35,000 – 39,999</p> <p>(09) I. \$40,000 – 44,999</p> <p>(10) J. \$45,000 – 49,999</p> <p>(11) K. \$50,000 and more</p> <p>(8) Don't Know</p> <p>(9) Refused</p> | <p>[you] respondent is SP, not married</p> <p>[(SP)] respondent is proxy, SP not married</p> <p>[you and your] respondent is SP, SP married</p> <p>[wife] SP's spouse female</p> <p>[husband] SP's spouse male</p> <p>[(SP)] respondent is proxy</p> <p>[his] SP male</p> <p>[her] SP female</p> <p>[wife] SP's spouse female</p> <p>[husband] SP's spouse male</p> <p>[your household] respondent is SP</p> <p>[the household] respondent is proxy</p> <p>[you] respondent is SP</p> <p>[he] respondent is proxy, SP male, not married</p> <p>[she] respondent is proxy, SP female, not married</p> <p>[they] respondent is proxy, SP married</p> <p>[your household] respondent is SP</p> <p>[(SP's) household] respondent is proxy</p> <p>[your household] respondent is SP</p> <p>[the household] respondent is proxy</p> | IA18A – HOMEPRBB |

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| HOMEPRBB | IA18A | code 1 | <p>IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON".</p> <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/she/they) (live/lives/lived), or (do/did/does) (you/he/she/they) rent it?</p> | <p>(01) OWN (02) RENT (03) DOESN'T OWN OR RENT (04) BOTH OWN AND RENT (05) SP REPORTED-SUBSIDIZED-RENTAL HOUSING (06) SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male [live] respondent is SP [lives] respondent is proxy [lived] SP has no permanent home [Do] respondent is SP [Did] SP has no permanent home or SP deceased [Does] respondent is proxy [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female</p> | <p>(01) IA19—HOMEVAL (02) IA22—HOMERENT (03) IAINTRO4—IAINT4 (04) DO NOT DISPLAY DATA EDITING ONLY. (05) DO NOT DISPLAY DATA EDITING ONLY. (06) IAINTRO4—IAINT4 (-8) IAINTRO4—IAINT4 (-9) IAINTRO4—IAINT4</p> |
| HOMEVAL | IA19 | dollar | <p>Please tell me the present value of [your/(SP's)]/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] home. About how much do you think this (house and lot/condominium unit) would sell for if it were for sale? Please give your best estimate.</p> | <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP, not married [(SP's)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife's] SP's spouse female [husband's] SP's spouse male [house and lot] SP lives in house [condominium unit] SP lives in condominium</p> | <p>IA20—HOMEMORIT</p> |

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| HOMEMORT | IA20 | code 1 | {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? | {01} YES {02} NO {8} Don't Know {9} Refused | {Do} respondent is SP {Did} SP no longer has permanent home or SP deceased {Does} respondent is proxy {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | {01} IA21—HOMEOWE {02} IAINTRO4—IAINT4 {8} IAINTRO4—IAINT4 {9} IAINTRO4—IAINT4 |
| HOMEOWE | IA21 | dollar | 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? | {01} {Continuous answer.} {8} Don't Know {9} Refused | {Do} respondent is SP {Did} SP no longer has permanent home or SP deceased {Does} respondent is proxy {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | IAINTRO4—IAINT4 |

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| HOMERENT | IA22 | dollar | 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)? | (01) {Continuous-answer.} (-8) Don't Know (-9) Refused | {Do} respondent is SP {Did} SP no longer has permanent home or SP deceased {Does} respondent is proxy {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you or your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male {you} respondent is SP {he} respondent is proxy, SP male, SP not married {she} respondent is proxy, SP female, SP not married {they} respondent is proxy, SP married {live} respondent is SP {lives} respondent is proxy {lived} SP no longer has permanent home or SP deceased | | IAINTRO4 IAINT4 |
| IAINT4 | IAINTRO4 | no entry | Now, let's turn to savings or other assets which can be used to provide income. I will ask whether [you/(SP)]/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of assets in (PREVIOUS YEAR). All these questions can be answered with a "yes" or a "no". [Please answer for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)]. | | {you} respondent is SP, not married {(SP)} respondent is proxy, SP not married {you and your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male {you and your} respondent is SP, SP married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | | |

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| RAPROBE | IA23A | list | For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . . have any IRA, Keogh, 401K accounts, thrift plans, or other retirement savings accounts? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA23A— SAVPROBE |
| SAVPROBE | IA23A | list | For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . . have money in any kind of savings, interest earning checking, or other bank account? Include checking, savings, money market funds, certificates of deposit, or any other interest earning bank accounts. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA23A— BONDPROB |
| BONDPROB | IA23A | list | For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . . have any stocks, mutual funds, municipal or corporate bonds, or U.S. Government securities such as savings bonds, treasury bills or bonds? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA23A— INSPROBE |
| INSPROBE | IA23A | list | For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]. . . own any life insurance policies which build up cash equity (sometimes called whole life or universal life)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male | IA23B— PROPPROB |

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|----------|-------|------|---|--|---|---|
| PROPPROB | IA23B | list | <p>For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]...</p> <p>own any property, [other than (your/his/her/their) primary residence,] such as a vacation home, apartment house, commercial property, or rental property?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male [your] respondent is SP [his] respondent is proxy, SP male, SP not married [her] respondent is proxy, SP female, SP not married [their] respondent is proxy, SP married</p> | IA23B— CARPROBE |
| CARPROBE | IA23B | list | <p>For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]...</p> <p>own any cars, trucks, recreational vehicles, or boats?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male</p> | IA23B— ASTPROBE |
| ASTPROBE | IA23B | list | <p>For all or part of (PREVIOUS YEAR), did [you/(SP)/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]...</p> <p>have any other savings, assets, a business or professional practice, property such as a farm, mortgages from which payments are received, or any other financial investments not already mentioned?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you or your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male</p> | <p>(01) IA30— ASTCODE (02) BOX- IA2 (-8) BOX-IA2 (-9) BOX-IA2</p> |

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|---------|---------|----------|--|---|--|---|
| ASTCODE | IA30 | code all | What type of asset is it? CHECK ALL THAT APPLY. | (01) SAVINGS- (02) ASSETS- (03) FARM- (04) BUSINESS- (05) PROFESSIONAL- PRACTICE- (91) OTHER (-8) Don't Know (-9) Refused | | (01) BOX- IA2 (02) DATA- EDITING- ONLY. DO NOT DISPLAY. (03) BOX- IA2 (04) BOX- IA2 (05) BOX- IA2 (91) IA30- ASTSPECI (-8) BOX IA2 (-9) BOX IA2 |
| | BOX IA2 | routing | IF AT LEAST ONE ASSET PROBE AT IA23A OR IA23B WAS ANSWERED "YES", GO TO IA31 ASSTOTL. ELSE GO TO IA34 OTHDEBTS. | | | |
| ASSTOTL | IA31 | dollar | SHOW CARD IA3 You've mentioned [READ ASSETS- LISTED BELOW]. Please estimate [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR). Do not include interest or dividend payments already reported as income. [Please exclude the value of (your/his/her/their) home.] {{retirement savings- accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets}} | (01)- [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP, not married {{(SP's)} respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife's] SP's spouse female [husband's] SP's spouse male {{(SP)} respondent is proxy [his] SP male [her] SP female [wife's] SP's spouse female [husband's] SP's spouse male [your] respondent is SP [his] respondent is proxy, SP male, SP not married [her] respondent is proxy, SP female, SP not married [their] respondent is proxy, SP- married | (01) IA32- ASSTDEBT (-8) IA31A- VALSSET (-9) IA31A- VALSSET |

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|---------|-------|--------|--|--|--|---|
| VALSSET | IA31A | code 1 | <p>It is often difficult to place an exact dollar amount on the value of assets. Thinking about all of the assets that you mentioned, [READ ASSETS LISTED BELOW], would you say that the total value of [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] assets for (PREVIOUS YEAR) was less than \$40,000.00 or was it \$40,000.00 or more?</p> <p>{{retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets}}</p> <p>{(retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets)}</p> <p>[READ IF NECESSARY: Again do not include interest or dividend payments already reported as income [, and please exclude the value of (your/his/her/their) home]].</p> | <p>(01) LESS THAN \$40,000.00</p> <p>(02) \$40,000.00 OR MORE</p> <p>(- 8) Don't Know</p> <p>(- 9) Refused</p> | <p>[your] respondent is SP, not married</p> <p>{{(SP's)} respondent is proxy, SP not married</p> <p>[you and your] respondent is SP, SP married</p> <p>[wife's] SP's spouse female</p> <p>[husband's] SP's spouse male</p> <p>{{(SP)} respondent is proxy</p> <p>[his] SP male</p> <p>[her] SP female</p> <p>[wife's] SP's spouse female</p> <p>[husband's] SP's spouse male</p> <p>[your] respondent is SP</p> <p>[his] respondent is proxy, SP male, SP not married</p> <p>[her] respondent is proxy, SP female, SP not married</p> <p>[their] respondent is proxy, SP married</p> | <p>(01) IA31B—VALPICK</p> <p>(02) IA31B—VALPICK</p> <p>(- 8) IA32—ASSTDEBT</p> <p>(- 9) IA32—ASSTDEBT</p> |
| VALPICK | IA31B | code 1 | <p>SHOW CARD IA4</p> <p>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)?</p> <p>[READ IF NECESSARY: You mentioned the following assets: [READ ASSETS LISTED BELOW].]</p> <p>{{retirement savings accounts/other bank accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets}}</p> | <p>(01) A. Less than \$5,000</p> <p>(02) B. \$5,000—9,999</p> <p>(03) C. \$10,000—19,999</p> <p>(04) D. \$20,000—39,999</p> <p>(05) E. \$40,000—74,999</p> <p>(06) F. \$75,000—149,999</p> <p>(07) G. \$150,000—299,999</p> <p>(08) H. \$300,000 and more</p> <p>(- 8) Don't Know</p> <p>(- 9) Refused</p> | <p>[Do] respondent is SP</p> <p>[Did] respondent is proxy, SP deceased</p> <p>[Does] respondent is proxy, SP alive</p> <p>[you] respondent is SP, not married</p> <p>{{(SP)} respondent is proxy, SP not married</p> <p>[you or your] respondent is SP, SP married</p> <p>[wife] SP's spouse female</p> <p>[husband] SP's spouse male</p> <p>{{(SP)} respondent is proxy</p> <p>[his] SP male</p> <p>[her] SP female</p> <p>[wife's] SP's spouse female</p> <p>[husband's] SP's spouse male</p> | <p>IA32—ASSTDEBT</p> |

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|----------|------|--------|--|---|---|--|
| ASSTDEBT | IA32 | code 1 | <p>{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]?</p> <p>{{retirement savings-accounts/other bank-accounts/stocks, mutual funds, bonds/life insurance policies/other property/vehicles/other assets}}</p> | <p>{01} YES {02} NO {8} Don't Know {9} Refused</p> | <p>{Do} respondent is SP {Did} respondent is proxy, SP-deceased {Does} respondent is proxy, SP-alive {you} respondent is SP, not married {(SP)} respondent is proxy, SP-not-married {you or your} respondent is SP, SP-married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife's} SP's spouse female {husband's} SP's spouse male</p> | <p>{01} IA33— ADEBTTOT {02} IA34— OTHDEBTS {8} IA34— OTHDEBTS {9} IA34— OTHDEBTS</p> |
| ADEBTTOT | IA33 | dollar | <p>How much {do/did/does} {you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)} owe, in total, on these debts?</p> | <p>{01} {Continuous-answer.} {8} Don't Know {9} Refused</p> | <p>{do} respondent is SP {did} respondent is proxy, SP-deceased {does} respondent is proxy, SP-alive {you} respondent is SP, not married {(SP)} respondent is proxy, SP-not-married {you and your} respondent is SP, SP-married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male</p> | <p>IA34— OTHDEBTS</p> |

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|----------|------|--------|--|--|--|---|
| OTHDEBTS | IA34 | code 1 | {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? | {01} YES {02} NO {8} Don't Know {9} Refused | {Do} respondent is SP {Did} respondent is proxy, SP-deceased {Does} respondent is proxy, SP-alive {you} respondent is SP, not married {(SP)} respondent is proxy, SP-not-married {you or your} respondent is SP, SP-married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | {01} IA35—DEBTTOT {02} BOX IA6 {8} BOX IA6 {9} BOX IA6 |
| DEBTTOT | IA35 | dollar | 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? | {01} {Continuous-answer.} {8} Don't Know {9} Refused | {you} respondent is SP, not married {(SP)} respondent is proxy, SP-not-married {you and your} respondent is SP, SP-married {wife} SP's spouse female {husband} SP's spouse male {(SP)} respondent is proxy {his} SP male {her} SP female {wife} SP's spouse female {husband} SP's spouse male | {01} IA36—DEBTMED {8} BOX IA6 {9} BOX IA6 |
| DEBTMED | IA36 | dollar | How much of the (AMOUNT FROM IA35) is for medical care costs? | {01} {Continuous-answer.} {8} Don't Know {9} Refused | | BOX IA6 |

Income and Assets (IAQ): Existing section has been replaced with new items below

| Variable Name | MR Screen Name | Question type | Question text/Description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|---|--|------------|---|
| LFINTRO1 | LFINTRO1 | no entry | <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 Privacy Act of 1974. Your answers will be combined with those of other respondents, and [your/his/her] Medicare benefits will not be affected in any way by your answers to these questions.</p> <p>GIVE BROCHURE TO RESPONDENT. ALLOW A FEW MINUTES FOR RESPONDENT TO REVIEW BROCHURE IF NECESSARY.</p> | (01) CONTINUE (-7) Empty | <p>[you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female</p> | | LFINTRO2 |
| LFINTRO2 | LFINTRO2 | no entry | <p>As the brochure explains, your responses to these questions can help us determine the impact of income on [your/his/her] use and access to health care. I will be asking a series of questions about [your/(SP's)/you and your (wife's/husband's)/(SP) and (his/her) (wife's/husband's)] income and other financial resources. First, I will ask whether [you/(SP)/you and your (wife/husband)/(SP) and (his/her) (wife/husband)] had particular types of income or other resources. All these questions can be answered with a "yes" or a "no." Then, I will ask you to estimate [your/(SP's)/their] total income. [Please answer all questions for [you and your (wife/husband)/(SP) and (his/her) (wife/husband)].</p> <p>Please feel free to refer to any records or other persons who may be of assistance to you.</p> | (01) CONTINUE (-7) Empty | <p>[his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP, not married [(SP's)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife's] SP's spouse female [husband's] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife's] SP's spouse female [husband's] SP's spouse male [you] respondent is SP, not married [(SP)] respondent is proxy, SP not married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male [(SP)] respondent is proxy [his] SP male [her] SP female [wife] SP's spouse female [husband] SP's spouse male [your] respondent is SP [(SP's)] respondent is proxy, SP not married [their] respondent is proxy, SP married [you and your] respondent is SP, SP married [wife] SP's spouse female [husband] SP's spouse male</p> | | LF1 |
| WORKWEEK | LF1 | code one | <p>Did [you/SP] do any work for pay in the last week? By the last week, I mean the week beginning on Sunday {MONTH, DAY OF SUNDAY PRIOR TO TODAY/MONTH, DAY OF SUNDAY PRIOR TO THE SATURDAY BEFORE TODAY'S DATE} and ending {today/on Saturday {MONTH, DAY OF SATURDAY PRIOR TO TODAY'S DATE}?</p> | (1) YES (2) NO (3) RETIREDD/DON'T WORK ANYMORE (-8) DON'T KNOW (-9) REFUSED | <p>[you] respondent is SP [(SP)] respondent is proxy [beginning on Sunday (MONTH, DAY OF SUNDAY PRIOR TO INTERVIEW)] TODAY'S date is a Saturday [on Sunday (MONTH, DAY OF SUNDAY PRIOR TO THE SATURDAY BEFORE TODAY'S DATE)] if TODAY'S date is not a Saturday [today] TODAY'S date is a Saturday [on Saturday (MONTH, DAY OF SATURDAY PRIOR TO TODAY'S DATE)] if TODAY'S date is not a Saturday</p> | | (1) LF4 (2) LF2 LF1B (3) BOX LF13 (-8) BOX LF13 (-9) BOX LF13 |
| RETNEVWK | LF1B | code one | <p>Is this because (you were/SP was) retired or (you/SP) never worked?</p> | (01) RETIRED (02) NEVER WORKED (03) NO, NEITHER OF THESE IS TRUE (-8) DON'T KNOW (-8) REFUSED | <p>(you were) respondent is SP (SP was) respondent is proxy</p> | | (1) BOX LF13 (2) BOX LF13 (3) LF3 (-8) BOX LF13 (-9) BOX LF13 |
| IAABSENT | LF2 | code one | <p>{Do you/Does SP} have a job from which {you were/he/she} was absent last week because of illness, vacation, or some other reason?</p> | (1) YES (2) NO (3) RETIREDD/DON'T WORK ANYMORE (-8) DON'T KNOW (-9) REFUSED | <p>[Do you] respondent is SP [Does SP] respondent is proxy [you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female</p> | | (1) LF4 (2) LF3 (3) BOX LF13 (-8) BOX LF13 (-9) BOX LF13 |
| WORKMONTH | LF3 | code one | <p>Now think about last month, that is {MONTH BEFORE INTERVIEW MONTH}. Did {you/SP} do any work for pay at any time in the last month?</p> | (1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED | <p>[you] respondent is SP [SP] respondent is proxy</p> | | (1) LF8 (2) BOX LF13 (-8) BOX LF13 (-9) BOX LF13 |
| MULTIJOB | LF4 | yes/no | <p>Last week, did {you/SP} have more than one job, including part-time, evening, or weekend work?</p> | (1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED | <p>[you] respondent is SP [SP] respondent is proxy</p> | | LF5 |

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|----------------|---------|---------------|---|--|--|--|---|
| | | | | | [do you] respondent is SP [does SP] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female [main job] LF4=1 (YES) [job] LF4≠ 1(YES) [By main job, I mean the job at which you work] the most hours.] LF4=1 (YES), respondent is SP [By main job, I mean the job at which he works] the most hours.] LF4=1 (YES), respondent is proxy, SP is male [By main job, I mean the job at which she works] the most hours.] LF4=1 (YES), respondent is proxy, SP is female [job] LF4≠ 1(YES) | | |
| HOURSPERWEEK | LF5 | quantity unit | How many hours per week (do you/does SP) usually work at {your/his/her} (job/main job)? {By main job, I mean the job at which (you work/{he/she) works} the most hours.) ENTER NUMBER OF HOURS USUALLY WORK IF NUMBER OF HOURS VARY EACH WEEK, ENTER 997 | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | | (1) BOX LF1 (-8) LF8 (-9) LF8 |
| | BOX LF1 | routing | If LF2=1 (YES, ABSENT LAST WEEK), go to LF7. Otherwise go to LF6. | | | | |
| HOURSLASTWEEK1 | LF6 | quantity unit | How many hours did {you/SP} work last week? ENTER NUMBER OF HOURS | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [SP] respondent is proxy | | (1) LF7 LF8 (-8) LF8 (-9) LF8 |
| HOURSLASTWEEK2 | LF7 | quantity unit | You said {you were/SP was} absent from work last week. How many hours did {you/he/she} work the last week {you were/{he/she} was} at work? ENTER NUMBER OF HOURS | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [you were] respondent is SP [SP was] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female [you were] respondent is SP [he was] respondent is proxy, SP is male [she was] respondent is proxy, SP is female | | LF8 |
| PAYSCHEDULE | LF8 | code one | {{Are you/Is SP} /In {your/SP's} main job, {are you/is {he/she} }}paid every week, every two weeks, two times a month, or on some other schedule? | (1) EVERY WEEK (2) EVERY TWO WEEKS (3) TWO TIMES A MONTH (4) ONCE A MONTH (5) DAILY (9) OTHER SCHEDULE (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | [Are you] LF4≠ 1(YES), respondent is SP [Is SP] LF4≠ 1(YES), respondent is proxy [In your main job, are you] LF4= 1(YES), respondent is SP [In SP's main job, is he] LF4= 1(YES), respondent is proxy, SP male [In SP's main job, is she] LF4= 1(YES), respondent is proxy, SP female | | (1) LF9 (2) LF9 (3) LF9 (4) LF9 (5) LF9 (9) LF8A (-8) LF9 (-9) LF9 |
| OSPAYSCHEDULE | LF8A | verbatim | SPECIFY OTHER PAYMENT SCHEDULE | (1) [continuous response] | | | LF9 |
| LASTPAYCHECK | LF9 | code one | How much was {your/SP's} last paycheck before taxes and any other deductions {for {your/his/her} main job)? IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine. IF NEEDED: If it is easier, you can just tell me how much {you earn/SP earns} per hour or per day. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER PAYCHECK AMOUNT (2) ENTER PAY PER HOUR (3) ENTER PAY PER DAY (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [SP's] respondent is proxy [for your main job] LF4=1(YES), respondent is SP [for his main job] LF4=1(YES), respondent is proxy, SP is male [for her main job] LF4=1(YES), respondent is proxy, SP is female | | (1) LF9A (2) LF9B (3) LF9C (-8) BOX LF13 (-9) BOX LF13 |
| PAYCHECKAMT | LF9A | quantity unit | ENTER PAYCHECK AMOUNT \$ | (1) [continuous response] | | Use input mask in response field (\$999,999) so that dollar sign is displayed and commas are inserted appropriately. | LF10 |

| | | | | | | | |
|----------------|----------|---------------|--|--|--|---|---|
| PAYCHECKHOURLY | LF9B | quantity unit | ENTER PAY PER HOUR \$ | (1) [continuous response] | | Use input mask in response field (\$999.99) so that dollar sign is displayed and decimal point is inserted appropriately. | LF10 |
| PAYCHECKDAILY | LF9C | quantity unit | ENTER PAY PER DAY \$ | (1) [continuous response] | | Use input mask in response field (\$9,999) so that dollar sign is displayed and comma is inserted appropriately. | LF10 |
| MONTHPAY | LF10 | quantity unit | Now thinking about the month of {CURRENT MONTH -1 MONTH}, how much did {you/SP} earn altogether from any work {you/he/she} did in {CURRENT MONTH -1 MONTH}, before taxes and before any other deductions? IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER DOLLAR AMOUNT \$ | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [SP] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP is male [she] respondent is proxy, SP is female | Use input mask in response field (\$999,999) so that dollar sign is displayed and commas are inserted appropriately. | BOX LF13 |
| | BOX LF13 | routing | If ENS11-JOBSTAT = 1 or {ROSTREL = 2 (SPOUSE) or ROSTREL = 51 (PARTNER) for anyone living in HH from ENS go to LF13. Otherwise, go to HO1 | | | | |
| SPOUSEWORK | LF13 | code one | Did {you/your/SP's} {husband/wife/partner} do any work for pay in the month of {CURRENT MONTH-1 MONTH}? | (1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED | [your partner] respondent is SP, LIVING WITH A PARTNER [your husband] respondent is SP, spouse is male [your wife] respondent is SP, spouse is female [you] respondent is proxy, PROXY RELATIONSHIP=SPOUSE or PARTNER [SP's partner] respondent is proxy, PROXY RELATIONSHIP≠SPOUSE or PARTNER, LIVING WITH A PARTNER [SP's husband] respondent is proxy, PROXY RELATIONSHIP≠SPOUSE or PARTNER, spouse is male [SP's wife] respondent is proxy, PROXY RELATIONSHIP≠SPOUSE or PARTNER, spouse is female | | (1) LF14 (2) HO1 (-8) HO1 (-9) HO1 |
| SPOUSEEARN | LF14 | quantity unit | In {CURRENT MONTH -1 MONTH}, how much altogether did {you/your/SP's} {husband/wife/partner} earn before taxes and before any other deductions? IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER DOLLAR AMOUNT \$ | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [you] respondent is proxy, IN6-ROSTREL =SPOUSE (2) or PARTNER (56) and HHFLAG = 1 [your husband] respondent is SP, MARISTAT = 1, spouse is male [your wife] respondent is SP, MARISTAT = 1, spouse is female [your partner] respondent is SP, person in ENS enumerated as partner (ROSTREL = 56) and HHFLAG = 1 [SP's husband] respondent is proxy, IN6-ROSTREL NE SPOUSE (2) or PARTNER (56), MARISTAT = 1, spouse is male [SP's wife] respondent is proxy, IN6-ROSTREL NE SPOUSE (2) or PARTNER (56), spouse is female [SP's partner] respondent is proxy, IN6-ROSTREL NE SPOUSE (2) or PARTNER (56), someone in ENS ROSTREL = 56 (Partner) and HHFLAG = 1 | Use input mask in response field (\$999,999) so that dollar sign is displayed and commas are inserted appropriately. | HO1 |
| IAOWNHOME | HO1 | code one | Next, I'd like to ask you some questions about the {home/apartment or condo} at {SP's {ADDRESS 1, ADDRESS 2} from PERSON ROSTER}. {Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} own the {home/apartment or condo} at {SP's {ADDRESS 1, ADDRESS 2} from PERSON ROSTER}, rent it, or is there some other arrangement? | (1) OWN (2) RENT (OR PAY MONTHLY AMOUNT) (3) SOME OTHER ARRANGEMENT (-8) DON'T KNOW (-9) REFUSED | [home] HAQ-Dwelling in(1,2,4,5,91,96,-8,-9) [apartment or condo] HAQ-Dwelling in(3,6) [Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}] respondent is SP, SP is married or living with partner [Do you or {SP FIRSTNAME LASTNAME}] respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER [Do you] respondent is SP, SP is not married or living with a partner [Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}] respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER [Does SP] respondent is proxy, SP is not married or living with a partner | | (1) HO2 (2) HO6 (3) HO5 (-8) HO5 (-9) HO5 |

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|---------------|------|---------------|--|---|--|--|---|
| MORTGAGE | HO2 | code one | Is {your/SP's} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s} mortgage paid off or are monthly mortgage payments still being made? IF NEEDED: Include any payments on a home equity loan or second mortgage. | (1) PAID OFF (2) STILL MAKE PAYMENTS (3) REVERSE MORTGAGE (-8) DON'T KNOW (-9) REFUSED | {your or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {your or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {SP's or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {SP's} respondent is proxy, SP is not married or living with a partner | | (1) HO4 (2) HO3 (3) HO4 (-8) HO4 (-9) HO4 |
| MORTGAGE_AMT1 | HO3 | quantity unit | How much altogether is that each month? ENTER DOLLAR AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) HO3B (-8) HO3A (-9) HO3B |
| MORTGATE_AMT2 | HO3A | code one | SHOW CARD H03 IA1 Please look at this card and tell me which is closest. IF NEEDED: Include any payments on a home equity loan or second mortgage. | (1) LESS THAN \$250 (2) \$250 TO LESS THAN \$500 (3) \$500 TO LESS THAN \$1,000 (4) \$1,000 TO LESS THAN \$3,000 (5) \$3,000 TO LESS THAN \$5,000 (6) \$5,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | HO3B |
| MORTGAGELGNTH | HO3B | code one | {Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} expect to pay off the mortgage within 5 years, 10 years, or longer? IF NEEDED: Include any payments on a home equity loan or second mortgage. | (1) WITHIN 5 YEARS (2) WITHIN 10 YEARS (3) LONGER THAN 10 YEARS (-8) DON'T KNOW (-9) REFUSED | {Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {Do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {Do you} respondent is SP, SP is not married or living with a partner {Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {Does SP} respondent is proxy, SP is not married or living with a partner | | HO3C |
| MORTGAGEOWE1 | HO3C | quantity unit | About how much {do you/does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} still owe on the mortgage? IF NEEDED: The nearest \$10,000 is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. IF NEEDED: Include any payments on a home equity loan or second mortgage. ENTER DOLLAR AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | {do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) HO4 (-8) HO3D (-9) HO4 |
| MORTGAGEOWE2 | HO3D | code one | Is the amount owed... | (1) less than \$50,000, (2) \$50,000 to less than \$100,000, or (3) \$100,000 or more? (-8) DON'T KNOW (-9) REFUSED | | | HO4 |

| | | | | | | | |
|---------------|---------|---------------|--|---|--|--|--|
| PRESENTVALUE1 | HO4 | quantity unit | <p>What is the present value of this [home/apartment or condo]? I mean, about what would it bring if it was sold today, not counting any loans or outstanding mortgages?</p> <p>IF NEEDED: Your best guess or the nearest \$10,000 is fine.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [home] HAQ-Dwelling in(1,2,4,5,91,96,-8,-9) [apartment or condo] HAQ-Dwelling in(3,6) | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) IAQINTRO1 (-8) HO4A (-9) IAQINTRO1 |
| PRESENTVALUE2 | HO4A | code one | <p>SHOW CARD H02 IA2</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$50,000 (2) \$50,000 TO LESS THAN \$75,000 (3) \$75,000 TO LESS THAN \$100,000 (4) \$100,000 TO LESS THAN \$200,000 (5) \$200,000 TO LESS THAN \$300,000 (6) \$300,000 TO LESS THAN \$500,000 (7) \$500,000 TO LESS THAN \$750,000 (8) \$750,000 OF MORE (-8) DON'T KNOW (-9) REFUSED | | | IAQINTRO1 |
| PAYRENT | HO5 | yes/no | <p>{Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} pay rent to live here?</p> | (1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED | [Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}] respondent is SP, SP is married or living with partner [Do you or {SP FIRSTNAME LASTNAME}] respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER [Do you] respondent is SP, SP is not married or living with a partner [Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}] respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER [Does SP] respondent is proxy, SP is not married or living with a partner | | (1) HO6 (2) IAQINTRO1 (-8) IAQINTRO1 (-9) IAQINTRO1 |
| RENTAMT1 | HO6 | quantity unit | <p>How much is that each month?</p> <p>ENTER DOLLAR AMOUNT</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) IAQINTRO1 (-8) HO6A (-9) HO6A |
| RENTAMT2 | HO6A | code one | <p>SHOW CARD H03 IA3</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$250 (2) \$250 TO LESS THAN \$500 (3) \$500 TO LESS THAN \$1,000 (4) \$1,000 TO LESS THAN \$3,000 (5) \$3,000 TO LESS THAN \$5,000 (6) \$5,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX HO1 |
| | BOX HO1 | routing | <p>If HO6>=\$750 or HO6A=4 (\$1,000 TO LESS THAN \$3,000), 5 (\$3,000 TO LESS THAN \$5,000), OR 6 (\$5,000 OR MORE) go to IAQINTRO1. Otherwise, go to HO7.</p> | | | | |
| SECTION8 | HO7 | yes/no | <p>Is this home in Section 8 or public housing or housing for low-income seniors?</p> | (1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED | | | IAQINTRO1 |

| | | | | | | | |
|----------------|-----------|---------------|---|--|--|--|--|
| IAQINTRO1 | IAQINTRO1 | no entry | <p>We are interested in how people are getting along financially these days. The next few questions are about income and other resources. Your responses can help us understand how people manage financially as they age.</p> <p>Please feel free to refer to any records or other persons that may be of assistance in answering these questions.</p> <p>Many of these questions ask about "last month." By last month, I mean in {CURRENT MONTH - 1}.</p> | | | | |
| SSRR_LASTMONTH | IAQ1 | code all | <p>Did {you/SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} receive Social Security retirement and/or Railroad Retirement payments <u>in the last month</u>, that is in {CURRENT MONTH - 1}?</p> <p>IF NEEDED: These checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are often sent in gold or manila-colored envelopes.</p> <p>{SELECT ALL THAT APPLY}</p> <p>IF IAQ1 NE (1) SP PAYMENT THEN GO TO IAQ4, ELSE GO TO IAQ2</p> | <p>(1) YES, SP RECEIVED PAYMENT FROM SOURCE</p> <p>(2) YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE</p> <p>(3) NO PAYMENT RECEIVED FROM THIS SOURCE</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>{you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner</p> <p>{you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER</p> <p>{you} respondent is SP, SP is not married or living with a partner</p> <p>{SP's or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER</p> <p>{SP's} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option</p> <p>2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is married or living with a partner</p> <p>Do no display "SELECT ALL THAT APPLY" and response option</p> <p>2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is not married or living with a partner</p> <p>Display "in the last month" in underlined text.</p> | | (1) BOX IAQ1 (2) BOX IAQ1 (3) IAQ4 (-8) IAQ4 (-9) IAQ4 |
| | BOX IAQ1 | routing | | | | | |
| SSDEPOSIT | IAQ2 | code one | <p>{Do you/Does SP} get payments by direct deposit, on a prepaid card, or by mail?</p> | <p>(1) MAIL</p> <p>(2) DIRECT DEPOSIT</p> <p>(3) PREPAID CARD</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>{Do you} respondent is SP</p> <p>{Does SP} respondent is proxy</p> | | IAQ3-MMSTARTSS |
| MMSTARTSS | IAQ3 | quantity unit | <p>What month and year did {you/SP} start receiving Social Security? ENTER MONTH</p> | <p>(1) [continuous response]</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>{you} respondent is SP</p> <p>{SP} respondent is proxy</p> | | IAQ3-YYSTARTSS |
| YYSTARTSS | IAQ3 | quantity unit | <p>What month and year did {you/SP} start receiving Social Security? ENTER YEAR</p> | <p>(1) [continuous response]</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>{you} respondent is SP</p> <p>{SP} respondent is proxy</p> | | IAQ4 |
| SSI_LASTMONTH | IAQ4 | code all | <p>Did {you/SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} receive Supplemental Security Income, which is also called SSI, <u>last month</u>?</p> <p>IF NEEDED: These are monthly government payments to lower-income people in need.</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP RECEIVED PAYMENT FROM SOURCE</p> <p>(2) YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE</p> <p>(3) NO PAYMENT RECEIVED FROM THIS SOURCE</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>{you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner</p> <p>{you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER</p> <p>{you} respondent is SP, SP is not married or living with a partner</p> <p>{SP's or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER</p> <p>{SP's} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option</p> <p>2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is married or living with a partner</p> <p>Do no display "SELECT ALL THAT APPLY" and response option</p> <p>2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is not married or living with a partner</p> <p>Display "in the last month" in bold underlined text.</p> | | IAQ5 |

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|-------------------|------|----------|--|---|---|------|
| VA_LASTMONTH | IAQ5 | code all | <p>Did {you/SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} receive any payments from the Veteran's Administration, <u>last month</u> related to military service or veteran survivor's benefits?</p> <p>{IF NEEDED: The Veteran's Administration is also known as the U.S. Department of Veterans Affairs.}</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP RECEIVED PAYMENT FROM SOURCE (2) YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE (3) NO PAYMENT RECEIVED FROM THIS SOURCE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {you} respondent is SP, SP is not married or living with a partner {SP's or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {SP's} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is married or living with a partner Do no display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is not married or living with a partner</p> | IAQ6 |
| PENSION_LASTMONTH | IAQ6 | code all | <p>People sometimes have other retirement income. This may be from pensions or retirement plans related to their jobs.</p> <p>{Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} have any pension plans that were a job-related or union benefit?</p> <p>{IF NEEDED: These plans often require that a person work for a certain number of years before they qualify or "are vested" in the pension plan.}</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP HAS PENSION (2) YES, SPOUSE/PARTNER HAS PENSION (3) NO PENSIONS (-8) DON'T KNOW (-9) REFUSED</p> | <p>{Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {Do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {Do you} respondent is SP, SP is not married or living with a partner {Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {Does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is married or living with a partner Do no display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER RECEIVED PAYMENT FROM SOURCE if SP is not married or living with a partner</p> | IAQ7 |
| 401K_LASTMONTH | IAQ7 | code all | <p>SHOW CARD IA4</p> <p>Please look at the types of retirement plans on this card. {Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} have any of these?</p> <p>{IF NEEDED: 401Ks and 403Bs are plans where you contribute an amount each month from your paycheck, and your employer may match some of your contribution.}</p> <p>{IF NEEDED: IRAs, also known as Individual Retirement Accounts, are a type of plan you set up on your own.}</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YYES, SP HAS 401K, 403B, IRA, OR OTHER RETIREMENT PLANS (2) YES, SPOUSE/PARTNER HAS 401K, 403B, IRA, OR OTHER RETIREMENT PLANS (3) NO PLANS (-8) DON'T KNOW (-9) REFUSED</p> | <p>{Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {Do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {Do you} respondent is SP, SP is not married or living with a partner {Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER {Does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS 401K, 403B, IRA, OR KEOGH" if SP is married or living with a partner Do no display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS 401K, 403B, IRA, OR KEOGH" if SP is not married or living with a partner</p> | IAQ8 |
| MUTUALFUNDS | IAQ8 | code all | <p>{Not including the retirement accounts we have already talked about, {do you/does SP}/{Do you/Does SP}} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} own any mutual funds or stocks?</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>[Not including the retirement accounts we have already talked about, do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with a partner, IA7 = 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) [Not including the retirement accounts we have already talked about, do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER, IA7 = 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) [Not including the retirement accounts we have already talked about, do you] respondent is SP, SP is not married or living with a partner, IA7 = 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) [Not including the retirement accounts we have already talked about, does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER, IA7 = 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) [Not including the retirement accounts we have already talked about, does SP] respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER, IA7 = 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT)</p> <p>{Do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with a partner, IA7 ≠ 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) {Do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER, IA7 ≠ 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) {Do you} respondent is SP, SP is not married or living with a partner, IA7 ≠ 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) {Does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER, IA7 ≠ 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT) {Does SP} respondent is proxy, SP is married or living with partner, proxy relationship=SPOUSE or PARTNER, IA7 ≠ 1 (SP RETIREMENT ACCT) or 2 (SPOUSE RETIREMENT ACCT)</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP not married or living with a partner</p> | IAQ9 |

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|-------------|-------|----------|---|---|---|-----------|
| BONDS | IAQ9 | code all | <p>Not including what we've already talked about, {do you/does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} own any bonds, such as Government Savings Bonds, corporate, municipal, or other types of bonds?</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is not married or living with a partner</p> | IAQ10 |
| CHECKING | IAQ10 | code all | <p>The next questions ask about different kinds of bank or savings accounts people sometimes have or property they own.</p> <p>Not counting what we've already talked about, {do you/does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} have...</p> <p>A checking account?</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is not married or living with a partner</p> | IAQ11 |
| SAVINGS | IAQ11 | code all | <p>{IF NEEDED: Not counting what we've already talked about, {do you/does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} have...}</p> <p>A savings account or money market account?</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is not married or living with a partner</p> | IAQ12 |
| CERTDEPOSIT | IAQ12 | code all | <p>{IF NEEDED: Not counting what we've already talked about, {do you/does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} have...}</p> <p>Certificates of deposit?</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is not married or living with a partner</p> | IAQ13 |
| OTHER_LAND | IAQ13 | code all | <p>{Do you/Does SP} {or {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}} own a business, a farm, or any other real estate {besides {your/SP's} home}, including land or rental properties?</p> <p>{SELECT ALL THAT APPLY}</p> | <p>(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED</p> | <p>{do you or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is SP, SP is married or living with partner {do you or {SP FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship= SPOUSE or PARTNER {do you} respondent is SP, SP is not married or living with a partner {does SP or {SPOUSE/PARTNER FIRSTNAME LASTNAME}} respondent is proxy, SP is married or living with partner, proxy relationship≠SPOUSE or PARTNER {does SP} respondent is proxy, SP is not married or living with a partner</p> <p>Display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is married or living with a partner Do not display "SELECT ALL THAT APPLY" and response option 2, "YES, SPOUSE/PARTNER HAS ASSET" and 3, "YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY" if SP is not married or living with a partner</p> <p>{besides SP's home} respondent is proxy, SP owns home {besides your home} respondent is SP, SP owns home</p> | IAQINTRO2 |

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| IAQINTRO2 | IAQINTRO2 | no entry | We now have a few questions about income which are important for understanding how people manage financially as they age. | | | | BOX IAQ2 |
| | BOX IAQ2 | routing | If IAQ1 = 1 (SP RECEIVED SS/RR) and 2 (SPOUSE RECEIVED SS/RR), go to IAQ14. Else if IA1 = 1 (SP RECEIVED SS/RR), go to IAQ15A. Else if IA1 = 2 (SPOUSE RECEIVED SS/RR), go to IAQ16A. Otherwise, go to BOX IAQ3. | | | | |
| SSRR_COMBINED1 | IAQ14 | code one | First, what was the amount of {your/SP's} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s most recent monthly Social Security or Railroad Retirement payment (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | {your} respondent is SP or proxy who is spouse or partner {SP's} respondent is proxy who is not spouse or partner {SPOUSE/PARTNER FIRSTNAME LASTNAME} respondent is SP or proxy who is not spouse or partner and SP is married or living with a partner {SP FIRSTNAME LASTNAME} respondent is proxy, proxy relationship= SPOUSE or PARTNER | | (1) IAQ14A (2) IAQ15A (-8) IAQ14B (-9) IAQ14B |
| SSRR_COMBINED2 | IAQ14A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER SOCIAL SECURITY/RAILROAD RETIREMENT AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ3 (-8) IAQ14B (-9) IAQ14B |
| SSRR_COMBINED3 | IAQ14B | code one | SHOW CARD IA5 Please look at this card and tell me which is closest. | (1) LESS THAN \$1,300 (2) \$1,300 TO LESS THAN \$1,700 (3) \$1,700 TO LESS THAN \$2,200 (3) \$2,200 TO LESS THAN \$2,600 (5) \$2,600 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ3 |
| SSRR_SP_AMT1 | IAQ15A | quantity unit | What was the amount of {your/SP's} most recent monthly Social Security or Railroad Retirement payment (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | {your} respondent is SP {SP's} respondent is proxy | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ2A (-8) IAQ15B (-9) IAQ15B |
| SSRR_SP_AMT2 | IAQ15B | code one | SHOW CARD IA6 Please look at this card and tell me which is closest. | (1) LESS THAN \$700 (2) \$700 TO LESS THAN \$1,000 (3) \$1,000 TO LESS THAN \$1,300 (4) \$1,300 TO LESS THAN \$1,600 (5) \$1,600 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ2A |
| | BOX IAQ2A | routing | If IAQ14 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ16A. Otherwise, go to BOX IAQ3. | | | | |

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|------------------|----------|---------------|---|---|--|--|--|
| SSRR_SPOUSE_AMT1 | IAQ16A | quantity unit | <p>What was the amount of {your/{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s} most recent monthly Social Security or Railroad Retirement payment (for the month of {CURRENT MONTH - 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> <p>ENTER SPOUSE/PARTNER SOCIAL SECURITY/RAILROAD RETIREMENT AMOUNT</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | <p>If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s".</p> | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ3 (-8) IAQ16B (-9) IAQ16B |
| SSRR_SPOUSE_AMT2 | IAQ16B | code one | <p>SHOW CARD IA6</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$700 (2) \$700 TO LESS THAN \$1,000 (3) \$1,000 TO LESS THAN \$1,300 (4) \$1,300 TO LESS THAN \$1,600 (5) \$1,600 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ3 |
| | BOX IAQ3 | routing | <p>If IAQ4 = 1 (SP RECEIVED SSI) and 2 (SPOUSE RECEIVED SSI), go to IAQ17. Else if IAQ4 = 1 (SP RECEIVED SSI), go to IAQ18A. Else if IAQ4 = 2 (SPOUSE RECEIVED SSI), go to IAQ19A. Otherwise, go to BOX IAQ4.</p> | | | | |
| SSRR_COMBINED1 | IAQ17 | code one | <p>What was the amount of {your/SP's} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s most recent monthly SSI payment (for the month of {CURRENT MONTH - 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | <p>If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "your". Otherwise, display "SP's". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME".</p> | | (1) IAQ17A (2) IAQ18A (-8) IAQ17B (-9) IAQ17B |
| SSRR_COMBINED2 | IAQ17A | quantity unit | <p>ENTER COMBINED SP AND SPOUSE/PARTNER SSI AMOUNT</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ4 (-8) IAQ17B (-9) IAQ17B |
| SSRR_COMBINED3 | IAQ17B | code one | <p>SHOW CARD IA7</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$300 (2) \$300 TO LESS THAN \$700 (3) \$700 TO LESS THAN \$1,000 (4) \$1,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ4 |

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| SSI_SP_AMT1 | IAQ18A | quantity unit | <p>What was the amount of {your/SP's} most recent monthly SSI payment (for the month of {CURRENT MONTH – 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [SP's] respondent is proxy | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ3A (-8) IAQ18B (-9) IAQ18B |
| SSI_SP_AMT2 | IAQ18B | code one | <p>SHOW CARD IA8</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$100 (2) \$100 TO LESS THAN \$200 (3) \$200 TO LESS THAN \$400 (4) \$400 TO LESS THAN \$700 (5) \$700 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ3A |
| | BOX IAQ3A | routing | <p>If IAQ17 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ19A. Otherwise, go to BOX IAQ4.</p> | | | | |
| SSI_SPOUSE_AMT3 | IAQ19A | quantity unit | <p>What was the amount of {your/{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s} most recent monthly SSI payment (for the month of {CURRENT MONTH – 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s". | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ4 (-8) IAQ19B (-9) IAQ19B |
| SSI_SPOUSE_AMT4 | IAQ19B | code one | <p>SHOW CARD IA8</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$100 (2) \$100 TO LESS THAN \$200 (3) \$200 TO LESS THAN \$400 (4) \$400 TO LESS THAN \$700 (5) \$700 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ4 |
| | BOX IAQ4 | routing | <p>If IAQ5 = 1 (SP RECEIVED VA) and 2 (SPOUSE RECEIVED VA), go to IAQ20. Else if IAQ5 = 1 (SP RECEIVED VA), go to IA21A. Else if IAQ5 = 2 (SPOUSE RECEIVED VA), go to IAQ22A. Otherwise, go to BOX IAQ5.</p> | | | | |
| VA_AMT_COMBINED1 | IAQ20 | code one | <p>What was the amount of {your/SP's} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s most recent monthly Veteran's Administration payment (for the month of {CURRENT MONTH – 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "your". Otherwise, display "SP's". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". | | (1) IAQ20A (2) IAQ21A (-8) IAQ20B (-9) IAQ20B |

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|------------------|-----------|---------------|---|---|---|--|---|
| VA_AMT_COMBINED2 | IAQ20A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER VA AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ5 (-8) IAQ20B (-9) IAQ20B |
| VA_AMT_COMBINED3 | IAQ20B | code one | SHOW CARD IA9 Please look at this card and tell me which is closest. | (1) LESS THAN \$1,000 (2) \$1,000 TO LESS THAN \$1,400 (3) \$1,400 TO LESS THAN \$1,800 (4) \$1,800 TO LESS THAN \$2,200 (5) \$2,200 OR MORE (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "your". Otherwise, display "SP's". | | BOX IAQ5 |
| VA_SP_AMT1 | IAQ21A | quantity unit | What was the amount of {your/SP's} most recent monthly Veteran's Administration payment (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "your". Otherwise, display "SP's". | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ4A (-8) IAQ21B (-9) IAQ21B |
| VA_SP_AMT2 | IAQ21B | code one | SHOW CARD IA10 Please look at this card and tell me which is closest. | (1) LESS THAN \$500 (2) \$500 TO LESS THAN \$700 (3) \$700 TO LESS THAN \$900 (4) \$900 TO LESS THAN \$1,100 (5) \$1,100 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ4A |
| | BOX IAQ4A | routing | If IAQ20 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ22A. Otherwise, go to BOX IAQ5. | | | | |
| VA_SPOUSE_AMT1 | IAQ22A | quantity unit | What was the amount of {your/{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s} most recent monthly Veteran's Administration payment (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s". | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ5 (-8) IAQ22B (-9) IAQ22B |

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|-------------------|----------|---------------|---|---|--|--|--|
| VA_SPOUSE_AMT2 | IAQ22B | code one | SHOW CARD IA10 Please look at this card and tell me which is closest. | (1) LESS THAN \$500 (2) \$500 TO LESS THAN \$700 (3) \$700 TO LESS THAN \$900 (4) \$900 TO LESS THAN \$1,100 (5) \$1,100 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ5 |
| | BOX IAQ5 | routing | If IAQ6 = 1 (SP RECEIVED PENSION PLAN) and 2 (SPOUSE RECEIVED PENSION PLAN), go to IAQ23. Else if IAQ6 = 1 (SP RECEIVED PENSION PLAN), go to IAQ24A. Else if IAQ6 = 2 (SPOUSE RECEIVED PENSION PLAN), go to IAQ25A. Otherwise, go to BOX IAQ6. | | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". | | |
| PENSION_COMBINED1 | IAQ23 | code one | You told me earlier that {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} have job-related pension plans. In all, how much was received from these pension plans in the last month, before any federal or state taxes were taken out (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | | | (1) IAQ23A (2) IAQ24A (-8) IAQ23B (-9) IAQ23B |
| PENSION_COMBINED2 | IAQ23A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER PENSION PLAN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ6 (-8) IAQ23B (-9) IAQ23B |
| PENSION_COMBINED3 | IAQ23B | code one | SHOW CARD IA11 Please look at this card and tell me which is closest. | (1) LESS THAN \$600 (2) \$600 TO LESS THAN \$1,300 (3) \$1,300 TO LESS THAN \$2,100 (4) \$2,100 TO LESS THAN \$5,900 (5) \$5,900 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ6 |
| PENSION_SP_AMT1 | IAQ24A | quantity unit | {You told me earlier that {you have/SP has} a job-related pension plan.} In all, how much was received from {{your/SP's} job-related /this} pension plan in the last month, before any federal or state taxes were taken out (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you have" and "your". Otherwise, display "SP has" and "SP's". If IA23=2, (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), display "{your/SP's} job-related". Otherwise, display "You told me earlier that {you have/SP has} a job-related pension plan." and "this". | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ5A (-8) IAQ24B (-9) IAQ24B |

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|---------------------|-----------|---------------|---|---|--|--|--|--|
| PENSION_SP_AMT2 | IAQ24B | code one | SHOW CARD IA12 Please look at this card and tell me which is closest. | (1) LESS THAN \$400 (2) \$400 TO LESS THAN \$900 (3) \$900 TO LESS THAN \$1,600 (4) \$1,600 TO LESS THAN \$3,800 (5) \$3,800 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | | BOX IAQ5A |
| | BOX IAQ5A | routing | If IAQ23 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ25A. Otherwise, go to BOX IAQ6. | | | | | |
| PENSION_SPOUSE_AMT1 | IAQ25A | quantity unit | {You told me earlier that {you have/{SPOUSE/PARTNER FIRSTNAME LASTNAME} has} a job-related pension plan.} In all, how much was received from {{your/{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s} job-related/this} pension plan in the last month, before any federal or state taxes were taken out (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you have" and "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME} has" and "{SPOUSE/PARTNER FIRSTNAME LASTNAME}'s". If IA23 = 2 (ENTER SP and SPOUSE/PARTNER AMOUNTS SEPARATELY), display "{your/SP's} job-related". Otherwise, display "You told me earlier that {you have/{SPOUSE/PARTNER FIRSTNAME LASTNAME} has} a jobrelated pension plan" and "this". | | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ6 (-8) IAQ25B (-9) IAQ25B |
| PENSION_SPOUSE_AMT2 | IAQ25B | code one | SHOW CARD IA12 Please look at this card and tell me which is closest. | (1) LESS THAN \$400 (2) \$400 TO LESS THAN \$900 (3) \$900 TO LESS THAN \$1,600 (4) \$1,600 TO LESS THAN \$3,800 (5) \$3,800 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | | BOX IAQ6 |
| | BOX IAQ6 | routing | If IAQ7 = 1 (SP HAS RETIREMENT ACCT) and 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ26. Else if IAQ7 = 1 (SP HAS RETIREMENT ACCT), go to IAQ27A. Else if IAQ7 = 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ28A. Otherwise, go to BOX IAQ9. | | | | | |
| 401K_COMBINED1 | IAQ26 | code one | This next question is a bit different. You mentioned that {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} have retirement accounts. In total, about how much is <u>currently</u> in all of these retirement accounts? IF NEEDED: Retirement accounts include 401K, 403B, IRA, and other retirement accounts. IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". Display "currently" in underlined text. | | | (1) IAQ26A (2) IAQ27A (-8) IAQ26B (-9) IAQ26B |

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| 401K_COMBINED2 | IAQ26A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER RETIREMENT ACCOUNT AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ7 (-8) IAQ26B (-9) IAQ26B |
| 401K_COMBINED3 | IAQ26B | code one | SHOW CARD IA13 Please look at this card and tell me which is closest. | (1) LESS THAN \$34,000 (2) \$34,000 TO LESS THAN \$82,000 (3) \$82,000 TO LESS THAN \$175,000 (4) \$175,000 TO LESS THAN \$413,000 (5) \$413,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ7 |
| 401K_SP_AMT1 | IAQ27A | quantity unit | This next question is a bit different. You mentioned that {you have/SP has} retirement accounts. In total, about how much is <u>currently</u> in all of these retirement accounts? IF NEEDED: Retirement accounts include 401K, 403B, IRA and other retirement accounts. IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you have". Otherwise, display "SP has". Display "currently" in underlined text. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ6A (-8) IAQ27B (-9) IAQ27B |
| 401K_SP_AMT2 | IAQ27B | code one | SHOW CARD IA14 Please look at this card and tell me which is closest. | (1) LESS THAN \$20,000 (2) \$20,000 TO LESS THAN \$47,000 (3) \$47,000 TO LESS THAN \$92,000 (4) \$92,000 TO LESS THAN \$218,000 (5) \$218,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ6A |
| | BOX IAQ6A | routing | If IAQ26 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ28A. Otherwise, go to BOX IAQ7. | | | | |
| 401K_SPOUSE_AMT1 | IAQ28A | quantity unit | This next question is a bit different. You mentioned that {you have/{SPOUSE/PARTNER FIRSTNAME LASTNAME} has} retirement accounts. In total, about how much is <u>currently</u> in all of these retirement accounts? IF NEEDED: Retirement accounts include 401K, 403B, IRA and other retirement accounts. IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you have". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME} has". Display "currently" in underlined text. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ7 (-8) IAQ28B (-9) IAQ28B |

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| 401K_SPOUSE_AMT2 | IAQ28B | code one | SHOW CARD IA14 Please look at this card and tell me which is closest. | (1) LESS THAN \$20,000 (2) \$20,000 TO LESS THAN \$47,000 (3) \$47,000 TO LESS THAN \$92,000 (4) \$92,000 TO LESS THAN \$218,000 (5) \$218,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ7 |
| | BOX IAQ7 | routing | If IAQ7 = 1 (SP HAS RETIREMENT ACCT) and 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ29. Else if IAQ7 = 1 (SP HAS RETIREMENT ACCT), go to IAQ30A. Else if IAQ7 = 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ31A. Otherwise, go to BOX IAQ8. | | | | |
| RECIEVE_COMBINED1 | IAQ29 | code one | Last month, how much altogether did {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} receive or withdraw from all of these retirement accounts (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". Display "Last month" in bold underlined text. | | (1) IAQ29A (2) IAQ30A (-8) IAQ29B (-9) IAQ29B |
| RECIEVE_COMBINED2 | IAQ29A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER RETIREMENT ACCOUNT RECEIVED/WITHDRAWN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$99,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ8 (-8) IAQ29B (-9) IAQ29B |
| RECIEVE_COMBINED3 | IAQ29B | code one | SHOW CARD IA15 Please look at this card and tell me which is closest. | (1) LESS THAN \$200 (2) \$200 TO LESS THAN \$500 (3) \$500 TO LESS THAN \$1,000 (4) \$1,000 TO LESS THAN \$2,500 (5) \$2,500 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last month" in underlined text. | | BOX IAQ8 |
| RECEIVE_SP1 | IAQ30A | quantity unit | Last month, how much altogether did {you/SP} receive or withdraw from {your/his/her} retirement accounts (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SP RETIREMENT ACCOUNT RECEIVED/WITHDRAWN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you" and "your". Otherwise, display "SP" and "[his/her]". Display "last month" in underlined text. | Use input mask in response field (\$99,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ7A (-8) IAQ30B (-9) IAQ30B |

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| RECEIVE_SP2 | IAQ30B | code one | SHOW CARD IA16 Please look at this card and tell me which is closest. | (1) LESS THAN \$100 (2) \$100 TO LESS THAN \$300 (3) \$300 TO LESS THAN \$700 (4) \$700 TO LESS THAN \$1,700 (5) \$1,700 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last month" in underlined text. | | BOX IAQ7A |
| | BOX IAQ7A | routing | If IAQ29 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ31A. Otherwise, go to BOX IAQ8. | | | | |
| RECEIVE_SPOUSE1 | IAQ31A | quantity unit | Last month, how much altogether did (you/{SPOUSE/PARTNER FIRSTNAME LASTNAME}) receive or withdraw from (your/his/her) retirement accounts (for the month of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you" and "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}" and "{his/her}." Display "Last month" in underlined text. | Use input mask in response field (\$99,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ8 (-8) IAQ31B (-9) IAQ31B |
| RECEIVE_SPOUSE2 | IAQ31B | code one | SHOW CARD IA16 Please look at this card and tell me which is closest. | (1) LESS THAN \$100 (2) \$100 TO LESS THAN \$300 (3) \$300 TO LESS THAN \$700 (4) \$700 TO LESS THAN \$1,700 (5) \$1,700 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last month" in underlined text. | | BOX IAQ8 |
| | BOX IAQ8 | routing | If IAQ7 = 1 (SP HAS RETIREMENT ACCT) and 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ32. Else if IAQ7 = 1 (SP HAS RETIREMENT ACCT), go to IAQ33A. Else if IAQ7 = 2 (SPOUSE HAS RETIREMENT ACCT), go to IAQ34A. Otherwise, go to BOX IAQ9. | | | | |
| YRRECEIVE_COMBINED1 | IAQ32 | code one | Now thinking about all of last year, that is calendar year {CURRENT YEAR - 1}, how much altogether did (you/SP) and (SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME) receive or withdraw from all of these retirement accounts? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". Display "last year" in underlined text. | | (1) IAQ32A (2) IAQ33A (-8) IAQ32B (-9) IAQ32B |
| YRRECEIVE_COMBINED2 | IAQ32A | quantity unit | ENTER COMBINED SP AND SPOUSE/PARTNER RETIREMENT ACCOUNT RECEIVED/WITHDRAWN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ9 (-8) IAQ32B (-9) IAQ32B |

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| YRRECEIVE_COMBINED3 | IAQ32B | code one | SHOW CARD IA17 Please look at this card and tell me which is closest. | (1) LESS THAN \$2,400 (2) \$2,400 TO LESS THAN \$6,000 (3) \$6,000 TO LESS THAN \$12,000 (4) \$12,000 TO LESS THAN \$30,000 (5) \$30,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last year" in underlined text. | | BOX IAQ9 |
| YRRECEIVE_SP1 | IAQ33A | quantity unit | Now thinking about all of <u>last year</u> , that is calendar year {CURRENT YEAR - 1}, how much altogether did {you/SP} receive or withdraw from all of {your/his/her} retirement plans? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SP RETIREMENT ACCOUNT RECEIVED/WITHDRAWN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you" and "your". Otherwise, display "SP" and "{his/her}". Display "last year" in underlined text. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ8A (-8) IAQ33B (-9) IAQ33B |
| YRRECEIVE_SP2 | IAQ33B | code one | SHOW CARD IA18 For last year, that is calendar year {CURRENT YEAR - 1}, Please look at this card and tell me which is closest. | (1) LESS THAN \$1,200 (2) \$1,200 TO LESS THAN \$3,600 (3) \$3,600 TO LESS THAN \$8,400 (4) \$8,400 TO LESS THAN \$20,400 (5) \$20,400 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last year" in underlined text. | | BOX IAQ8A |
| | BOX IAQ8A | routing | If IAQ32 = 2 (ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY), go to IAQ34A. Otherwise, go to BOX IAQ9. | | | | |
| YRRECEIVE_SPOUSE1 | IAQ34A | quantity unit | Now thinking about all of <u>last year</u> , that is calendar year {CURRENT YEAR - 1}, how much altogether did {you/{SPOUSE/PARTNER FIRSTNAME LASTNAME}} receive or withdraw from all of {your/his/her} retirement plans? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SPOUSE/PARTNER RETIREMENT ACCOUNT RECEIVED/WITHDRAWN AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you" and "your". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}" and "{his/her}". Display "last year" in underlined text. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ9 (-8) IAQ34B (-9) IAQ34B |
| YRRECEIVE_SPOUSE2 | IAQ34B | code one | SHOW CARD IA15 IA18 Please look at this card and tell me which is closest. | (1) LESS THAN \$1,200 (2) \$1,200 TO LESS THAN \$3,600 (3) \$3,600 TO LESS THAN \$8,400 (4) \$8,400 TO LESS THAN \$20,400 (5) \$20,400 OR MORE (-8) DON'T KNOW (-9) REFUSED | Display "last year" in underlined text. | | BOX IAQ9 |

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| | BOX IAQ9 | routing | If [IAQ8 = 1 (SP MUTUAL FUNDS) and IAQ8 = 2 (SPOUSE MUTUAL FUNDS)] or IAQ8 = 3 (JOINT MUTUAL FUNDS) or [IAQ9 = 1 (SP BONDS) and IAQ9 = 2 (SPOUSE BONDS)] or IAQ9 = 3 (JOINT BONDS), go to IAQ35. Else if IAQ8 = 1 (SP MUTUAL FUNDS) or IAQ9 = 1 (SP BONDS), go to IAQ36A. Else if IAQ8 = 2 (SPOUSE MUTUAL FUNDS) or IAQ9 = 2 (SPOUSE BONDS), go to IAQ37A. Otherwise, go to BOX IAQ10. | | | | |
| OTHER_COMBINED1 | IAQ35 | code one | You told me earlier that {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} own {mutual funds or stocks} {government, corporate, or other bonds} that are not part of retirement accounts. About how much are these worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". If IA8 = 1 (SP MUTUAL FUNDS) or 2 (SPOUSE MUTUAL FUNDS) or 3 (JOINT MUTUAL FUNDS), display "mutual funds or stocks". If IA9 = 1 (SP BONDS) or 2 (SPOUSE BONDS) or 3 (JOINT BONDS), display "government, corporate, or other bonds". If more than one type of asset displayed, display "and" between them. | | (1) IAQ35A (2) IAQ36A (-8) IAQ35B (-9) IAQ35B |
| OTHER_COMBINED2 | IAQ35A | quantity unit | ENTER COMBINED SP AND SPOUSE'S/PARTNER'S MUTUAL FUNDS/STOCKS/BONDS AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ10 (-8) BOX IAQ9A (-9) BOX IAQ9A |
| OTHER_COMBINED3 | IAQ35B | code one | SHOW CARD IA16 IA19 Please look at this card and tell me which is closest. | (1) LESS THAN \$9,000 (2) \$9,000 TO LESS THAN \$18,000 (3) \$18,000 TO LESS THAN \$93,000 (4) \$93,000 TO LESS THAN \$350,000 (5) \$350,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10 |
| | BOX IAQ9A | routing | If [IAQ8 = 1 (SP MUTUAL FUNDS)] or IAQ8 = 2 (SPOUSE MUTUAL FUNDS) or IAQ8 = 3 (JOINT MUTUAL FUNDS), go to IAQ35B. Otherwise, go to IAQ35C. | | | | |
| OTHER_COMBINED4 | IAQ35C | code one | SHOW CARD IA17 IA20 Please look at this card and tell me which is closest. | (1) LESS THAN \$600 (2) \$600 TO LESS THAN \$5,000 (3) \$5,000 TO LESS THAN \$16,000 (4) \$16,000 TO LESS THAN \$62,000 (5) \$62,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10 |
| OTHER_SP1 | IAQ36A | quantity unit | You told me earlier that {you own/SP owns} {mutual funds or stocks} {government, corporate, or other bonds} that are not part of retirement accounts. About how much are these worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you own". Otherwise, display "SP owns". If IA8 = 1 (SP MUTUAL FUNDS), display "mutual funds or stocks". If IA9 = 1 (SP BONDS), display "government, corporate, or other bonds". If more than one type of asset displayed, display "and" between them. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ9C (-8) BOX IAQ9B (-9) BOX IAQ9B |
| | BOX IAQ9B | routing | If IAQ8 = 1 (SP MUTUAL FUNDS), go to IAQ36B. Otherwise, go to IAQ36C. | | | | |

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| OTHER_SP2 | IAQ36B | code one | SHOW CARD IA18 IA21 Please look at this card and tell me which is closest. | (1) LESS THAN \$8,000 (2) \$8,000 TO LESS THAN \$62,000 (3) \$62,000 TO LESS THAN \$192,000 (4) \$192,000 TO LESS THAN \$213,000 (5) \$213,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ9C |
| OTHER_SP3 | IAQ36C | code one | SHOW CARD IA19 IA22 Please look at this card and tell me which is closest. | (1) LESS THAN \$300 (2) \$300 TO LESS THAN \$2,500 (3) \$2,500 TO LESS THAN \$8,000 (4) \$8,000 TO LESS THAN \$37,000 (5) \$37,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ9C |
| | BOX IAQ9C | routing | If IAQ8 = 2 (SPOUSE MUTUAL FUNDS) or IAQ9 = 2 (SPOUSE BONDS), go to IAQ37A. Otherwise, go to BOX IAQ10. | | | | |
| OTHER_SPOUSE1 | IAQ37A | quantity unit | You told me earlier that {you own/{SPOUSE/PARTNER FIRSTNAME LASTNAME} owns} {mutual funds or stocks} {government, corporate, or other bonds} that are not part of retirement accounts. About how much are these worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SPOUSE'S/PARTNER'S MUTUAL FUNDS/STOCKS/BONDS AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you own". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME} owns". If IA8 = 2 (SPOUSE MUTUAL FUNDS), display "mutual funds or stocks". If IA9 = 2 (SPOUSE BONDS), display "government, corporate, or other bonds". If more than one type of asset displayed, display "and" between each one. | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ10 (-8) BOX IAQ9D (-9) BOX IAQ9D |
| | BOX IAQ9D | routing | If IAQ8 = 2 (SPOUSE MUTUAL FUNDS), go to IAQ37B. Otherwise, go to IA37B. | | | | |
| OTHER_SPOUSE2 | IAQ37B | code one | SHOW CARD IA18 IA21 Please look at this card and tell me which is closest. | (1) LESS THAN \$8,000 (2) \$8,000 TO LESS THAN \$62,000 (3) \$62,000 TO LESS THAN \$192,000 (4) \$192,000 TO LESS THAN \$213,000 (5) \$213,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10 |
| OTHER_SPOUSE3 | IAQ37C | code one | SHOW CARD IA19 IA22 Please look at this card and tell me which is closest. | (1) LESS THAN \$300 (2) \$300 TO LESS THAN \$2,500 (3) \$2,500 TO LESS THAN \$8,000 (4) \$8,000 TO LESS THAN \$37,000 (5) \$37,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10 |

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|-----------------|------------|---------------|--|---|---|--|--|
| | BOX IAQ10 | routing | If [IAQ10 = 1 (SP CHECKING) and IAQ10 = 2 (SPOUSE CHECKING)] or IAQ10 = 3 (JOINT CHECKING) or [IAQ11 = 1 (SP SAVINGS) and IAQ11 = 2 (SPOUSE SAVINGS)] or IAQ11 = 3 (JOINT SAVINGS), or [IAQ12 = 1 (SP CDS) and IAQ12 = 2 (SPOUSE CDS)] or IAQ12 = 3 (JOINT CDS), go to IAQ38. Else if IAQ10 = 1 (SP CHECKING) or IAQ11 = 1 (SP SAVINGS) or IAQ13 = 1 (SP CDS), go to IAQ39A. Else if IAQ10 = 2 (SPOUSE CHECKING) or IAQ11 = 2 (SPOUSE SAVINGS) or IAQ13 = 2 (SPOUSE CDS), go to IAQ40A. Otherwise, go to BOX IAQ11. | | | | |
| ACCTS_COMBINED1 | IAQ38 | code one | You told me earlier that {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} have {checking accounts} {savings or money market accounts} {certificates of deposit or CDs}. If you added up all of these accounts, about how much were they worth early <u>last month</u> (meaning in the beginning of {CURRENT MONTH - 1})? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". If IA10a = 1 (SP CHECKING) or IA10a = 2 (SPOUSE CHECKING) or IA10a = 3 (JOINT CHECKING), display "checking accounts". If IA10b = 1 (SP SAVINGS) or IA10b = 2 (SPOUSE SAVINGS) or IA10b = 3 (JOINT SAVINGS), display "savings or money market accounts". If IA10c = 1 (SP CDS) or IA10c = 2 (SPOUSE CDS) or IA10c = 3 (JOINT CDS), display "certificates of deposit or CDs". If more than one type of account displayed, display "and" between each one. Display "last month" in underlined text. | | (1) IAQ38A (2) IAQ39A (-8) IAQ38B (-9) IAQ38B |
| ACCTS_COMBINED2 | IAQ38A | quantity unit | ENTER COMBINED SP AND SPOUSE'S/PARTNER'S ACCOUNTS TOTAL AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ11 (-8) BOX IAQ10A (-9) BOX IAQ10A |
| | BOX IAQ10A | routing | If IAQ12 = [1 (SP CDs) and 2 (SPOUSE CDs)] or 3 (JOINT CDs), go to IAQ38B. Otherwise, go to IAQ38C. | | | | |
| ACCTS_SEPARATE1 | IAQ38B | code one | SHOW CARD #A20 IA23 Please look at this card and tell me which is closest. | (1) LESS THAN \$11,000 (2) \$11,000 TO LESS THAN \$25,000 (3) \$25,000 TO LESS THAN \$50,000 (4) \$50,000 TO LESS THAN \$108,000 (5) \$108,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ11 |
| ACCTS_SEPARATE2 | IAQ38C | code one | SHOW CARD #A21 IA24 Please look at this card and tell me which is closest. | (1) LESS THAN \$2,000 (2) \$2,000 TO LESS THAN \$7,000 (3) \$7,000 TO LESS THAN \$17,000 (4) \$17,000 TO LESS THAN \$57,000 (5) \$57,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ11 |

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| ACCTS_SP1 | IAQ39A | quantity unit | <p>You told me earlier that {you have/SP has} {a checking account} {a savings or money market account} {certificates of deposit or CDs}.</p> <p>If you added up all of these accounts, about how much were they worth early <u>last month</u> (meaning in the beginning of {CURRENT MONTH - 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> <p>ENTER SP ACCOUNTS TOTAL AMOUNT</p> <p>If IAQ12 = 1 (SP CDS), go to IAQ39b. Otherwise, go to IAQ39c.</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | <p>If SPPROXY = 1(SAMPLE PERSON), display "you have". Otherwise, display "SP has".</p> <p>If IA10a = 1 (SP CHECKING), display "a checking account". If IA10b = 1 (SP SAVINGS), display "a savings or money market account". If IA10c = 1 (SP CDS), display "certificates of deposit or CDs". If more than one type of account displayed, display "and" between each one. Display "last month" in underlined text.</p> | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ10C (-8) BOX IAQ10B (-9) BOX IAQ10B |
| | BOX IAQ10B | routing | | | | | |
| ACCTS_SP2 | IAQ39B | code one | <p>SHOW CARD IA22 IA25</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$8,000 (2) \$8,000 TO LESS THAN \$13,000 (3) \$13,000 TO LESS THAN \$28,000 (4) \$28,000 TO LESS THAN \$54,000 (5) \$54,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10C |
| ACCTS_SP3 | IAQ39C | code one | <p>SHOW CARD IA23 IA26</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$500 (2) \$500 TO LESS THAN \$1,900 (3) \$1,900 TO LESS THAN \$5,000 (4) \$5,000 TO LESS THAN \$20,000 (5) \$20,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ10C |
| | BOX IAQ10C | routing | <p>If IAQ10 = 2 (SPOUSE CHECKING) or IAQ11 = 2 (SPOUSE SAVINGS) or IAQ12 = 2 (SPOUSE CDS), go to IAQ40A. Otherwise, go to BOX IAQ11.</p> | | | | |
| ACCTS_SPOUSE1 | IAQ40A | quantity unit | <p>You told me earlier that {you have/{SPOUSE/PARTNER FIRSTNAME LASTNAME} has} {a checking account} {a savings or money market account} {certificates of deposit or CDs}.</p> <p>If you added up all of these accounts, about how much were they worth early <u>last month</u> (meaning in the beginning of {CURRENT MONTH - 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> <p>ENTER SPOUSE/PARTNER ACCOUNTS TOTAL AMOUNT</p> <p>If IAQ12 = 2 (SPOUSE CDS), go to IAQ40b. Otherwise, go to IAQ40c.</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | <p>If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you have". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME} has".</p> <p>If IA10a = 2 (SPOUSE CHECKING), display "a checking account". If IA10b = 2 (SPOUSE SAVINGS), display "a savings or money market account". If IA10c = 2 (SPOUSE CDS), display "certificates of deposit or CDs". If more than one type of account displayed, display "and" between each one. Display "last month" in underlined text.</p> | Use input mask in response field (\$9,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ11 (-8) BOX IAQ10D (-9) BOX IAQ10D |
| | BOX IAQ10D | routing | | | | | |

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| ACCTS_SPOUSE2 | IAQ40B | code one | SHOW CARD IA22 IA25 Please look at this card and tell me which is closest. | (1) LESS THAN \$8,000 (2) \$8,000 TO LESS THAN \$13,000 (3) \$13,000 TO LESS THAN \$28,000 (4) \$28,000 TO LESS THAN \$54,000 (5) \$54,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | BOX IAQ11 |
| ACCTS_SPOUSE3 | IAQ40C | code one | SHOW CARD IA23 IA26 Please look at this card and tell me which is closest. | (1) LESS THAN \$500 (2) \$500 TO LESS THAN \$1,900 (3) \$1,900 TO LESS THAN \$5,000 (4) \$5,000 TO LESS THAN \$20,000 (5) \$20,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | BOX IAQ11 |
| | BOX IAQ11 | routing | If [IAQ8 = 1 (SP MUTUAL FUNDS) and IAQ8 = 2 (SPOUSE MUTUAL FUNDS)] or IAQ8 = 3 (JOINT MUTUAL FUNDS) or [IAQ9 = 1 (SP BONDS) and IAQ9 = 2 (SPOUSE BONDS)] or IAQ9 = 3 (JOINT BONDS), or [IAQ10 = 1 (SP CHECKING) and IAQ10 = 2 (SPOUSE CHECKING)] or IAQ10 = 3 (JOINT CHECKING) or [IAQ11 = 1 (SP SAVINGS) and IAQ11 = 2 (SPOUSE SAVINGS)] or IAQ11 = 3 (JOINT SAVINGS), or [IAQ12 = 1 (SP CDS) and IAQ12 = 2 (SPOUSE CDS)] or IAQ12 = 3 (JOINT CDS), go to IAQ41. Else if IAQ8 = 1 (SP MUTUAL FUNDS) or IAQ9 = 1 (SP BONDS) or IAQ10 = 1 (SP CHECKING) or IAQ11 = 1 (SP SAVINGS) or IAQ12 = 1 (SP CDS), go to IAQ42A. Else if IAQ8 = 2 (SPOUSE MUTUAL FUNDS) or IAQ9 = 2 (SPOUSE BONDS) or IAQ10 = 2 (SPOUSE CHECKING) or IAQ11 = 2 (SPOUSE SAVINGS) or IAQ12 = 2 (SPOUSE CDS), go to IAQ43A. Otherwise, go to BOX IAQ12. | | | |
| INTEREST_COMBINED1 | IAQ41 | code one | Now thinking about all of last year, that is calendar year {CURRENT YEAR - 1}, how much interest and dividend income did {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} have altogether from {mutual funds or stocks} {government, corporate, or other bonds} {bank accounts or CDs}? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". If IA8 = 1 (SP MUTUAL FUNDS) or 2 (SPOUSE MUTUAL FUNDS) or 3 (JOINT MUTUAL FUNDS), display "mutual funds or stocks". If IA9 = 1 (SP BONDS) or 2 (SPOUSE BONDS) or 3 (JOINT BONDS), display "government, corporate, or other bonds". If [IA10a = 1 (SP CHECKING) or 2 (SPOUSE CHECKING) or 3 (JOINT CHECKING)] or [IA10b = 1 (SP SAVINGS) or 2 (SPOUSE SAVINGS) or 3 (JOINT SAVINGS)] or [IA10c = 1 (SP CDS) or 2 (SPOUSE CDS) or 3 (JOINT CDS)], display "bank accounts or CDs". If more than one type of asset displayed, display "and" between each one. Display "In the last year" in underlined text. | (1) IAQ41A (2) IAQ42A (-8) IAQ41B (-9) IAQ41B |
| INTEREST_COMBINED2 | IAQ41A | quantity unit | ENTER SP AND SPOUSE'S/PARTNER'S INTEREST AND DIVIDEND INCOME AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | Use input mask in response field (\$99,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ12 (-8) BOX IAQ11A (-9) BOX IAQ11A |

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| INTEREST_COMBINED3 | IAQ41B | code one | SHOW CARD IA24 IA27 Please look at this card and tell me which is closest. | (1) LESS THAN \$200 (2) \$200 TO LESS THAN \$1,000 (3) \$1,000 TO LESS THAN \$4,000 (4) \$4,000 TO LESS THAN \$16,000 (5) \$16,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ12 |
| INTEREST_SP1 | IAQ42A | quantity unit | Now thinking about all of <u>last year</u> , that is calendar year {CURRENT YEAR - 1}, how much interest and dividend income did {you/SP} have altogether from {mutual funds or stocks} {bonds} {bank accounts or CDs}? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SP INTEREST AND DIVIDEND INCOME AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If SPPROXY = 1(SAMPLE PERSON), display "you". Otherwise, display "SP". If IA8 = 1 (SP MUTUAL FUNDS), display "mutual funds or stocks". If IA9 = 1 (SP BONDS), display "bonds". If IA10a = 1 (SP CHECKING) or IA10b = 1 (SP SAVINGS) or IA10c = 1 (SP CDS), display "bank accounts or CDs". If more than one type of asset displayed, display "and" between each one. Display "In the last year" in underlined text. | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ11A (-8) IAQ42B (-9) IAQ42B |
| INTEREST_SP2 | IAQ42B | code one | SHOW CARD IA25 IA28 Please look at this card and tell me which is closest. | (1) LESS THAN \$400 (2) \$400 TO LESS THAN \$1,000 (3) \$1,000 TO LESS THAN \$2,000 (4) \$2,000 TO LESS THAN \$11,000 (5) \$11,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ11A |
| | BOX IAQ11A | routing | If IAQ8 = 2 (SPOUSE MUTUAL FUNDS) or IAQ9 = 2 (SPOUSE BONDS) or IAQ10 = 2 (SPOUSE CHECKING) or IAQ11 = 2 (SPOUSE SAVINGS) or IAQ12 = 2 (SPOUSE CDS), go to IAQ43A. Otherwise, go to BOX IAQ12. | | | | |
| INTEREST_SPOUSE1 | IAQ43A | quantity unit | Now thinking about all of <u>last year</u> , that is calendar year {CURRENT YEAR - 1}, how much interest and dividend income did {you/{SPOUSE/PARTNER FIRSTNAME LASTNAME}} have altogether from {mutual funds or stocks} {bonds} {bank accounts or CDs}? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER SPOUSE/PARTNER INTEREST AND DIVIDEND INCOME AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}". If IA8 = 2 (SPOUSE MUTUAL FUNDS,) display "mutual funds or stocks". If IA9 = 2 (SPOUSE BONDS), display "bonds". If IA10a = 2 (SPOUSE CHECKING) or IA10b = 2 (SPOUSE SAVINGS) or IA10c = 2 (SPOUSE CDS), display "bank accounts or CDs". If more than one type of asset displayed, display "and" between each one. Display "In the last year" in bold underlined text. | Use input mask in response field (\$9,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ12 (-8) IAQ43B (-9) IAQ43B |
| INTEREST_SPOUSE2 | IAQ43B | code one | SHOW CARD IA25 IA28 Please look at this card and tell me which is closest. | (1) LESS THAN \$400 (2) \$400 TO LESS THAN \$1,000 (3) \$1,000 TO LESS THAN \$2,000 (4) \$2,000 TO LESS THAN \$11,000 (5) \$11,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ12 |

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| | BOX IAQ12 | routing | <p>If [IAQ13 = 1 (SP BUSINESS/FARM/REAL ESTATE) and IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE)] or IAQ13 = 3 (JOINT BUSINESS/FARM/REAL ESTATE), go to IAQ44.</p> <p>Else if IAQ13 = 1 (SP BUSINESS/FARM/REAL ESTATE), go to IAQ45A.</p> <p>Else if IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ46A.</p> <p>Otherwise, go to BOX IAQ13.</p> | | | | |
| LAND_COMBINED1 | IAQ44 | code one | <p>You told me earlier that {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} have a business, a farm, or real estate {other than {SP}'s home}. If that were sold today and any debts on it were paid off, about how much would it bring?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | <p>(1) ENTER COMBINED AMOUNT</p> <p>(2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you".</p> <p>Otherwise, display "SP".</p> <p>If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME".</p> <p>Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME".</p> <p>If HP1 = 1 (OWNS HOME), display "other than {SP}'s home".</p> | | <p>(1) IAQ44A</p> <p>(2) IAQ45A</p> <p>(-8) IAQ44B</p> <p>(-9) IAQ44B</p> |
| LAND_COMBINED2 | IAQ44A | quantity unit | <p>ENTER SP AND SPOUSE/PARTNER BUSINESS/FARM/REAL ESTATE COMBINED AMOUNT</p> | <p>(1) [continuous response]</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | | <p>Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.</p> | <p>(1) BOX IAQ13</p> <p>(-8) IAQ44B</p> <p>(-9) IAQ44B</p> |
| LAND_COMBINED3 | IAQ44B | code one | <p>SHOW CARD IA26 IA29</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$30,000</p> <p>(2) \$30,000 TO LESS THAN \$101,000</p> <p>(3) \$101,000 TO LESS THAN \$247,000</p> <p>(4) \$247,000 TO LESS THAN \$703,000</p> <p>(5) \$703,000 OR MORE</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | | | BOX IAQ13 |
| LAND_SP1 | IAQ45A | quantity unit | <p>You told me earlier that {you have/SP has} a business, a farm, or real estate {other than {SP}'s home}. If that were sold today and any debts on it were paid off, about how much would it bring?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | <p>(1) [continuous response]</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>If SPPROXY = 1(SAMPLE PERSON), display "you have".</p> <p>Otherwise, display "SP has".</p> <p>If HP1 = 1 (OWNS HOME), display "other than {SP}'s home"</p> | <p>Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.</p> | <p>(1) BOX IAQ12A</p> <p>(-8) IAQ45B</p> <p>(-9) IAQ45B</p> |
| LAND_SP2 | IAQ45B | code one | <p>SHOW CARD IA27 IA30</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$18,000</p> <p>(2) \$18,000 TO LESS THAN \$68,000</p> <p>(3) \$68,000 TO LESS THAN \$122,000</p> <p>(4) \$122,000 TO LESS THAN \$293,000</p> <p>(5) \$293,000 OR MORE</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | | | BOX IAQ12A |
| | BOX IAQ12A | routing | <p>If IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ46A.</p> <p>Otherwise, go to BOX IAQ13.</p> | | | | |

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| LAND_SPOUSE1 | IAQ46A | quantity unit | <p>You told me earlier that {you have/{SPOUSE/PARTNER FIRSTNAME LASTNAME} has) a business, a farm, or real estate (other than {SP}'s home). If that were sold today and any debts on it were paid off, about how much would it bring?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> <p>ENTER SPOUSE/PARTNER BUSINESS/FARM/REAL ESTATE AMOUNT</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | <p>If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you have". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME} has". If HP1 = 1 (OWNS HOME), display "other than {SP}'s home"</p> | Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) BOX IAQ13 (-8) IAQ46B (-9) IAQ46B |
| LAND_SPOUSE2 | IAQ46B | code one | <p>SHOW CARD IA27 IA30</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$18,000 (2) \$18,000 TO LESS THAN \$68,000 (3) \$68,000 TO LESS THAN \$122,000 (4) \$122,000 TO LESS THAN \$293,000 (5) \$293,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | BOX IAQ13 |
| | BOX IAQ13 | routing | <p>If [IAQ13 = 1 (SP BUSINESS/FARM/REAL ESTATE) and IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE)] or IAQ13 = 3 (JOINT BUSINESS/FARM/REAL ESTATE), go to IAQ47. Else if IAQ13 = 1 (SP BUSINESS/FARM/REAL ESTATE), go to IAQ48A. Else if IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ49A. Otherwise, go to IAQ50.</p> | | | | |
| INCOME_COMBINED1 | IAQ47 | code one | <p>Now thinking about all of last year, that is calendar year {CURRENT YEAR - 1}, how much income did {you/SP} and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME} receive from these businesses or property before any federal or state taxes were taken out?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | (1) ENTER COMBINED AMOUNT (2) ENTER SP AND SPOUSE/PARTNER AMOUNTS SEPARATELY (-8) DON'T KNOW (-9) REFUSED | <p>If SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)), display "you". Otherwise, display "SP". If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "SP FIRSTNAME LASTNAME". Otherwise, display "SPOUSE/PARTNER FIRSTNAME LASTNAME". Display "In the last year" in underlined text.</p> | | (1) IAQ47A (2) IAQ48A (-8) IAQ47B (-9) IAQ47B |
| INCOME_COMBINED2 | IAQ47A | quantity unit | <p>ENTER SP AND SPOUSE/PARTNER FROM BUSINESS/FARM/REAL ESTATE COMBINED AMOUNT</p> | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | | Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately. | (1) IAQ50 (-8) IAQ47B (-9) IAQ47B |
| INCOME_COMBINED3 | IAQ47B | code one | <p>SHOW CARD IA28 IA31</p> <p>Please look at this card and tell me which is closest.</p> | (1) LESS THAN \$3,600 (2) \$3,600 TO LESS THAN \$12,000 (3) \$12,000 TO LESS THAN \$25,000 (4) \$25,000 TO LESS THAN \$64,000 (5) \$64,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | | IAQ50 |

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|----------------|------------|---------------|--|--|---|--|---|
| INCOME_SP1 | IAQ48A | quantity unit | <p>Now thinking about all of last year, that is calendar year {CURRENT YEAR – 1}, how much income did {you/SP} receive from these businesses or property before any federal or state taxes were taken out?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | <p>(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p> | <p>If SPPROXY = 1{SAMPLE PERSON}, display "you". Otherwise, display "SP". Display "In the last year" in underlined text.</p> | <p>Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.</p> | <p>(1) BOX IAQ13A (-8) IAQ48B (-9) IAQ48B</p> |
| INCOME_SP2 | IAQ48B | code one | <p>SHOW CARD #A29 IA32</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$3,600 (2) \$3,600 TO LESS THAN \$7,200 (3) \$7,200 TO LESS THAN \$14,000 (4) \$14,000 TO LESS THAN \$38,000 (5) \$38,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p> | | | <p>BOX IAQ13A</p> |
| | BOX IAQ13A | routing | <p>If IAQ3 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ49A. Otherwise, go to IAQ50.</p> | | | | |
| INCOME_SPOUSE1 | IAQ49A | quantity unit | <p>Now thinking about all of last year, that is calendar year {CURRENT YEAR – 1}, how much income did {you/{SPOUSE/PARTNER FIRSTNAME LASTNAME}} receive from these businesses or property before any federal or state taxes were taken out?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | <p>(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p> | <p>If IN6-ROSTREL = 2(Spouse) or 56(Partner), display "you". Otherwise, display "{SPOUSE/PARTNER FIRSTNAME LASTNAME}". Display "in the last year" in underlined text.</p> | <p>Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.</p> | <p>(1) IAQ50 (-8) IAQ49B (-9) IAQ49B</p> |
| INCOME_SPOUSE2 | IAQ49B | code one | <p>SHOW CARD #A29 IA32</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$3,600 (2) \$3,600 TO LESS THAN \$7,200 (3) \$7,200 TO LESS THAN \$14,000 (4) \$14,000 TO LESS THAN \$38,000 (5) \$38,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p> | | | <p>IAQ50</p> |

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|-----------------|-----------|---------------|--|---|--|---|
| TOTAL_COMBINED1 | IAQ50 | quantity unit | <p>Now I want to ask about {your/SP's} {and SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s total income for <u>last year</u>, that is, for the calendar year ending in December {CURRENT YEAR - 1} before any federal or state taxes were taken out.</p> <p>Now think about that total income from: {Social Security or Railroad Retirement} {Supplemental Security Income} {the Veteran's Administration} {a pension plan} {any retirement accounts} {mutual funds or stocks} {bonds} {bank accounts} {CDs} {business, farm or real estate} {jobs} and from any other sources.</p> <p>How much was {your/SP's} {and SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s total income before taxes for last year (this is, for the 12 months ending in December {CURRENT YEAR - 1})?</p> <p>IF NEEDED: We don't need an exact dollar amount – the nearest \$1,000 is fine.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> | <p>{your/SP's} respondent is proxy and proxy relationship=SPOUSE or PARTNER</p> <p>[and {SP FIRSTNAME LASTNAME/SPOUSE/PARTNER FIRSTNAME LASTNAME}'s] SP is married or living with a partner otherwise do not display</p> <p>{SP FIRSTNAME LASTNAME} respondent is proxy and proxy relationship=SPOUSE or PARTNER {SPOUSE/PARTNER FIRSTNAME LASTNAME} respondent is SP or respondent is proxy and proxy relationship=SPOUSE or PARTNER</p> <p>{Social Security or Railroad Retirement} IAQ1=1 or 2 otherwise do not display</p> <p>{Supplemental Security Income} IAQ4=1 or 2 otherwise do not display</p> <p>{the Veteran's Administration} IAQ5=1 or 2 otherwise do not display</p> <p>{a pension plan} IAQ6=1 or 2 otherwise do not display</p> <p>{any retirement accounts} IAQ7=1 or 2 otherwise do not display</p> <p>{mutual funds or stocks} IAQ8=1, 2 or 3 otherwise do not display</p> <p>{bonds} IAQ9=1, 2, or 3 otherwise do not display</p> | <p>Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.</p> | <p>(1) CO1 (-8) BOX IAQ14 (-9) BOX IAQ14</p> |
| | BOX IAQ14 | routing | <p>ENTER TOTAL INCOME FOR LAST YEAR</p> <p>If SPMARSTA = 1 (MARRIED) go to IAQ51A. Otherwise, go to IAQ51B.</p> | | | |
| TOTAL_COMBINED2 | IAQ51A | code one | <p>SHOW CARD #A30 IA33</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$30,000 (2) \$30,000 TO LESS THAN \$43,000 (3) \$43,000 TO LESS THAN \$66,000 (4) \$66,000 TO LESS THAN \$109,000 (5) \$109,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p> | | CO1 |
| TOTAL_SP1 | IAQ51B | code one | <p>SHOW CARD #A31 IA34</p> <p>Please look at this card and tell me which is closest.</p> | <p>(1) LESS THAN \$18,000 (2) \$18,000 TO LESS THAN \$22,000 (3) \$22,000 TO LESS THAN \$36,000 (4) \$36,000 TO LESS THAN \$56,000 (5) \$56,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p> | | CO1 |
| OWNCAR | CO1 | yes/no | <p>Now, I would like to change topics and talk about automobiles {you own/SP owns} {or {your/his/her} {husband/wife/partner owns}}.</p> <p>{Do you/Does SP} {or {your/his/her} {husband/wife/partner}} own any cars, trucks, or vans?</p> <p>IF NEEDED: Do not include recreational vehicles, such as motorcycles, trailers, motor homes, boats, or airplanes.</p> | <p>{you own} if SPPROXY = 1 or (SPPROXY = 2 and IN6-ROSTREL in(2,56)) {SP owns} if SPPROXY = 2 and IN6-ROSTREL not in (2,56)</p> <p>{or your husband} (if SPPROXY = 1 and IN13-SPMARSTA=1 (married) and spouse gender is male) or (if SPPROXY = 2 and IN6-ROSTREL = 2 and IN13-SPMARSTA=1 (married) and spouse gender is male) {or his husband} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is male and IN11-ROSTSEX = 1 (male) {or her husband} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is male and IN11-ROSTSEX = 2 (female) {or your wife} (if SPPROXY = 1 and IN13-SPMARSTA=1 (married) and spouse gender is female) or (if SPPROXY = 2 and IN6-ROSTREL = 2 and IN13-SPMARSTA=1 (married) and spouse gender is female) {or his wife} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is female and IN11-ROSTSEX = 1 (male) {or her wife} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is female and IN11-ROSTSEX = 2 (female) {or your partner} (if SPPROXY = 1 and someone on person roster rostrel = 56 and hhflag = 1) or (if SPPROXY = 2 and IN6-ROSTREL = 56) {or his partner} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and someone on person roster rostrel = 56 and hhflag = 1 and IN11-ROSTSEX = 1 (male) {or her partner} if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and someone on person roster rostrel = 56 and hhflag = 1 and IN11-ROSTSEX = 2 (female))</p> <p>{Do you} if SPPROXY = 1 or (SPPROXY = 2 and IN6-ROSTREL in(2,56)) {Does SP} if SPPROXY = 2 and IN6-ROSTREL not in (2,56)</p> | <p>(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>(1) CO2 (2) FSINTRO1 (-8) FSINTRO1 (-9) FSINTRO1</p> |

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|----------|----------------|--------------------------|---|---|--|---|
| NUMCAR | CO2 BOX CO2 | quantity unit routing | How many vehicles {do you/does SP} {or {your/his/her} {husband/wife/partner}} own? ENTER NUMBER OF VEHICLES if CO2 GE 2 go to CO3 else go to FSINTRO1 | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [do you] if SPPROXY = 1 or (SPPROXY = 2 and IN6-ROSTREL in(2,56)) [does SP] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) [or your husband] (if SPPROXY = 1 and IN13-SPMARSTA=1 (married) and spouse gender is male) or (if SPPROXY = 2 and IN6-ROSTREL = 2 and IN13-SPMARSTA=1 (married) and spouse gender is male) [or his husband] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is male and IN11-ROSTSEX = 1 (male) [or her husband] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is male and IN11-ROSTSEX = 2 (female) [or your wife] (if SPPROXY = 1 and IN13-SPMARSTA=1 (married) and spouse gender is female) or (if SPPROXY = 2 and IN6-ROSTREL = 2 and IN13-SPMARSTA=1 (married) and spouse gender is female) [or his wife] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is female and IN11-ROSTSEX = 1 (male) [or her wife] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and IN13-SPMARSTA=1 (married) and spouse gender is female and IN11-ROSTSEX = 2 (female) [or your partner] (if SPPROXY = 1 and someone on person roster rostrel = 56 and hhflag = 1) or (if SPPROXY = 2 and IN6-ROSTREL = 56) [or his partner] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and someone on person roster rostrel = 56 and hhflag = 1 and IN11-ROSTSEX = 1 (male) [or her partner] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) and someone on person roster rostrel = 56 and hhflag = 1 and IN11-ROSTSEX = 2 (female)) | (1) BOX CO2 (-8) FSINTRO1 (-9) FSINTRO1 |
| PVCAR1 | CO3 | quantity unit | Altogether, what is their present value, that is, about how much would they bring if {you/SP} sold them on today's market? ENTER DOLLAR AMOUNT | (1) [continuous response] (-8) DON'T KNOW (-9) REFUSED | [you] if SPPROXY = 1 or (SPPROXY = 2 and IN6-ROSTREL in(2,56)) [SP] if SPPROXY = 2 and IN6-ROSTREL not in (2,56) | Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately. (1) FSINTRO1 (-8) CO3A (-9) CO3A |
| PVCAR2 | CO3A | code one | SHOW CARD IA32 IA35 Please look at this card and tell me which is closest. | (1) LESS THAN \$2,500 (2) \$2,500 TO LESS THAN \$5,000 (3) \$5,000 TO LESS THAN \$7,500 (4) \$7,500 TO LESS THAN \$10,000 (5) \$10,000 TO LESS THAN \$20,000 (6) \$20,000 OR MORE (-8) DON'T KNOW (-9) REFUSED | | FSINTRO1 |
| FSINTRO1 | FSINTRO1 | no entry | These next questions are about the food eaten in {your/{SP}'s} household in the last 12 months, since {current month} of last year and whether {you were/he was/she was/they were} able to afford the food {you need/he needs/she needs/they need}. | | [you] if SPPROXY = 1 (SAMPLE PERSON) or (SPPROXY = 2(PROXY) and IN6-ROSTREL in(2,56)) [SP]'s] if SPPROXY = 2(PROXY) and IN6-ROSTREL not in(2,56) [you were] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1) [he was] IF SPPROXY = 2(proxy) and SP lives alone and SP is male [she was] IF SPPROXY = 2(proxy) and SP lives alone and SP is female [they were] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1 [you need] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1) [he needs] IF SPPROXY = 2(proxy) and SP lives alone and SP is male [she needs] IF SPPROXY = 2(proxy) and SP lives alone and SP is female [they need] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1 | FS1 |

| | | | | | | | |
|----------------|------|----------|--|--|---|--|---|
| FOODLAST | FS1 | code one | <p>I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months—that is, since last [name of current month].</p> <p>The first statement is, The food that [I/we/(SP)/(SP) or other adults in (SP)'s household] bought just didn't last, and [I/we/he/she/they] didn't have money to get more.</p> <p>Was that often, sometimes, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months?</p> | <p>(1) OFTEN TRUE (2) SOMETIMES TRUE (3) NEVER TRUE (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] SPPROXY = 1(sample person) and SP lives alone [your household] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone [[SP]'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> <p>[I] SPPROXY = 1(sample person) and SP lives alone [We] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone and SP is male [[SP] or other adults in (SP)'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> <p>[I] SPPROXY = 1(sample person) and SP lives alone [We] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [he] IF SPPROXY = 2(proxy) and SP lives alone and SP is male [she] IF SPPROXY = 2(proxy) and SP lives alone and SP is female [they] IF SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> <p>[you] SPPROXY = 1(sample person) and SP lives alone [your household] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone [[SP]'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> | | FS2 |
| FOODLAST_OFTEN | FS2 | code one | <p>The next statement is: [I/we/(SP)/(SP) or other adults in (SP)'s household] couldn't afford to eat balanced meals.</p> <p>Was that often, sometimes, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months?</p> <p>[IF NEEDED: For these statements, please tell me whether the statement was often true, sometimes true, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months—that is, since last [name of current month].]</p> | <p>(1) OFTEN TRUE (2) SOMETIMES TRUE (3) NEVER TRUE (-8) DON'T KNOW (-9) REFUSED</p> | <p>[I] SPPROXY = 1(sample person) and SP lives alone [We] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone [[SP] or other adults in (SP)'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> <p>[you] SPPROXY = 1(sample person) and SP lives alone [your household] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone [[SP]'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> | | FS3 |
| SKIPMEAL | FS3 | code one | <p>In the last 12 months, since last [name of current month], did [you/you or other adults in your household/(SP)/(SP) or other adults in (SP)'s household] ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> | <p>(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] SPPROXY = 1(sample person) and SP lives alone [your household] (if SPPROXY = 1 (SAMPLE PERSON) or ((SPPROXY = 2(PROXY) and the proxy's HHFLAG = 1)) and count of persons with HHFLAG = 1 is more than one [[SP]] IF SPPROXY = 2(proxy) and SP lives alone [[SP] or other adults in (SP)'s household] if SPPROXY = 2(proxy) and count of persons with HHFLAG = 1 is more than one and proxy's HHFLAG ne 1</p> | | (1) FS3A (2) FS4 (-8) FS4 (-9) FS4 |
| SKIPMEAL_OFTEN | FS3A | code one | <p>How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?</p> | <p>(1) ALMOST EVERY MONTH (2) SOME MONTHS BUT NOT EVERY MONTH (3) IN ONLY 1 OR 2 MONTHS (-8) DON'T KNOW (-9) REFUSED</p> | | | FS4 |
| EATLESS | FS4 | code one | <p>In the last 12 months, did [you/(SP)] ever eat less than [you/he/she] felt [you/he/she] should because there wasn't enough money for food?</p> | <p>(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[you] SPPROXY = 1(sample person) [[SP]] SPPROXY = 2(proxy)</p> <p>[you] SPPROXY = 1(sample person) [he] SPPROXY = 2(proxy) and SP is male [she] SPPROXY = 2(proxy) and SP is female</p> | | FS5 |
| HUNGRY | FS5 | code one | <p>In the last 12 months, [were you/was (SP)] ever hungry but didn't eat because there wasn't enough money for food?</p> | <p>(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED</p> | <p>[were you] SPPROXY = 1(sample person) [was (SP)] SPPROXY = 2(proxy)</p> | | BOX ENDIAQ |

Demographics (DIQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|---|---|------------|--|
| DIINT | DIINTROA | no entry | The next few questions are about Hispanic origin and race. | | | | D11A - HISPORIG |
| HISPORIG | D11A | yes/no | [Are you/Is (SP)] of Hispanic, (Latino/Latina), or Spanish origin? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Are you] respondent is SP [Is (SP)] respondent is proxy [Latino] SP is male [Latina] SP is female | | (01) D11B - HISPORDT (02) D12A - RACECODE (-8) D12A - RACECODE (-9) D12A - RACECODE |
| HISPORDT | D11B | code all | SHOW CARD D11 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? CHECK ALL THAT APPLY. | (01) 1 MEXICAN/MEXICAN AMERICAN/CHICANO(A) (02) PUERTO RICAN (03) CUBAN (91) OTHER HISPANIC, LATINO(A), OR SPANISH ORIGIN (-8) Don't Know (-9) Refused | [are you] respondent is SP [Is (SP)] respondent is proxy [Chicano] SP is male [Chicana] SP is female [Latino] SP is male [Latina] SP is female | | (01) D12A - RACECODE (02) D12A - RACECODE (03) D12A - RACECODE (91) D11B - HISPDTOS (-8) D12A - RACECODE (-9) D12A - RACECODE |
| HISPDTOS | D11B | verbatim text | OTHER ORIGIN (SPECIFY) | (01) continuous answer | | | D12A - RACECODE |
| RACECODE | D12A | code all | SHOW CARD D12 Looking at this card, what [is/was] [your/(SP's)] race? [ASK IF NECESSARY: Are there any options from this card that you would like me to record?] | (02) ASIAN (03) BLACK OR AFRICAN AMERICAN (04) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (05) WHITE (91) SOME OTHER RACE (-8) Don't Know (-9) Refused | [is] SP is alive [was] SP is deceased [your] respondent is SP [(SP's)] respondent is proxy | | (01) BOX D12B (02) BOX D12B (03) BOX D12B (04) BOX D12B (05) BOX D12B (91) D12A - RACEOS (-8) BOX D12B (-9) BOX D12B |
| RACEOS | D12A | verbatim text | SOME OTHER RACE (SPECIFY) | (01) continuous answer | | | BOX D12B |
| | BOX D12B | routing | IF D12A-RACECODE INCLUDES 2/Asian, GO TO D12B - RACEASDT. ELSE GO TO BOX D12C. | | | | |
| RACEASDT | D12B | code all | SHOW CARD D13 Looking at this card, [are you/Is (SP)] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group? You can choose more than one group. CHECK ALL THAT APPLY. | (02) CHINESE (03) FILIPINO (04) JAPANESE (05) KOREAN (06) VIETNAMESE (91) OTHER ASIAN GROUP (-8) Don't Know (-9) Refused | [are you] respondent is SP [Is (SP)] respondent is proxy | | (02) BOX D12C (03) BOX D12C (04) BOX D12C (05) BOX D12C (06) BOX D12C (91) D12B - RACEASOS (-8) BOX D12C (-9) BOX D12C |
| RACEASOS | D12B | verbatim text | OTHER ASIAN GROUP (SPECIFY) | (01) continuous answer | | | BOX D12C |
| | BOX D12C | routing | IF D12A-RACECODE INCLUDES 4/NatHawOrOtInPacIsI, GO TO D12C - RACEPIDT. ELSE GO TO D13INTRO - DIINT3 D12D - OTHRLANG. ENGWELL - D12F | | | | |
| RACEPIDT | D12C | code all | SHOW CARD D14 Looking at this card, [are you/Is (SP)] Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group? You can choose more than one group. CHECK ALL THAT APPLY. | (01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (-8) Don't Know (-9) Refused | [are you] respondent is SP [Is (SP)] respondent is proxy | | (01) D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F (02) D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F (03) D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F (91) D12C - RACEPIOS (-8) D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F (-9) D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F |
| RACEPIOS | D12C | verbatim text | OTHER PACIFIC ISLANDER GROUP (SPECIFY) | (01) continuous answer | | | D13INTRO - DIINT3 D12D - OTHRLANG - ENGWELL - D12F |
| ENGWELL | D12F | code one | How well [Do you/Does (SP)] speak English? Would you say... | (01) Very well (02) Well (03) Not Well, or (04) Not at all? | | | D13INTRO - DIINT3 OTHRLANG - D12D |
| OTHRLANG | D12D | yes/no | [Do you/Does (SP)] speak a language other than English at home? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | (01) D12E - WHATLANG (02) D13INTRO - DIINT3 (-8) D13INTRO - DIINT3 (-9) D13INTRO |
| WHATLANG | D12E | code one | What [is/was] this language? | (01) SPANISH (91) OTHER (-8) Don't Know (-9) Refused | [is] SP is alive [was] SP is deceased | | (01) D12F - ENGWELL - D13INTRO - D13 (91) D12E - WHTLANGOS (-8) D12F - ENGWELL - D13INTRO - D13 (-9) D12F - ENGWELL - D13INTRO - D13 |
| WHTLANGOS | D12E | verbatim text | SOME OTHER LANGUAGE (SPECIFY) | (01) continuous answer | | | D12F - ENGWELL - D13INTRO - D13 |
| DIINT3 | D13INTRO | no entry | The next two questions are about education and income. | | | | D13A - SPDEGRVC |

| | | | | | | |
|----------|-----------------|---------------------|--|---|--|--|
| SPDEGRCV | DI3A | code one | <p>SHOW CARD DI5 What is the highest degree or level of school [you have/(SP) has] completed? [IF THE SAMPLE PERSON ATTENDED SCHOOL IN A FOREIGN COUNTRY, IN AN UNGRADED SCHOOL, HOME SCHOOLING, OR UNDER OTHER UNIQUE CIRCUMSTANCES, REFER THE RESPONDENT TO THE SHOWCARD AND ASK FOR THE NEAREST EQUIVALENT.] In studies like this, people are sometimes grouped together according to income.</p> | <p>(01) NO SCHOOLING COMPLETED (02) NURSERY SCHOOL TO 8TH GRADE (03) 9TH-12TH GRADE, NO DIPLOMA (04) HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT) (05) VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL) (06) SOME COLLEGE, BUT NO DEGREE (07) ASSOCIATE DEGREE (08) BACHELOR'S DEGREE (09) MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE (-8) Don't Know (-9) Refused</p> | <p>[you have] respondent is SP [(SP) has] respondent is proxy</p> | DI4INTRO - DIINT4 |
| DIINT4 | DI4INTRO | no entry | | | | DI4 - SPINC25K |
| SPINC25K | DI4 | code one | <p>Was [your and your spouse's/(SP's) and (his/her) spouse's/[your/(SP's)]] total income during the past 12 months less than \$25,000 or \$25,000 or more, before taxes? Include income from jobs, Social Security, Railroad Retirement, other retirement income, Supplemental Security Income (SSI), pensions, interest, and any other sources. [PROBE IF NECESSARY: In estimating [your/(SP's)] total income, you can respond for all of the past 12 months, or provide a one month estimate.] [EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]</p> | <p>(01) LESS THAN \$25,000/YEAR (02) \$25,000 OR MORE/YEAR (03) LESS THAN \$2080/MONTH (04) \$2080/MONTH OR MORE (-8) Don't Know (-9) Refused</p> | <p>[you and your spouse's] respondent is SP, SP married [(SP's) and his spouse's] respondent is proxy, SP male and married [(SP's) and her spouse's] respondent is proxy, SP female and married [your] respondent is SP, SP unmarried [(SP's)] respondent is proxy, SP unmarried</p> | <p>(01) DI5A - SPINCLET (02) DI5A - SPINCLET (03) DI5A - SPINCLET (04) DI5A - SPINCLET (-8) BOX DI3 (-9) BOX DI3</p> |
| SPINCLET | DI5A BOX DI3 | code one routing | <p>SHOW CARD DI6/DI7 Looking at this card, which letter best represents [your and your spouse's/(SP's) and (his/her) spouse's/[your/(SP's)]] total income before taxes during the past 12 months? Include income from jobs, Social Security, Railroad Retirement, other retirement income, and the other sources of income we just talked about. [EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.] GO TO NEXT SECTION.</p> | <p>(01) A. Less than \$5,000 (02) B. \$5,000 - 9,999 less than \$10,000 (03) C. \$10,000 - 14,999 less than \$15,000 (04) D. \$15,000 - 19,999 less than \$20,000 (05) E. \$20,000 - 24,999 less than \$25,000 (06) F. \$25,000 - 29,999 less than \$30,000 (07) G. \$30,000 - 39,999 less than \$40,000 (08) H. \$40,000 - 49,999 less than \$50,000 (09) I. \$50,000 or more - less than \$66,000 (10) J. \$66,000 - less than \$109,000 (11) K. \$109,000 or more (-8) Don't Know (-9) Refused</p> | <p>[you and your spouse's] respondent is SP, SP married [(SP's) and his spouse's] respondent is proxy, SP male and married [(SP's) and her spouse's] respondent is proxy, SP female and married [your] respondent is SP, SP unmarried [(SP's)] respondent is proxy, SP unmarried</p> | BOX DI3 |

Closing (CLQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|--|-----------------|------------|---|
| | BOX CLBEG | routing | IF (SP IS RESPONDENT) OR ((PROXY IS RESPONDENT AND PROXY LIVES WITH THE SP IN THE CURRENT ROUND) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO BOX CL8. ELSE IF (PROXY IS RESPONDENT) AND (AN ADDRESS HAS BEEN COLLECTED FOR THE PROXY), GO TO CL4 - VERIFY. ELSE GO TO CL1 - STADDR1. | | | | |
| STADDR1 | CL1 | address | What is your address? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL1 - STADDR2 |
| STADDR2 | CL1 | address | What is your address? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL1 - CITY |
| CITY | CL1 | address | What is your address? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL1 - STATE |
| STATE | CL1 | address | What is your address? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL1 - ZIPCODE |
| ZIPCODE | CL1 | address | What is your address? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL2 - PHONAREA |
| PHONAREA | CL2 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL2 - PHONEXCH |
| PHONEXCH | CL2 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL2 - PHONLOCL |
| PHONLOCL | CL2 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL2 - NOPHONE |
| NOPHONE | CL2 | phone | What is your phone number? | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | | BOX CL2 |
| | BOX CL2 | routing | IF CL2 - NOPHONE = 1/NoPhone OR CL2 - PHONAREA = RF, GO TO BOX CL8. ELSE GO TO CL3 - PHONAREA. | | | | |
| PHONAREA | CL3 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | (01) CL3 - PHONEXCH (-7) CL3 - PHONEXCH (-8) CL3 - PHONEXCH (-9) BOX CL8 |
| PHONEXCH | CL3 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL3 - PHONLOCL |
| PHONLOCL | CL3 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL3 - NOPHONE |
| NOPHONE | CL3 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | | BOX CL8 |
| VERIFY | CL4 | yes/no | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) [IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.] | (01) YES (02) NO | | | (01) BOX CL5 (02) CL5 - STADDR1 |
| STADDR1 | CL5 | address | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL5 - STADDR2 |

| | | | | | | | |
|----------|---------|---------|---|--|--|--|---|
| STADDR2 | CL5 | address | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL5 - CITY |
| CITY | CL5 | address | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL5 - STATE |
| STATE | CL5 | address | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | CL5 - ZIPCODE |
| ZIPCODE | CL5 | address | I'd like to verify your address. I have it listed as .. [READ ADDRESS LISTED BELOW]. Is this correct? STREET ADDRESS 1: (STREET ADDRESS LINE 1) STREET ADDRESS 2: (STREET ADDRESS LINE 2) CITY: (CITY) STATE: (STATE) ZIPCODE: (ZIPCODE) | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | BOX CL5 |
| | BOX CL5 | routing | IF A PRIMARY PHONE NUMBER HAS BEEN COLLECTED FOR THE PROXY, GO TO CL6 - VERIFY. ELSE GO TO CL7 - PHONAREA. | | | | |
| VERIFY | CL6 | yes/no | Next, I would like to verify your phone number(s). I have them listed as ... [READ PHONE NUMBER(S) LISTED BELOW]. Are these correct? PHONE 1: (PRIMARY PHONE NUMBER) PHONE 2: [(SECONDARY PHONE NUMBER)/NONE] [IF ANY PART OF THE PHONE NUMBER(S) IS NOT CORRECT, SELECT "NO". PROBE FOR A SECOND PHONE NUMBER IF ONE IS NOT PRESENT. IF THERE IS A SECOND NUMBER TO ADD, SELECT "NO" TO ENTER THE MISSING NUMBER.] | (01) YES (02) NO | | | (01) BOX CL8 (02) CL7 - PHONAREA |
| PHONAREA | CL7 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | (01) CL7 - PHONEXCH (-7) CL7 - PHONEXCH (-8) CL7 - PHONEXCH (-9) BOX CL7 |
| PHONEXCH | CL7 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL7 - PHONLOCL |
| PHONLOCL | CL7 | phone | What is your phone number? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | | CL7 - NOPHONE |
| NOPHONE | CL7 | phone | What is your phone number? | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | | BOX CL7 |
| | BOX CL7 | routing | IF CL7 - NOPHONE = 1/NoPhone OR CL7 - PHONAREA = RF, GO TO BOX CL8. ELSE GO TO CL8 - PHONAREA. | | | | |

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|-----------------|----------|---------------|--|--|--|---|
| PHONAREA | CL8 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL8 - PHONEXCH (-7) CL8 - PHONEXCH (-8) CL8 - PHONEXCH (-9) BOX CL8 |
| PHONEXCH | CL8 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL8 - PHONLOCL |
| PHONLOCL | CL8 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL8 - NOPHONE |
| NOPHONE | CL8 | phone | Do you have a second phone number? [PROBE: What is that number?] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL8 |
| | BOX CL8 | routing | IF SP DECEASED OR INSTITUTIONALIZED, GO TO CL62 - THANK_PROXY. ELSE IF A PHONE NUMBER FOR ARRANGING THE NEXT INTERVIEW HAS BEEN COLLECTED, GO TO CL9 - PHONBEST. ELSE GO TO CL10 - PHONNINT. | | | |
| PHONBEST | CL9 | yes/no | As you may know, the Medicare Current Beneficiary Survey involves another interview. The next interview will be similar to the one we had today. We will be calling in about 4 months to set up a convenient time for the next interview. Is (PREVIOUS BEST PHONE NUMBER FOR NEXT INTERVIEW) the best phone number to call to arrange for the next interview? | (01) YES (02) NO, ANOTHER NUMBER IS BEST (03) NO, PHONE NUMBER NOT AVAILABLE (-8) Don't Know (-9) Refused | | (01) BOX CL14 (02) CL11 - PHONAREA (03) BOX CL14 (-8) BOX CL14 (-9) BOX CL14 |
| PHONNINT | CL10 | yes/no | As you may know, the Medicare Current Beneficiary Survey involves another interview. The next interview will be similar to the one we had today. We will be calling in about 4 months to set up a convenient time for the next interview. Is there a phone number to call to arrange for the next interview? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) BOX CL14 (02) CL11 - PHONAREA (-8) BOX CL14 (-9) BOX CL14 |
| PHONAREA | CL11 | phone | What is the best number to call to arrange for the next interview? | (01) [Continuous answer.] | | CL11 - PHONEXCH |
| PHONEXCH | CL11 | phone | What is the best number to call to arrange for the next interview? | (01) [Continuous answer.] | | CL11 - PHONLOCL |
| PHONLOCL | CL11 | phone | What is the best number to call to arrange for the next interview? | (01) [Continuous answer.] | | CL12 - PHONWHER |
| PHONWHER | CL12 | code 1 | And where is that phone located? | (01) PROXY'S OR SP'S HOME (02) PROXY'S OR SP'S WORK/OFFICE (03) NEIGHBOR'S (04) FRIEND'S (05) RELATIVE'S (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused | | (01) BOX CL14 (02) BOX CL14 (03) CL13 - PERSON_INTNNAME (04) CL13 - PERSON_INTNNAME (05) CL13 - PERSON_INTNNAME (91) CL12 - PHONWHOS (-8) BOX CL14 (-9) BOX CL14 |
| PHONWHOS | CL12 | verbatim text | SOMEWHERE ELSE (SPECIFY) | (01) [Continuous answer.] | | BOX CL14 |
| PERSON_INTNNAME | CL13 | roster | What is this (CL12 RESPONSE) name? ENTER ONLY ONE. | (01) [Continuous answer.] | | CL14 - SAMENAME |
| SAMENAME | CL14 | code 1 | Under what name is that telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL14 (91) CL14 - NAMEOS (-8) BOX CL14 (-9) BOX CL14 |
| NAMEOS | CL14 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | BOX CL14 |
| | BOX CL14 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP'S PREVIOUS ROUND INTERVIEW WAS IN A FACILITY) OR (THERE WERE NO CONTACT PERSONS REPORTED IN THE PREVIOUS ROUND), GO TO CL23 - REPORT_CONTACT1. ELSE (IF THE FIRST CONTACT PERSON REPORTED IN THE PREVIOUS ROUND LIVES WITH THE SP IN THE CURRENT ROUND) OR (IF IT'S A PROXY INTERVIEW AND THE PROXY WAS THE FIRST CONTACT PERSON REPORTED IN THE PREVIOUS ROUND), GO TO CL23 - REPORT_CONTACT1. ELSE GO TO CL15 - CON1INFO. | | | |

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|----------|----------|---------|---|--|--|--|
| CON1INFO | CL15 | code 1 | <p>During our last interview we recorded name and address information for [READ NAME BELOW], who would know where [you/(SP)] could be contacted in case we have trouble arranging for the next interview.</p> <p>[READ INFORMATION BELOW] Is this correct?</p> <p>CONTACT 1: (FIRST CONTACT NAME FROM PREVIOUS ROUND)</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> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p> <p>CONTACT 2-: [(SECOND CONTACT NAME FROM PREVIOUS ROUND)/NONE]</p> <p>IS CONTACT ONE INFORMATION CORRECT?</p> <p>REFER TO INFORMATION SHEET AND VERIFY INFORMATION WITH RESPONDENT.</p> <p>[PROBE FOR A REPLACEMENT CONTACT THAT DOES NOT LIVE WITH RESPONDENT IF THIS CONTACT IS NO LONGER VALID.]</p> | <p>(01) YES, CONTACT ONE INFORMATION CORRECT</p> <p>(02) NO, NEED TO REPLACE CONTACT ONE</p> <p>(03) NO, NEED TO CORRECT INFORMATION FOR CONTACT ONE</p> <p>(04) NO, NEED TO DELETE CONTACT ONE - NO REPLACEMENT</p> | <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> <p>[(SECOND CONTACT NAME FROM PREVIOUS ROUND)]</p> <p>second or more time through loop, second contact name provided in previous round</p> <p>[NONE] first time through loop or no name provided in previous round</p> | <p>(01) BOX CL29</p> <p>(02) CL24- PERSON_CONTACT1</p> <p>(03) CL16-VERIFY</p> <p>(04) BOX CL29</p> |
| VERIFY | CL16 | yes/no | <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: (ZIPCODE)</p> <p>[IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.]</p> | <p>(01) YES</p> <p>(02) NO</p> <p>(01) [Continuous answer.]</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | <p>(01) BOX CL17</p> <p>(02) CL17 - STADDR1</p> |
| STADDR1 | CL17 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> <p>(01) [Continuous answer.]</p> | | CL17 - STADDR2 |
| STADDR2 | CL17 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> <p>(01) [Continuous answer.]</p> | | CL17 - CITY |
| CITY | CL17 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(-8) Don't Know</p> <p>(-9) Refused</p> <p>(01) [Continuous answer.]</p> | | CL17 - STATE |
| STATE | CL17 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(-8) Don't Know</p> <p>(-9) Refused</p> <p>(01) [Continuous answer.]</p> | | CL17 - ZIPCODE |
| ZIPCODE | CL17 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(-8) Don't Know</p> <p>(-9) Refused</p> <p>(01) [Continuous answer.]</p> | | BOX CL17 |
| | BOX CL17 | routing | <p>IF A PRIMARY PHONE HAS BEEN COLLECTED FOR THE FIRST CONTACT PERSON, GO TO CL18 - VERIFY.</p> <p>ELSE GO TO CL19 - PHONAREA.</p> | | | |
| VERIFY | CL18 | yes/no | <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> <p>[IF ANY PART OF THE PHONE NUMBER(S) IS NOT CORRECT, SELECT "NO". PROBE FOR A SECOND PHONE NUMBER IF ONE IS NOT PRESENT. IF THERE IS A SECOND NUMBER TO ADD, SELECT "NO" TO ENTER THE MISSING NUMBER.]</p> | <p>(01) YES</p> <p>(02) NO</p> | | <p>(01) BOX CL29</p> <p>(02) CL19 - PHONAREA</p> |
| PHONAREA | CL19 | phone | <p>Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.]</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | <p>(01) CL19 - PHONEXCH</p> <p>(-7) CL19 - PHONEXCH</p> <p>(-8) CL19 - PHONEXCH</p> <p>(-9) BOX CL19</p> |
| PHONEXCH | CL19 | phone | <p>Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.]</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL19 - PHONLOCL |

| | | | | | | |
|-----------------|----------|---------------|--|--|---|--|
| PHONLOCL | CL19 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL19 - NOPHONE |
| NOPHONE | CL19 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | BOX CL19 |
| | BOX CL19 | routing | IF CL19 - NOPHONE = 1/NoPhone OR CL19 - PHONAREA = RF, GO TO BOX CL29. ELSE GO TO CL20 - SAMENAME. | | | |
| SAMENAME | CL20 | code 1 | Under what name is that telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) CL21 - PHONAREA (91) CL20 - NAMEOS (-8) CL21 - PHONAREA (-9) CL21 - PHONAREA |
| NAMEOS | CL20 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | CL21 - PHONAREA |
| PHONAREA | CL21 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL21 - PHONEXCH (-7) CL21 - PHONEXCH (-8) CL21 - PHONEXCH (-9) BOX CL21 |
| PHONEXCH | CL21 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL21 - PHONLOCL |
| PHONLOCL | CL21 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL21 - NOPHONE |
| NOPHONE | CL21 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL21 |
| | BOX CL21 | routing | IF CL21 - NOPHONE = 1/NoPhone OR CL21 - PHONAREA = RF, GO TO BOX CL29. ELSE GO TO CL22 - SAMENAME. | | | |
| SAMENAME | CL22 | code 1 | Under what name is the second telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL29 (91) CL22 - NAMEOS (-8) BOX CL29 (-9) BOX CL29 |
| NAMEOS | CL22 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | BOX CL29 |
| REPORT_CONTACT1 | CL23 | code 1 | [Besides yourself, please/Please] give me the name, address, and telephone number of a relative or close friend who would know where [you/(SP)] would be in case we have trouble arranging for the next interview. Please give me the name of someone who is not living with [you/(SP)]. [PROXIES AND HOUSEHOLD MEMBERS SHOULD NOT BE USED AS CONTACTS. IF YOU USED A PROXY RESPONDENT, IF POSSIBLE TRY TO GET SOMEONE WHO IS RELATED TO BOTH THE RESPONDENT AND THE PROXY. IF THE RESPONDENT AND PROXY ARE NOT RELATED, TRY TO GET A RELATIVE OF THE RESPONDENT.] | (01) RESPONDENT REPORTS A CONTACT NAME (02) RESPONDENT DID NOT REPORT A CONTACT NAME (-8) Don't Know (-9) Refused | [Besides yourself, please] respondent is SP [Please] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) CL24 - PERSON_CONTACT1 (02) BOX CL44 (-8) BOX CL44 (-9) BOX CL44 |
| PERSON_CONTACT1 | CL24 | roster | [Please give me the name of a relative or close friend who would know where [you/(SP)] would be. Please give me the name of someone who is not living with [you/(SP)].] ENTER ONLY ONE CONTACT. | (01) [Continuous answer.] | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | CL25 - STADDR1 |
| STADDR1 | CL25 | address | [Please give me an address for contacting (FIRST CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL25 - STADDR2 |
| STADDR2 | CL25 | address | [Please give me an address for contacting (FIRST CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL25 - CITY |
| CITY | CL25 | address | [Please give me an address for contacting (FIRST CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL25 - STATE |

| | | | | | | |
|----------|----------|---------------|--|--|--|--|
| STATE | CL25 | address | [Please give me an address for contacting (FIRST CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL25 - ZIPCODE |
| ZIPCODE | CL25 | address | [Please give me an address for contacting (FIRST CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL26 - PHONAREA |
| PHONAREA | CL26 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL26 - PHONEXCH (-7) CL26 - PHONEXCH (-8) CL26 - PHONEXCH (-9) BOX CL26 |
| PHONEXCH | CL26 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL26 - PHONLOCL |
| PHONLOCL | CL26 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL26 - NOPHONE |
| NOPHONE | CL26 | phone | Please give me a phone number for contacting (FIRST CONTACT NAME) [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL26 |
| | BOX CL26 | routing | IF CL26 - NOPHONE = 1/NoPhone OR CL26 -PHONAREA = RF, GO TO BOX CL29. ELSE GO TO CL27 - SAMENAME. | | | |
| SAMENAME | CL27 | code 1 | Under what name is that telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) CL28 - PHONAREA (91) CL27 - NAMEOS (-8) CL28 - PHONAREA (-9) CL28 - PHONAREA |
| NAMEOS | CL27 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | CL28 - PHONAREA |
| PHONAREA | CL28 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL28 - PHONEXCH (-7) CL28 - PHONEXCH (-8) CL28 - PHONEXCH (-9) BOX CL28 |
| PHONEXCH | CL28 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL28 - PHONLOCL |
| PHONLOCL | CL28 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL28 - NOPHONE |
| NOPHONE | CL28 | phone | Is there a second phone number for contacting (FIRST CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL28 |
| | BOX CL28 | routing | IF CL28 - NOPHONE = 1/NoPhone OR CL28 -PHONAREA = RF, GO TO BOX CL29. ELSE GO TO CL29 - SAMENAME. | | | |
| SAMENAME | CL29 | code 1 | Under what name is the second telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL29 (91) CL29 - NAMEOS (-8) BOX CL29 (-9) BOX CL29 |
| NAMEOS | CL29 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | BOX CL29 |
| | BOX CL29 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP'S PREVIOUS ROUND INTERVIEW WAS IN A FACILITY) OR (IF SECOND CONTACT WAS NOT REPORTED IN THE PREVIOUS ROUND), GO TO CL38 - REPORT_CONTACT2. ELSE (IF THE SECOND CONTACT PERSON REPORTED IN THE PREVIOUS ROUND LIVES WITH THE SP IN THE CURRENT ROUND) OR (IF IT'S A PROXY INTERVIEW AND THE PROXY WAS THE SECOND CONTACT PERSON REPORTED IN THE PREVIOUS ROUND) OR (IF THE SECOND CONTACT PERSON REPORTED IN THE PREVIOUS ROUND WAS SELECTED AS CONTACT ONE IN THE CURRENT ROUND), GO TO CL38 - REPORT_CONTACT2. ELSE GO TO CL30 - CON2INFO. | | | |

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|----------|----------|---------|--|---|---|---|
| CON2INFO | CL30 | code 1 | <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>[READ INFORMATION BELOW] Is this correct?</p> <p>CONTACT 2: (SECOND CONTACT NAME FROM PREVIOUS ROUND)</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> <p>PHONE 1: (PRIMARY PHONE NUMBER)</p> <p>PHONE 2: [(SECONDARY PHONE NUMBER)/NONE]</p> <p>IS CONTACT TWO INFORMATION CORRECT?</p> <p>REFER TO INFORMATION SHEET AND VERIFY INFORMATION WITH RESPONDENT.</p> | <p>(01) YES, CONTACT TWO INFORMATION CORRECT</p> <p>(05) NO, NEED TO REPLACE CONTACT TWO</p> <p>(06) NO, NEED TO CORRECT CONTACT TWO INFO</p> <p>(07) NO, DELETE CONTACT TWO - NO REPLACEMENT</p> | <p>[you] respondent is SP</p> <p>[(SP)] respondent is proxy</p> | <p>(01) BOX CL44</p> <p>(05) CL39 - PERSON_CONTACT2</p> <p>(06) CL31 - VERIFY</p> <p>(07) BOX CL44</p> |
| VERIFY | CL31 | yes/no | <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>[IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.]</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> | <p>(01) YES</p> <p>(02) NO</p> | | <p>(01) BOX CL32</p> <p>(02) CL32 - STADDR1</p> |
| STADDR1 | CL32 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.]</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL32 - STADDR2 |
| STADDR2 | CL32 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL32 - CITY |
| CITY | CL32 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.]</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL32 - STATE |
| STATE | CL32 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.]</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL32 - ZIPCODE |
| ZIPCODE | CL32 | address | <p>ENTER CORRECT ADDRESS.</p> <p>CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.]</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | BOX CL32 |
| | BOX CL32 | routing | <p>IF A PRIMARY PHONE HAS BEEN COLLECTED FOR THE SECOND CONTACT PERSON, GO TO CL33 - VERIFY.</p> <p>ELSE GO TO CL34 - PHONAREA.</p> | | | |
| VERIFY | CL33 | yes/no | <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> | <p>(01) YES</p> <p>(02) NO</p> <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | <p>[(SECONDARY PHONE NUMBER)] secondary phone number previously provided</p> <p>[NONE] secondary phone number not previously provided</p> | <p>(01) BOX CL44</p> <p>(02) CL34 - PHONAREA</p> <p>(01) CL34 - PHONEXCH</p> <p>(-7) CL34 - PHONEXCH</p> <p>(-8) CL34 - PHONEXCH</p> <p>(-9) BOX CL34</p> |
| PHONAREA | CL34 | phone | <p>Please give me a phone number for contacting (SECOND CONTACT NAME).</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | |
| PHONEXCH | CL34 | phone | <p>Please give me a phone number for contacting (SECOND CONTACT NAME).</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL34 - PHONLOCL |
| PHONLOCL | CL34 | phone | <p>Please give me a phone number for contacting (SECOND CONTACT NAME).</p> | <p>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | | CL34 - NOPHONE |
| NOPHONE | CL34 | phone | <p>Please give me a phone number for contacting (SECOND CONTACT NAME).</p> <p>IF CL34 - NOPHONE = 1/NoPhone OR CL34 - PHONAREA = RF, GO TO BOX CL44.</p> <p>ELSE GO TO CL35 - SAMENAME.</p> | <p>(01) PERSON DOES NOT HAVE PHONE</p> <p>(-7) Empty</p> | | BOX CL34 |
| | BOX CL34 | routing | | | | |

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|-----------------|----------|---------------|---|--|--|--|
| SAMENAME | CL35 | code 1 | Under what name is that telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) CL36 - PHONAREA (91) CL35 - NAMEOS (-8) CL36 - PHONAREA (-9) CL36 - PHONAREA |
| NAMEOS | CL35 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | CL36 - PHONAREA |
| PHONAREA | CL36 | phone | is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL36 - PHONEXCH (-7) CL36 - PHONEXCH (-8) CL36 - PHONEXCH (-9) BOX CL36 |
| PHONEXCH | CL36 | phone | is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL36 - PHONLOCL |
| PHONLOCL | CL36 | phone | is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL36 - NOPHONE |
| NOPHONE | CL36 | phone | is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL36 |
| | BOX CL36 | routing | IF CL34 - NOPHONE = 1/NoPhone OR CL34 - PHONAR2 = RF, GO TO BOX CL44. ELSE GO TO CL37 - SAMENAME. | | | |
| SAMENAME | CL37 | code 1 | Under what name is the second telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL44 (91) CL37 - NAMEOS (-8) BOX CL44 (-9) BOX CL44 |
| NAMEOS | CL37 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | BOX CL44 |
| REPORT_CONTACT2 | CL38 | code 1 | [Besides yourself, please/Please] give me another name, address, and telephone number of a relative or close friend who would know where (you/(SP)) would be in case we have trouble arranging for the next interview. Again, please give me the name of someone who is not living with [you/(SP)]. [PROXIES AND HOUSEHOLD MEMBERS SHOULD NOT BE USED AS CONTACTS. IF YOU USED A PROXY RESPONDENT, IF POSSIBLE TRY TO GET SOMEONE WHO IS RELATED TO BOTH THE RESPONDENT AND THE PROXY. IF THE RESPONDENT AND PROXY ARE NOT RELATED, TRY TO GET A RELATIVE OF THE RESPONDENT.] | (01) RESPONDENT REPORTS A CONTACT NAME (02) RESPONDENT DID NOT REPORT A CONTACT NAME (-8) Don't Know (-9) Refused | [Besides yourself, please] respondent is SP proxy [Please] respondent is proxy SP [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) CL39 - PERSON_CONTACT2 (02) BOX CL44 (-8) BOX CL44 (-9) BOX CL44 |
| PERSON_CONTACT2 | CL39 | roster | [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)].] | (01) [Continuous answer.] | | CL40 - STADDR1 |
| STADDR1 | CL40 | address | [Please give me an address for contacting (SECOND CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL40 - STADDR2 |
| STADDR2 | CL40 | address | [Please give me an address for contacting (SECOND CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL40 - CITY |
| CITY | CL40 | address | [Please give me an address for contacting (SECOND CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL40 - STATE |
| STATE | CL40 | address | [Please give me an address for contacting (SECOND CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL40 - ZIPCODE |
| ZIPCODE | CL40 | address | [Please give me an address for contacting (SECOND CONTACT NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL41 - PHONAREA |
| PHONAREA | CL41 | phone | Please give me a phone number for contacting (SECOND CONTACT NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL41 - PHONEXCH (-7) CL41 - PHONEXCH (-8) CL41 - PHONEXCH (-9) BOX CL41 |
| PHONEXCH | CL41 | phone | Please give me a phone number for contacting (SECOND CONTACT NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL41 - PHONLOCL |
| PHONLOCL | CL41 | phone | Please give me a phone number for contacting (SECOND CONTACT NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL41 - NOPHONE |

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|----------|----------|---------------|--|--|--|--|
| NOPHONE | CL41 | phone | Please give me a phone number for contacting (SECOND CONTACT NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] If CL41 - NOPHONE = 1/NoPhone OR CL41 - PHONAREA = RF, GO TO BOX CL44. ELSE GO TO CL42 - SAMENAME. | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL41 |
| | BOX CL41 | routing | | | | |
| SAMENAME | CL42 | code 1 | Under what name is that telephone number likely to be listed? FOR UNLISTED NUMBERS, SELECT "OTHER NAME" AND ENTER "UNLISTED" IN THE FIELD PROVIDED. | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) CL43 - PHONAREA (91) CL42 - NAMEOS (-8) CL43 - PHONAREA (-9) CL43 - PHONAREA |
| NAMEOS | CL42 | verbatim text | OTHER NAME (SPECIFY) FOR UNLISTED NUMBERS, SELECT "OTHER NAME" AND ENTER "UNLISTED" IN THE FIELD PROVIDED. | (01) [Continuous answer.] | | CL43 - PHONAREA |
| PHONAREA | CL43 | phone | Is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL43 - PHONEXCH (-7) CL43 - PHONEXCH (-8) CL43 - PHONEXCH (-9) BOX CL43 |
| PHONEXCH | CL43 | phone | Is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL43 - PHONLOCL |
| PHONLOCL | CL43 | phone | Is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL43 - NOPHONE |
| NOPHONE | CL43 | phone | Is there a second phone number for contacting (SECOND CONTACT NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL43 |
| | BOX CL43 | routing | If CL43 - NOPHONE = 1/NoPhone OR CL43 - PHONAR2 = RF, GO TO BOX CL44. ELSE GO TO CL44 - SAMENAME. | | | |
| SAMENAME | CL44 | code 1 | Under what name is the second phone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL44 (91) CL44 - NAMEOS (-8) BOX CL44 (-9) BOX CL44 |
| NAMEOS | CL44 | verbatim text | OTHER NAME (SPECIFY) IF A VACATION HOME HAS BEEN COLLECTED FOR THE SP, GO TO CL48 - VERIFY. ELSE GO TO CL45 - ANOTHOM. | (01) [Continuous answer.] | | BOX CL44 |
| | BOX CL44 | routing | | | | |
| ANOTHOM | CL45 | yes/no | [Do you/Does (SP)] spend more than one month away, during the year, at another home other than your primary home? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | (01) CL46 - STADDR1 (02) BOX CL51 (-8) BOX CL51 (-9) BOX CL51 |
| STADDR1 | CL46 | address | [Please give me an address for this home.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL46 - STADDR2 |
| STADDR2 | CL46 | address | [Please give me an address for this home.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL46 - CITY |
| CITY | CL46 | address | [Please give me an address for this home.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL46 - STATE |
| STATE | CL46 | address | [Please give me an address for this home.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL46 - ZIPCODE |
| ZIPCODE | CL46 | address | [Please give me an address for this home.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL47 - PHONAREA (01) CL47 - PHONEXCH (-7) CL47 - PHONEXCH (-8) CL47 - PHONEXCH (-9) BOX CL51 |
| PHONAREA | CL47 | code 1 | Please give me a phone number for this home | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL47 - PHONLOCL |
| PHONEXCH | CL47 | code 1 | Please give me a phone number for this home | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL47 - PHONLOCL |
| PHONLOCL | CL47 | code 1 | Please give me a phone number for this home | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL47 - NOPHONE |
| NOPHONE | CL47 | code 1 | Please give me a phone number for this home | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL51 |

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| VERIFY | CL48 | yes/no | <p>CODE "YES" IF ALREADY KNOWN, OTHERWISE ASK. I would like to verify the address of the place where [you/(SP)] (spend/spends) some portion of the year. I have it listed as... [READ ADDRESS LISTED BELOW].</p> <p>Is this correct?</p> <p>STREET ADDRESS 1: (VACATION HOME ADDRESS LINE 1)</p> <p>STREET ADDRESS 2: (VACATION HOME ADDRESS LINE 2)</p> <p>CITY: (VACATION HOME CITY) STATE: (VACATION HOME STATE) ZIPCODE: (VACATION HOME ZIPCODE) [IF ANY INFORMATION IS MISSING (E.G., AN APARTMENT NUMBER), SELECT "NO" TO ENTER THE MISSING DATA.]</p> | <p>(01) YES (02) NO (03) SP NO LONGER HAS 2ND HOME (01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | | | <p>(01) BOX CL49 (02) CL49 - STADDR1 (03) BOX CL51</p> |
| STADDR1 | CL49 | address | <p>[What is the correct address of that place?] CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | | | CL49 - STADDR2 |
| STADDR2 | CL49 | address | <p>[What is the correct address of that place?] CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | | | CL49 - CITY |
| CITY | CL49 | address | <p>[What is the correct address of that place?] CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | | | CL49 - STATE |
| STATE | CL49 | address | <p>[What is the correct address of that place?] CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | | | CL49 - ZIPCODE |
| ZIPCODE | CL49 | address | <p>[What is the correct address of that place?] CLEAR ADDRESS LINE 2 IF NO LONGER APPLICABLE.</p> | <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | | | BOX CL49 |
| | BOX CL49 | routing | <p>IF A PHONE NUMBER HAS BEEN COLLECTED FOR SP'S VACATION HOME, GO TO CL50 - VERIFY. ELSE GO TO CL51 - PHONAREA.</p> | | | | |
| VERIFY | CL50 | yes/no | <p>CODE "YES" IF ALREADY KNOWN. OTHERWISE ASK: I would like to verify the phone number of the place where [you/(SP)] (spend/spends) some portion of the year.</p> <p>PHONE NUMBER: (VACATION HOME PHONE NUMBER)</p> | <p>(01) YES (02) NO (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [spend] respondent is SP [spends] respondent is proxy</p> | | <p>(01) BOX CL51 (02) CL51 - PHONAREA (01) CL51 - PHONEXCH (-7) CL51 - PHONEXCH (-8) CL51 - PHONEXCH (-9) BOX CL51</p> |
| PHONAREA | CL51 | phone | <p>Please give me a phone number for this home.</p> | <p>(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | | | |
| PHONEXCH | CL51 | phone | <p>Please give me a phone number for this home.</p> | <p>(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | | | CL51 - PHONLOCL |
| PHONLOCL | CL51 | phone | <p>Please give me a phone number for this home.</p> | <p>(01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused</p> | | | CL51 - NOPHONE |
| NOPHONE | CL51 BOX CL51 | phone routing | <p>Please give me a phone number for this home. GO TO CL52 - FUTRPROX.</p> | <p>(01) PERSON DOES NOT HAVE PHONE (-7) Empty</p> | | | BOX CL51 |
| FUTRPROX | CL52 | code 1 | <p>During our remaining interviews, we will continue to collect information about health care visits and the costs of any health care [you/(SP)] may receive. If for some reason you could not do the interview, please give me the name of someone who would be able to provide the information for [you/(SP)]. [Please give me the name of someone who would be able to provide this information for [you/(SP)].] ENTER ONLY ONE PERSON.</p> | <p>(01) SOMEONE NAMED (02) NO ONE NAMED (03) REFUSED TO NAME SOMEONE (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy</p> | | <p>(01) CL53 - PERSON_FUTRPROXY (02) BOX CL58 (03) BOX CL58 (-8) BOX CL58 (-9) BOX CL58</p> |
| PERSON_FUTRPROXY | CL53 | roster | <p>ENTER ONLY ONE PERSON.</p> | <p>(01) [Continuous answer.]</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> | | BOX CL53 |
| | BOX CL53 | routing | <p>IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO BOX CL53B. IF AN ADDRESS HAS BEEN COLLECTED FOR THE FUTURE PROXY SELECTED AT CL53 IN THE CURRENT OR PREVIOUS ROUND, GO TO BOX CL58. ELSE GO TO CL54 - STADDR1.</p> | | | | |
| | BOX CL53B | routing | <p>IF THE FUTURE PROXY LIVES IN THE HOUSEHOLD WITH THE SP, GO TO BOX CL58. ELSE GO TO CL54 - STADDR1.</p> | | | | |
| STADDR1 | CL54 | address | <p>[Please give me an address for contacting (FUTURE PROXY NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.]</p> | <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p> | | | CL54 - STADDR2 |

| | | | | | | |
|----------|----------|---------------|---|--|--|--|
| STADDR2 | CL54 | address | [Please give me an address for contacting (FUTURE PROXY NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL54 - CITY |
| CITY | CL54 | address | [Please give me an address for contacting (FUTURE PROXY NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL54 - STATE |
| STATE | CL54 | address | [Please give me an address for contacting (FUTURE PROXY NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL54 - ZIPCODE |
| ZIPCODE | CL54 | address | [Please give me an address for contacting (FUTURE PROXY NAME).] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | CL55 - PHONAREA |
| PHONAREA | CL55 | phone | Please give me a phone number for contacting (FUTURE PROXY NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL55 - PHONEXCH (-7) CL55 - PHONEXCH (-8) CL55 - PHONEXCH (-9) BOX CL55 |
| PHONEXCH | CL55 | phone | Please give me a phone number for contacting (FUTURE PROXY NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL55 - PHONLOCL |
| PHONLOCL | CL55 | phone | Please give me a phone number for contacting (FUTURE PROXY NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL55 - NOPHONE |
| NOPHONE | CL55 | phone | Please give me a phone number for contacting (FUTURE PROXY NAME). [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL55 |
| | BOX CL55 | routing | IF CL55 - NOPHONE = 1/NoPhone OR CL55 - PHONAREA = RF, GO TO BOX CL58. ELSE GO TO CL56 - SAMENAME. | | | |
| SAMENAME | CL56 | code 1 | Under what name is that telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) CL57 - PHONAREA (91) CL56 - NAMEOS (-8) CL57 - PHONAREA (-9) CL57 - PHONAREA |
| NAMEOS | CL56 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | CL57 - PHONAREA |
| PHONAREA | CL57 | phone | Is there a second phone number for contacting (FUTURE PROXY NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | (01) CL57 - PHONEXCH (-7) CL57 - PHONEXCH (-8) CL57 - PHONEXCH (-9) BOX CL57 |
| PHONEXCH | CL57 | phone | Is there a second phone number for contacting (FUTURE PROXY NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL57 - PHONLOCL |
| PHONLOCL | CL57 | phone | Is there a second phone number for contacting (FUTURE PROXY NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | CL57 - NOPHONE |
| NOPHONE | CL57 | phone | Is there a second phone number for contacting (FUTURE PROXY NAME)? [PROBE: What is that number?] [ENCOURAGE THE RESPONDENT TO REFER TO ADDRESS BOOKS, LETTERS, ETC., FOR COMPLETE INFORMATION.] | (01) PERSON DOES NOT HAVE PHONE (-7) Empty | | BOX CL57 |
| | BOX CL57 | routing | IF CL57 - NOPHONE = 1/NoPhone OR CL57 - PHONAR2 = RF, GO TO BOX CL58. ELSE GO TO CL58 - SAMENAME. | | | |
| SAMENAME | CL58 | code 1 | Under what name is the second telephone number likely to be listed? | (01) SAME AS CONTACT NAME LISTED ABOVE (91) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX CL58 (91) CL58 - NAMEOS (-8) BOX CL58 (-9) BOX CL58 |
| NAMEOS | CL58 | verbatim text | OTHER NAME (SPECIFY) | (01) [Continuous answer.] | | BOX CL58 |
| | BOX CL58 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE), GO TO CL60 - THANK_SUPP. ELSE IF (SP IS THE RESPONDENT), GO TO CL59 - THANK_SP. ELSE GO TO CL61 - THANK_PROXYPLANNER. | | | |

| | | | | | | |
|--------------------|-------------------|---------------------|---|---------------|---|-----------|
| THANK_SP | CL59 | no entry | <p>[I would like to thank you for keeping the planner for this interview.] I would [also] appreciate it if you would [continue to] record health care visits and keep information about medical expenses for the next interview. Thank you for your time and cooperatoin during this interview.</p> <p>CIRCLE TODAY'S DATE IN THE PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS AS NECESSARY.</p> | (01) CONTINUE | <p>[I would like to thank you for keeping the planner for this interview.] SP kept planner [also] SP kept planner [continue to] SP kept planner</p> | BOX CLEND |
| THANK_SUPP | CL60 | no entry | <p>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.</p> <p>Here is a folder to keep any medical bills, receipts, Medicare statements, and insurance statements that would be connected to [your/(SP)'s] health care visits and other medical expenses so that we can talk about them during the next interview. I'd like to thank you for your time and cooperation and I look forward to seeing you soon.</p> <p>CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.</p> | (01) CONTINUE | <p>[you have] respondent is SP [(SP) has] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy</p> | BOX CLEND |
| THANK_PROXYPLANNER | CL61 | no entry | <p>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.</p> <p>CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.</p> | (01) CONTINUE | | BOX CLEND |
| THANK_PROXY | CL62 BOX CLEND | no entry routing | <p>I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.</p> <p>GO TO NEXT SECTION</p> | (01) CONTINUE | | BOX CLEND |

Enumeration Summary (ENS)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------------|----------------------------|------------------------------------|--|---|---|------------|---|
| | BOX ENSBEG | routing | GO TO ENSINTRO - ENSINT. | | | | |
| ENSINT | ENSINTRO | no entry | 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.]. | | [review with you who was living in the household] respondent is proxy, SP deceased or institutionalized [ask you a few questions about [your] home and any other people who may live in the household] respondent is SP [ask you a few questions about [(SP's)] home and any other people who may live in the household] respondent is proxy, SP not deceased or institutionalized | | BOX ENS1 |
| | BOX ENS1 | routing | IF AT LEAST ONE PERSON LIVED IN THE HOUSEHOLD WITH THE SP AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO ENS1 - HHSTILL. ELSE GO TO ENS3 - HHNEW. | | | | |
| HHSTILL | ENS1 | yes/no | From our last interview on (REFERENCE DATE), we have listed that [(READ NAME(S) LISTED BELOW)] lived in the same household as [you/(SP)]. [As of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did/Do/Does] [READ NAME(S) LISTED BELOW] still live in the same household as [you/(SP)]? [A SEPARATE QUESTION WILL ASK YOU IF ANYONE ELSE SHOULD BE ADDED. THIS QUESTION ONLY REFERS TO THE LISTED PERSONS.] PROBE FOR AND SELECT THOSE PEOPLE WHO ARE NO LONGER IN THE HOUSEHOLD. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [As of (DATE OF DEATH) did] respondent is proxy, SP deceased [As of (DATE OF INSTITUTIONALIZATION) did] respondent is proxy, SP institutionalized [Do] more than one name listed as living in same household, SP not deceased or institutionalized [Does] only one name listed as living in same household, SP not deceased or institutionalized [you] respondent is SP [(SP)] respondent is proxy | | (01) ENS3 - HHNEW (02) ENS2 - HOUSEHOLD_NOT (-8) ENS3 - HHNEW (-9) ENS3 - HHNEW |
| HOUSEHOLD_NOT | ENS2 | roster | | | | | ENS2_IN - NAVIGATOR |
| NAVIGATOR | ENS2_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) ENS2A - NOTHRSN (02) ENS3 - HHNEW |
| NOTHRSN NOTHHROS | ENS2A ENS2A BOX ENS2 | code 1 verbatim text routing | Why [is/was] (HOUSEHOLD MEMBER NAME) no longer in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? OTHER REASON (SPECIFY) GO TO ENS2_IN - NAVIGATOR. | (01) DECEASED (02) INSTITUTIONALIZED, HEALTH CARE FACILITY (03) INSTITUTIONALIZED, OTHER (04) PERSON MOVED (05) SP MOVED (06) PERSON NOT IN HOUSEHOLD - PREVIOUS ROUND ERROR (91) OTHER REASON (-8) Don't Know (-9) Refused | [is] SP is not deceased or institutionalized [was] SP is deceased or institutionalized [as of (DATE OF DEATH)] SP is deceased [as of (DATE OF INSTITUTIONALIZATION)] SP is institutionalized | | (01) BOX ENS2 (02) BOX ENS2 (03) BOX ENS2 (04) BOX ENS2 (05) BOX ENS2 (06) BOX ENS2 (91) ENS2A - NOTHHROS (-8) BOX ENS2 (-9) BOX ENS2 BOX ENS2 |
| HHNEW | ENS3 | yes/no | [At the time of the last interview, [you were living by yourself/(SP) was living by [himself/herself]]. [Besides [you/(SP)], (is/was)/(is/was)] there anyone else living or staying in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? Remember to include people who [are/were] temporarily absent and any children who [may live/may have lived] in the household. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [At the time of the last interview, you were living by yourself] respondent is SP and INTTYPE in(1,4,5,7,8,9,10,12) and was living by themselves last interview [At the time of the last interview, (SP) was living by himself] respondent is proxy, SP male and INTTYPE in(1,4,5,7,8,9,10,12) and was living by themselves last interview [At the time of the last interview, (SP) was living by herself] respondent is proxy, SP female and INTTYPE in(1,4,5,7,8,9,10,12) and was living by themselves last interview [you] respondent is SP [(SP)] respondent is proxy [is] respondent is SP or proxy, SP not deceased or institutionalized [was] respondent is proxy, SP deceased or institutionalized [as of (DATE OF DEATH)] respondent is proxy, SP deceased [as of (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [are] respondent is SP or proxy, SP not deceased or institutionalized [were] respondent is proxy, SP deceased or institutionalized [may live] respondent is SP or proxy, SP not deceased or institutionalized [may have lived] respondent is proxy, SP deceased or institutionalized | | (01) ENS4 - HOUSEHOLD_ENS (02) BOX ENS4 (-8) BOX ENS4 (-9) BOX ENS4 |
| HOUSEHOLD_ENS | ENS4 | roster | Who else [is/was] living or staying in the household? SELECT OR ADD ALL PERSONS LIVING IN THE HOUSEHOLD. | | [is] respondent is SP or proxy, SP not deceased or institutionalized [was] respondent is proxy, SP deceased or institutionalized | | ENS4A - HHMISS |

| | | | | | | | | | |
|----------|-----------|---------|--|---|--|----|--|--|---|
| | | | 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). | | | | | | |
| HHPSEX | ENS5 | grid | Is (HOUSEHOLD MEMBER NAME) male or female? | (01) YES (02) NO (-8) Don't Know (-9) Refused (01) MALE (02) FEMALE (-8) Don't Know (-9) Refused | | | | | (01) ENS4 - HOUSEHOLD_ENS (02) ENS5 - HHPSEX (-8) ENS5 - HHPSEX (-9) ENS5 - HHPSEX |
| HHMISS | ENS4A | yes/no | Have I missed any lodgers, boarders, or anyone else who usually [lives or stays/lived or stayed] in the household but [is/was] away from home traveling or in the hospital? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | | | |
| EHHDOBMM | ENS5 | grid | What is (HOUSEHOLD MEMBER NAME'S) date of birth? [ENTER DATE.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | MM | | | ENS5 - EHHDOBMM |
| EHHDOBDD | ENS5 | grid | What is (HOUSEHOLD MEMBER NAME'S) date of birth? [ENTER DATE.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | DD | | | ENS5 - EHHDOBDD |
| EHHDOBY | ENS5 | grid | What is (HOUSEHOLD MEMBER NAME'S) date of birth? [ENTER DATE.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | YY | | | ENS5 - HHPAGE (01) BOX ENS4 (-8) ENS5 - HHPAGE (-9) ENS5 - HHPAGE |
| HHPAGE | ENS5 | grid | How old is (HOUSEHOLD MEMBER NAME)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | | | | BOX ENS4 |
| | BOX ENS4 | routing | IF AT LEAST ONE PERSON LIVING IN THE HOUSEHOLD WITH THE SP IN THE CURRENT ROUND, WAS ALSO LIVING IN THE HOUSEHOLD AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND (WAS MISSING ANY PART OF THEIR DATE OF BIRTH IN THE PREVIOUS ROUND) AND (HAS NEVER BEEN ASKED ENS10 IN ANY PREVIOUS ROUND), GO TO ENS10 - EHHDOBMM. ELSE GO TO BOX ENS4A | | | | | | |
| EHHDOBMM | ENS10 | grid | ASK THE RESPONDENT TO PROVIDE INFORMATION FOR ALL "DK" AND "RF" ENTRIES LISTED BELOW. DO NOT CHANGE THE ENTRIES IF THE RESPONDENT STILL DOES NOT KNOW THE INFORMATION. (HOUSEHOLD MEMBER NAME'S) DATE OF BIRTH. [ENTER DATE.] | (01)[Continuous answer.] (-8) Don't Know (-9) Refused | | MM | | | ENS10 - EHHDOBDD |
| EHHDOBDD | ENS10 | grid | ASK THE RESPONDENT TO PROVIDE INFORMATION FOR ALL "DK" AND "RF" ENTRIES LISTED BELOW. DO NOT CHANGE THE ENTRIES IF THE RESPONDENT STILL DOES NOT KNOW THE INFORMATION. (HOUSEHOLD MEMBER NAME'S) DATE OF BIRTH. [ENTER DATE.] | (01)[Continuous answer.] (-8) Don't Know (-9) Refused | | DD | | | ENS10 - EHHDOBY |
| EHHDOBY | ENS10 | grid | ASK THE RESPONDENT TO PROVIDE INFORMATION FOR ALL "DK" AND "RF" ENTRIES LISTED BELOW. DO NOT CHANGE THE ENTRIES IF THE RESPONDENT STILL DOES NOT KNOW THE INFORMATION. (HOUSEHOLD MEMBER NAME'S) DATE OF BIRTH. [ENTER DATE.] | (01)[Continuous answer.] (-8) Don't Know (-9) Refused | | YY | | | ENS10 - HHPAGE |
| HHPAGE | ENS10 | grid | ASK THE RESPONDENT TO PROVIDE INFORMATION FOR ALL "DK" AND "RF" ENTRIES LISTED BELOW. DO NOT CHANGE THE ENTRIES IF THE RESPONDENT STILL DOES NOT KNOW THE INFORMATION. (HOUSEHOLD MEMBER NAME'S) AGE. IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP'S PREVIOUS ROUND INTERVIEW WAS IN A FACILITY), GO TO BOX ENS4B. ELSE GO TO BOX ENS5 | (01)[Continuous answer.] (-8) Don't Know (-9) Refused | | | | | BOX ENS4A |
| | BOX ENS4A | routing | | | | | | | |
| | BOX ENS4B | routing | IF AT LEAST ONE PERSON LIVES IN THE HOUSEHOLD WITH THE SP, GO TO ENS10A - HOUSEHOLD_OWNS. ELSE SET SP AS PERSON WHO OWNS/RENTS HOME AND GO TO BOX ENS4C | | | | | | |

| | | | | | | | |
|----------------|------------------------|-------------------------------|---|--|--|--|--|
| HOUSEHOLD_OWNS | ENS10A | roster | Who owns or rents [this/(SP's)] home? (PROBE: Of the people living [here/there] now, who is the person who is the head of the household?) SELECT ONLY ONE. IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (SP'S AGE IS 16 OR OLDER, OR AGE = DK OR RF), GO TO ENS10AA - ASKWORK. ELSE GO TO BOX ENS5. | | [this] respondent is SP [(SP's)] respondent is proxy [here] respondent is SP or proxy, SP not deceased or institutionalized [there] respondent is proxy, SP deceased or institutionalized | | BOX ENS4C |
| | BOX ENS4C | routing | | | | | |
| ASKWORK | ENS10AA | yes/no | Since (REFERENCE DATE), did [you/(SP)] work at any time at a job or business? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX ENS5 |
| | BOX ENS5 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE AND ENS10AA - ASKWORK = 1/Yes) OR (IF SP IS NOT IN THE SUPPLEMENTAL SAMPLE AND ((IT IS A FALL ROUND) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP'S AGE IS 16 OR OLDER, OR AGE = DK OR RF))), GO TO ENS11 - JOBSTAT. ELSE GO TO BOX ENS5A. | | | | |
| JOBSTAT | ENS11 | routing | [Before I continue with the next set of questions, I need to collect information about [your/(SP's)] job status.] [Are you/ls (SP)] currently working at a job or business? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Before I continue with the next set of questions, I need to collect information about [your] job status.] respondent is SP, SP is not in supplemental sample [Before I continue with the next set of questions, I need to collect information about [(SP)'s] job status.] respondent is proxy, SP is not in supplemental sample [Are you] respondent is SP [ls (SP)] respondent is proxy | | BOX ENS5A |
| NAVIGATOR | BOX ENS5A ENS11A_IN | routing instance navigator | IF AT LEAST ONE PERSON WHO LIVES IN THE HOUSEHOLD WITH THE SP IS AGE 16 OR OLDER, OR AGE = DK OR RF AND ((THIS PERSON IS A NEW HOUSEHOLD MEMBER IN THE CURRENT ROUND) OR (IT IS A FALL ROUND)), GO TO ENS11A_IN - NAVIGATOR. ELSE GO TO BOX ENS7. | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) ENS11A - HHJBSTAT (02) BOX ENS7 |
| HHJBSTAT | ENS11A BOX ENS6 | yes/no routing | {[Before I continue with the next set of questions, I need to update information about [your/(HOUSEHOLD MEMBER NAME'S)] job status.]} [Are you/ls (HOUSEHOLD MEMBER NAME)] currently working at a job or business? GO TO ENS11A_IN - NAVIGATOR. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Before I continue with the next set of questions, I need to update information about [your] job status.] respondent is HOUSEHOLD MEMBER NAME if proxy or SP if not a proxy [Before I continue with the next set of questions, I need to update information abo | | BOX ENS6 |
| | BOX ENS7 | routing | IF ((SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM THE FACILITY)) AND SP'S AGE IS 17 OR OLDER OR AGE = DK OR RF, GO TO ENS12 - SPAFEVER. ELSE GO TO BOX ENSEND. | | | | |
| SPAFEVER | ENS12 | yes/no | Now we have a few questions about military service. Did [you/(SP)] ever serve in the Armed Forces of the United States? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) ENS13 - SPAFTIME (02) ENS14 - SPNGEVER (-8) ENS14 - SPNGEVER (-9) ENS14 - SPNGEVER |
| SPAFTIME | ENS13 | code all | SHOW CARD ENS1 Looking at this card, in which of these time periods did [you/(SP)] serve in the Armed Forces? CHECK ALL THAT APPLY. | (07) IRAQ OR AFGHANISTAN CONFLICT (2001-present) (06) PERSIAN GULF WAR/OPERATION DESERT STORM (Aug 1990 - March 1991) (01) VIETNAM ERA (Aug 1964 - May 1975) (02) KOREAN CONFLICT (June 1950 - Jan 1955) (03) WORLD WAR II (Sept 1940 - July 1947) (04) WORLD WAR I (1917 - 1918) (05) PEACE TIME (ALL OTHER TIMES) (-8) Don't Know (-9) Refused (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | ENS14 - SPNGEVER (01) ENS15 - SPNGALL (02) BOX ENS14 (-8) BOX ENS14 (-9) BOX ENS14 |
| SPNGEVER | ENS14 BOX ENS14 | yes/no routing | [Were you/Was (SP)] ever an active member of a National Guard or military reserve unit of the United States? IF ENS12 - SPAFEVER = 1/Yes, GO TO ENS16 - SPNGDSBL. ELSE GO TO BOX ENSEND. | (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | | |
| SPNGALL | ENS15 | yes/no | Was all of [your/(SP's)] active duty related to National Guard or military reserve training? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | ENS16 - SPNGDSBL |
| SPNGDSBL | ENS16 | yes/no | [Do you/Does (SP)/Did (SP)] have a disability related to service in the Armed Forces of the United States? [PROBE: 'Have you received a V.A. disability rating?' IF THE RESPONDENT HAS A V.A. DISABILITY RATING, SELECT "YES"; IF HE OR SHE DOES NOT, SELECT "NO"] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased | | (01) ENS17 - SPVARATE (02) BOX ENSEND (-8) BOX ENSEND (-9) BOX ENSEND |

| | | | | | | |
|----------|---------------------|--------------------|---|--|---|------------|
| SPVARATE | ENS17 BOX ENSEND | numeric routing | <p>What [is [your/(SP's)]/was (SP's)] (current) V.A. disability rating? THE VA DISABILITY RATING IS A PERCENTAGE IN MULTIPLES OF 10 (I.E., 10%, 20%, ETC.). ENTER THE NUMBER AS A WHOLE NUMBER. YOU DO NOT NEED TO ENTER THE "%" SIGN. GO TO NEXT SECTION</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | [is [your]] respondent is SP [is [(SP's)] respondent is proxy, SP alive [was (SP's)] respondent is proxy, SP deceased | BOX ENSEND |
|----------|---------------------|--------------------|---|--|---|------------|

Housing Characteristics (HAQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input Mask | Routing |
|---------------------|----------------|---------------------------|---|--|--|------------|---|
| | BOX HA1 | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail), GO TO HAINTRO - HAINT. ELSE IF (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILINGS), GO TO HAINTRO2A - HAINT2. ELSE GO TO BOX HA1B. | | | | |
| HAINT | HAINTRO | no entry | IF THE SP IS HOMELESS, IS TRANSIENT WITH NO PERMANENT HOME, OR IS IN JAIL OR PRISON, SELECT NEXT PAGE WITHOUT READING THIS INTRODUCTION. I would like to ask a few questions about [your/(SP's)] housing situation or living arrangements. | | [your] respondent is SP [(SP's)] respondent is proxy | | |
| DWELLING DWELLOS | HA1 HA1 | code one verbatim text | SHOW CARD HA1 IF TYPE OF HOUSING IS OBVIOUS, CODE WITHOUT ASKING. SELECT "SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON" WITHOUT ASKING. [IF HOUSING TYPE IS NOT OBVIOUS, ASK:] Which of these best describes [your/(SP's)] home? SOMETHING ELSE (SPECIFY) | (01) ONE-FAMILY, DETACHED (02) TWO-FAMILY OR DUPLEX (03) APARTMENT OR CONDOMINIUM BUILDING (04) MOBILE HOME, TRAILER (05) ROWHOUSE, TOWNHOUSE (06) "MOTHER-IN-LAW" APARTMENT (09) SOMETHING ELSE (96) SP IS HOMELESS/TRANSIENT/IN JAIL OR PRISON (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | (01) HA2 - HLEVELS (02) HA2 - HLEVELS (03) HA2 - HLEVELS (04) HAINTRO2 - HAINT1 (05) HA2 - HLEVELS (06) HA2 - HLEVELS (91) HA1 - DWELLOS (96) BOX HA4 (-8) HA2 - HLEVELS HA2 - HLEVELS |
| HLEVELS | HA2 | code one | How many levels are in [your/(SP's)] (house/apartment or condominium building/place of residence)? [THE NUMBER OF LEVELS REFERS TO THE TOTAL NUMBER OF FLOORS INCLUDING BOTH FINISHED AND UNFINISHED BASEMENTS AND FINISHED ATTICS. DO NOT INCLUDE UNFINISHED ATTICS OR ROOF TERRACES.] | (01) ONE (02) TWO (03) THREE OR MORE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [apartment or condominium building] (TYPE OF HOUSING) = 03 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03 | | (01) HAINTRO2 - HAINT1 (02) HA3 - HELEVTR (03) HA3 - HELEVTR (-8) HA3 - HELEVTR (-9) HA3 - HELEVTR |
| HELEVTR | HA3 | yes/no | Does [your/(SP's)] (house/apartment or condominium building/place of residence) have an elevator? [DO NOT INCLUDE ESCALATORS, WHEELCHAIR LIFTS, OR STAIR LIFTS.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [apartment or condominium building] (TYPE OF HOUSING) = 03 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03 | | HA4 - HONELEVEL |
| HONELEVEL | HA4 | yes/no | Is the living space in [your/(SP's)] (house/own apartment or condominium/place of residence) all on one level? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03 | | (01) HAINTRO2 - HAINT1 (02) HA5 - HBTHLEVEL (-8) HA5 - HBTHLEVEL (-9) HA5 - HBTHLEVEL |
| HBTHLEVEL | HA5 | yes/no | 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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03 | | HAINTRO2 - HAINT1 |
| HAINT1 | HAINTRO2 | no entry | 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). | | [your] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [house] (TYPE OF HOUSING) = 01 or 02 [apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (housing type) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 | | BOX HA1AB |
| HAINT2 | HAINTRO2A | no entry | 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. | | [your] respondent is SP [(SP's)] respondent is proxy | | BOX HA1AB |
| | BOX HA1AB | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD RAMPS AT ENTRANCES), GO TO HA6 - HRAMPS. ELSE GO TO BOX HA1AC. | | | | |

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|----------|-----------|---------------|---|--|--|--|--|
| HRAMPS | HA6 | yes/no | Does [your/(SP's)] (house/mobile home/apartment or condominium building/place of residence) have ramps at (any of) its entrance(s)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [mobile home] (TYPE OF HOUSING) = 04 [apartment or condominium building] (TYPE OF HOUSING) = 03 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 | | BOX HA1AC |
| | BOX HA1AC | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAD MODIFICATIONS TO ANY BATHROOM), GO TO HA7 - HBATHRM. ELSE GO TO BOX HA1AD. | | | | |
| HBATHRM | HA7 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01, or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (TYPE OF HOUSING) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 | | BOX HA1AD |
| | BOX HA1AD | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (THE TYPE OF DWELLING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (SP DID NOT PREVIOUSLY REPORT THAT THIS RESIDENCE HAS SPECIAL RAILINGS), GO TO HA8 - HRAILING. ELSE GO TO BOX HA1B. | | | | |
| HRAILING | HA8 | yes/no | 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?[DO NOT INCLUDE HANDRAILS IN BATHROOMS.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (TYPE OF HOUSING) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | BOX HA1B |
| | BOX HA1B | routing | IF (THE SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/HomelessJail) OR (THE TYPE OF HOUSING REPORTED IN THE PREVIOUS YEAR WAS UNKNOWN), GO TO HA9 - HOUSTYPE. ELSE IF TYPE OF HOUSING WAS REPORTED LAST TIME IT WAS ASKED, GO TO HAINTRO3 - HAINTR3. ELSE GO TO BOX HA4. | | | | |
| HOUSTYPE | HA9 | yes/no | SHOW CARD HA2 Please look at this card. Is [your/(SP's)] [house/own apartment or condominium/mobile home/place of residence] a part of one of these communities?[IF A RESPONDENT EXPLAINS THAT THE PLACE OF RESIDENCE IS SIMILAR TO ONE LISTED ON THE CARD BUT CALLED BY ANOTHER NAME, SELECT "YES".] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (TYPE OF HOUSING) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 | | (01) HA10 - HCOMUNTY (02) BOX HA3 (-8) HA10 - HCOMUNTY (-9) BOX HA3 |
| HCOMUNTY | HA10 | code one | SHOW CARD HA2 [IF NECESSARY, ASK:] Which category best describes [your/(SP's)] type of housing? | (02) SENIOR CITIZENS HOUSING (03) ASSISTED LIVING FACILITY (04) CONTINUING CARE COMMUNITY (05) STAGED LIVING COMMUNITY (06) RETIREMENT APARTMENTS (07) CHURCH-PROVIDED HOUSING (08) PERSONAL OR RESIDENTIAL CARE HOME (09) OTHER (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | (02) HA11 - HPERCARE (03) HA11 - HPERCARE (04) HA11 - HPERCARE (05) HA11 - HPERCARE (06) HA11 - HPERCARE (07) HA11 - HPERCARE (08) HA11 - HPERCARE (09) HA10 - HCOMUNOS (-8) HA11 - HPERCARE (-9) HA11 - HPERCARE |
| HCOMUNOS | HA10 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | | | HA11 - HPERCARE |

| | | | | | | | |
|----------|----------|----------|---|---|--|--|--|
| HAINTR3 | HAINTRO3 | no entry | 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. | | [you] respondent is SP [(SP)] respondent is proxy [live] respondent is SP [lives] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | HA11 - HPERCARE |
| HPERCARE | HA11 | yes/no | SHOW CARD HA3 Does [your/(SP's)] place of residence give (you/him/her) access to personal care services like any of those listed on this card? [THE RESPONDENT ONLY HAS TO HAVE ONE PERSONAL CARE SERVICE AVAILABLE TO HIM/HER TO QUALIFY AS A "YES" FOR THIS QUESTION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [him] respondent is proxy, SP male [her] respondent is proxy, SP female | | (01) HA12 - MEALPROB (02) BOX HA3 (-8) HA12 - MEALPROB (-9) BOX HA3 |
| MEALPROB | HA12 | list | 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... prepared meals? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | HA12 - MAIDPROB |
| MAIDPROB | HA12 | list | 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... housekeeping, maid, or cleaning services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | HA12 - WASHPROB |
| WASHPROB | HA12 | list | 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... laundry services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | HA12 - HELPPROB |
| HELPPROB | HA12 | list | 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... help with medications? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | HA12 - TRANPROB |
| TRANPROB | HA12 | list | 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... transportation? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | HA12 - RECPROB |
| RECPROB | HA12 | list | 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... recreational services, such as exercise facilities, movies, activities programs, library, card rooms, pool tables, etc.? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [In your place of residence] respondent is SP [In (SP's) place of residence] respondent is proxy [do you] respondent is SP [does (SP)] respondent is proxy | | BOX HA2 |
| | BOX HA2 | routing | IF SP HAD ACCESS TO AT LEAST ONE PERSONAL SERVICE LISTED AT HA12, GO TO HA13 - SERVINCL. ELSE GO TO BOX HA2A. | | | | |
| SERVINCL | HA13 | code one | Are these services included as part of the cost of [your/(SP's)] housing or is there a separate charge for them? | (01) ALL INCLUDED (02) SOME INCLUDED/SOME SEPARATE (03) ALL SEPARATE (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | BOX HA2A |
| | BOX HA2A | routing | IF (THE SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP DID NOT RECEIVE THE HA SECTION IN THE PREVIOUS YEAR) OR (SP MOVED IN THE PREVIOUS YEAR) OR (MOST RECENT TYPE OF DWELLING COLLECTED IN A PREVIOUS ROUND = 96/Homeless/Jail) OR (WHETHER OR NOT SP IS ALLOWED TO CONTINUE LIVING IN HOME IF SUBSTANTIAL CARE IS NEEDED IS UNKNOWN), GO TO HA14 - STAYPUT. ELSE GO TO BOX HA4. | | | | |
| STAYPUT | HA14 | yes/no | 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/place of residence) if (you/he/she) needed substantial care? [PROBE: Could [you/(SP)] stay where (you/he/she) (live/lives) now if (you/he/she) needed a much greater level of care?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [live] respondent is SP [lives] respondent is proxy [he] respondent is proxy, SP male [she] respondent is proxy, SP female [house] (TYPE OF HOUSING) = 01 or 02 [apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (TYPE OF HOUSING) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04 | | (01) HA16 - REQAGE (02) HA15 - CAREPART (-8) HA16 - REQAGE (-9) HA16 - REQAGE |
| CAREPART | HA15 | yes/no | 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female | | HA16 - REQAGE |
| REQAGE | HA16 | yes/no | Does the place where [you/(SP)] (live/lives) now require residents to be a certain age to live there or receive services? IF HA5 - HBTHLEVL = 1/Yes OR HA7 - HBATHRM = 1/Yes, GO TO HA18 - NBRROOMS. ELSE GO TO HA17 - PERSBATH. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [live] respondent is SP [lives] respondent is proxy | | BOX HA3 |
| | BOX HA3 | routing | | | | | |

| | | | | | | |
|----------|-----------------|-------------------|--|--|--|-----------------|
| PERSBATH | HA17 | yes/no | <p>Now I have a few questions about the rooms in [your/(SP's)] place of residence.</p> <p>[Do you/Does (SP)] have (your/his/her) own bathroom facilities?</p> <p>[EXPLAIN IF NECESSARY: Own bathroom facilities may be defined as the sink, flush toilet, and bathtub or shower used primarily by [you/(SP)] and is not used on a regular basis by someone not living in the household.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP [(SP's)] respondent is proxy [Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [(SP)] respondent is proxy</p> | HA18 - NBRROOMS |
| NBRROOMS | HA18 | numeric | <p>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?</p> | <p>(01) continuous answer (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP [(SP's)] respondent is proxy [house] (TYPE OF HOUSING) = 01 or 02 [own apartment or condominium building] (TYPE OF HOUSING) = 03 [mobile home] (TYPE OF HOUSING) = 04 [place of residence] (TYPE OF HOUSING) = = not equal to 01,02,03,04</p> | HA19 - PERKITCH |
| PERKITCH | HA19 BOX HA4 | yes/no routing | <p>[Do you/Does (SP)] have (your/his/her) own kitchen?</p> <p>[EXPLAIN IF NECESSARY: Own kitchen is defined as an area with a sink, non-portable cooking equipment and a refrigerator used primarily by [you/(SP)] and not on a regular basis by someone not living in the household. Also includes kitchenettes.]</p> <p>GO TO NEXT SECTION</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[Do you] respondent is SP [Does (SP)] respondent is proxy [you] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [you] respondent is SP [(SP)] respondent is proxy</p> | BOX HA4 |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text File Logic | Input mask | Routing |
|-------------------|----------------|-----------------|---|---|---|------------|--|
| HISINT | HISINTRO | no entry | 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. | | | | HIS1 - HISCORRB |
| HISCORRB | HIS1 | code one | [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 NAMES BELOW]./The only health insurance coverage [you/(SP)] had was Medicare (through a managed care plan) on (REFERENCE DATE). Is that correct? | (01) YES, ALL CORRECT AS SHOWN (02) NO, PLAN MISSING (03) NO, PLAN NAME INCORRECT (04) NO, PLAN NEEDS DELETION (05) NO, PLAN STOPPED PRIOR TO (REFERENCE DATE) (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [(You/(SP)] had Medicare coverage (through a managed care plan) and (you were/he was/she was) also covered by [READ PLAN NAMES BELOW], respondent is SP or proxy, SP is alive and not institutionalized, SP is alive and institutionalized [you were] respondent is SP [he was] respondent is proxy, SP is male | | (01) HISCLOSE - ENDHIS (02) HIS3 - ADDHITYPE (03) HIS2B - PLAN_CORRECT (04) HIS2C - PLAN_DELETION (05) HIS2C - PLAN_STOPPED (-8) HISCLOSE - ENDHIS (-9) HISCLOSE - ENDHIS |
| PLAN_DELETION | HIS2 | roster | What is the name of the plan that needs deletion? SELECT ONLY ONE PLAN FOR DELETION AT THIS ROSTER. | (01) continuous answer | | | HIS2A - PLANDVB |
| PLANDVB | HIS2A | verbatim text | BRIEFLY EXPLAIN WHY THE PLAN NEEDS TO BE DELETED. IF THE SP WAS EVER COVERED BY THIS INSURANCE PLAN, PRESS [PgUp] SHIFT/ENTER TO GO BACK ONE SCREEN AND SELECT A DIFFERENT RESPONSE. | (01) continuous answer | | | HIS1 - HISCORRB |
| PLAN_CORRECT | HIS2B | roster code one | What is the name of the plan that is incorrect? EDIT ALL PLAN NAMES AT THIS ROSTER. | (01) continuous answer | | | HIS1-HISCORRB-PLAN_CORRECT_NAME |
| PLAN_CORRECT_NAME | HIS2C | verbatim text | What is the name of the plan that is incorrect? What is the correct name of the plan listed below? | (01) continuous answer | | | HIS1 - HISCORRB |
| PLAN_STOPPED | HIS2C | roster | What is the name of the plan that (you were/he was/she was) no longer covered by as of (REFERENCE DATE)? SELECT ONLY ONE PLAN TO STOP IN THE PREVIOUS ROUND AT THIS ROSTER. | (01) continuous answer | | | HIS2D - HISSTPMM |
| HISSTPMM | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | | MM | HIS2D - HISSTPDD |
| HISSTPDD | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know | (-9) Refused | DD | HIS2D - HISSTPY |
| HISSTPY | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | | YY | HIS2E - PLANSVB |
| PLANSVB | HIS2E | verbatim text | BRIEFLY EXPLAIN WHY THE PLAN SHOULD BE STOPPED. IF DATE WHEN PLAN STOPPED IS NOT KNOWN, PROVIDE ANY ADDITIONAL INFORMATION ABOUT WHEN THE PLAN STOPPED. | (01) continuous answer | | | HIS1 - HISCORRB |
| ADDHITYPE | HIS3 | code one | What type of insurance plan needs to be added? | (01) MEDICAID/MEDICAID MANAGED CARE PLAN (02) PUBLIC PLAN OTHER THAN MEDICAID (03) PRIVATE HEALTH INSURANCE PLAN (04) MEDICARE ADVANTAGE PLAN (05) TRICARE (-8) Don't Know (-9) Refused | | | (01) BOX HIS2AA (02) HIS12 - PLAN_HISPUBLIC (03) HIS20-PLAN_HISPRIVATE HIS18A - EXCHGCOV (04) HISMC1 - PLAN_HISMHMO (05) BOX HIST1A (06) BOX HIST1B (07) HIS11 - HISHMOCCURR HISMC2 - HISHMOCCURR |
| PLAN_HISMHMO | HISM1 | roster | What is the name of the Medicare Advantage Plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER. | (01) continuous answer | | | |
| HISMHMOCCURR | HISM2 | yes/no | [Were you/Was (SP)] covered by or enrolled in (MEDICARE MANAGED CARE PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX HISMC1 (02) BOX HISMC2 (-8) BOX HISMC2 (-9) BOX HISMC2 |
| | BOX HISMC1 | routing | OTHER THAN THE PLAN SELECTED AT HISMC1, IF ANOTHER MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC3 - HISHMOCHNG. | | | | |
| HISHMOCHNG | HISM3 | yes/no | ELSE GO TO BOX HISMC2. 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX HISMC2 |
| | BOX HISMC2 | routing | IF THE PLAN SELECTED AT HISMC1 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE MANAGED CARE PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT" | | | | |
| | BOX HISMC2A | routing | GO TO BOX HISMC2A. IF THIS MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC4 - MHMORX. ELSE GO TO HIS1 - HISCORRB. | | | | |
| MHMORX | HISM4 | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have prescribed medicine coverage through (MEDICARE MANAGED CARE PLAN NAME)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HISM5 - MHMODENT |
| MHMODENT | HISM5 | yes/no | [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.] Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have dental coverage through (MEDICARE MANAGED CARE PLAN NAME)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HISM6 - MHMOEYE |
| MHMOEYE | HISM6 | yes/no | Did [you/(SP)] have optical coverage through (MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HISM8 - MHMONH |
| MHMONH | HISM8 | yes/no | Did [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care over above and beyond what Medicare normally covers? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HISM9 - MHMOPAY |
| MHMOPAY | HISM9 | yes/no | [EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2013-2014, the first 20 days are paid in full and the next 80 days require a copayment of up to \$148152.00 per day.] Besides the cost of [your/(SP's)] Medicare Part B premium, was there an additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may have paid as a co-payment for an office visit or a prescribed medicine. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) HISMC10 - MHMOAMT (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| MHMOAMT | HISM10 | numeric | [EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.] Not including the cost of [your/(SP's)] Medicare Part B premium, what was the additional amount that [you/(SP)] paid for (your/his/her) (MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may be paid for anyone other than [you/(SP)].] [PROBE IF NECESSARY: Was that per year, per month, per week, or what?] | (01) continuous answer (-8) Don't Know (-9) Refused | | | (01) HISMC10 - MHMOAMT (-8) HISMC11 - MHMOCCOST (-9) HISMC11 - MHMOCCOST |
| MHMOUNIT | HISM10 | code one | | (01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (08) OTHER (-8) Don't Know (-9) Refused | | | (01) HISMC11 - MHMOCCOST (02) HISMC11 - MHMOCCOST (03) HISMC11 - MHMOCCOST (04) HISMC11 - MHMOCCOST (05) HISMC11 - MHMOCCOST (06) HISMC11 - MHMOCCOST (07) HISMC11 - MHMOCCOST (08) HISMC11 - MHMOCCOST (09) HISMC11 - MHMOCCOST (10) HISMC11 - MHMOCCOST |
| MHMOUNOS | HISM10 | verbatim text | OTHER (SPECIFY) 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? | (01) continuous answer (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HISM12 - MHMOVWHO |
| MHMOVWHO | HISM11 | yes/no | | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| | BOX HIS2AA | routing | CREATE MEDICAID PLAN IN THE PREVIOUS ROUND GO TO HIS6 - COVTIME. | | | | |
| COVTIME | HIS6 | code one | [Were you/Was (SP)] covered by Medicaid the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | | | (01) HIS10A - MCAIDHMO (02) HIS7 - COVNOW (-8) HIS7 - COVNOW (-9) HIS7 - COVNOW (01) HIS8 - COVBEGMM (02) HIS9 - COVENDMM (-8) HIS10A - MCAIDHMO (-9) HIS10A - MCAIDHMO |
| COVNOW | HIS7 | yes/no | [Were you/Was (SP)] covered by Medicaid on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HIS8 - COVBEGDD |
| COVBEGMM | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | | MM | HIS8 - COVBEGDD |
| COVBEGDD | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | | DD | HIS8 - COVBEGYY |
| COVBEGYY | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | | YY | HIS10A - MCAIDHMO |
| COVENDMM | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | | MM | HIS9 - COVENDDD |
| COVENDDD | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | | DD | HIS9 - COVENDYY |
| COVENDYY | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | | YY | HIS10A - MCAIDHMO |

| | | | | | | |
|-----------------|----------------------|--------------------|--|--|---|--|
| MCADHMO | HIS10A | yes/no | Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries. [Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan on [(REFERENCE DATE)/(PLAN COVERAGE STOP DATE)]the date [your/(SP's)] Medicaid coverage stopped? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was SP] respondent is proxy | BOX HIS2C |
| | BOX HIS2C | routing | IF THERE IS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS1 - HISCORRB. ELSE GO TO HIS10B1 - HISMPCOVER. | | | |
| HISMPCOVER | HIS10B1 | yes/no | Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Prescription Drug plan, although the beneficiary may choose to switch to a different plan. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a Medicare Prescription Drug plan that covered medicines prescribed by a doctor? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was SP] respondent is proxy | (01) HIS34 - PLAN_HISMPCOV (02) HIS10C - MCDRXCOV (-8) HIS10C - MCDRXCOV (-9) HIS10C - MCDRXCOV |
| MCDRXCOV | HIS10C | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | HIS1 - HISCORRB |
| | BOX HIST1A | routing | CREATE TRICARE PLAN IN THE PREVIOUS ROUND GO TO HIST1 - COVTIME. | | | |
| COVTIME | HIST1 | code one | [Were you/Was (SP)] covered by TRICARE the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) HIST3 - TRIRXCOV (02) HIST2 - COVNOW (-8) HIST2 - COVNOW (-9) HIST2 - COVNOW HIST3 - TRIRXCOV |
| COVNOW | HIST2 | yes/no | [Were you/Was (SP)] covered by TRICARE on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | |
| TRIRXCOV | HIST3 | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | (01) HIST3AA - TRIMEDS (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| TRIMEDS | HIST3AA | code one | [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.] Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), where did [you/(SP)] usually obtain [your/his/her] medicines? Did [you/(SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRX), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else? | (01) YES (02) NO (-8) Don't Know (-9) Refused (01) A TRICARE MAIL ORDER PHARMACY (TMOP) (02) A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRX) (03) A MILITARY TREATMENT FACILITY PHARMACY (MTF) (04) A NON-NETWORK RETAIL PHARMACY (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) HIST3AA - TRIMEDS (02) HIS1 - HISCORRB (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (91) HIST3AA - TRIMEDS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| TRIMEDOS | HIST3AA | verbatim text | SOMEWHERE ELSE (SPECIFY) | | | |
| PLAN_HISPUBLIC | HIS12 | roster | What is the name of the public program that covered [you/(SP)]? | (01) continuous answer | [you] respondent is SP | HIS1 - HISCORRB |
| NAVIGATOR | HIS12_IN | instance navigator | SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER. | (01) ITEM SELECTED IN INSTANCE NAVIGATOR | [(SP)] respondent is proxy | HIS12_IN - NAVIGATOR |
| COVTIME | HIS13 | code one | [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? | (02) CONTINUE INTERVIEW SELECTED (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) HIS13 - COVTIME (02) HIS1 - HISCORRB (01) BOX HIS2B1 (02) HIS14 - COVNOW (-8) HIS14 - COVNOW (-9) HIS14 - COVNOW |
| COVNOW | HIS14 | yes/no | [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) HIS15 - COVBEGMM (02) HIS15 - COVBEGMM (-8) BOX HIS2B1 (-9) BOX HIS2B1 |
| COVBEGMM | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | MM HIS15 - COVBEGDD |
| COVBEGDD | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | DD HIS15 - COVBEGYY |
| COVBEGYY | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | YY BOX HIS2B1 |
| COVENDMM | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | MM HIS16 - COVENDDD |
| COVENDDD | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | DD HIS16 - COVENDYY |
| COVENDYY | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | YY BOX HIS2B1 |
| PUBRXCOV | BOX HIS2B1 HIS16A | routing yes/no | GO TO HIS16A - PUBRXCOV. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | BOX HIS3 |
| EXCHGCOV | BOX HIS3 HIS18A | routing yes/no | GO TO HIS12_IN - NAVIGATOR. SHOW CARD HIS. As you may know, every state now offers a health insurance marketplace, also referred to as an exchange. The marketplace [, known as (STATE MARKETPLACE NAME),] allows residents to compare and purchase available health insurance options that meet their needs. While most Medicare beneficiaries are not eligible for insurance from a health insurance marketplace, there are some special circumstances that allow enrollment. Please look at this card. At any time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) [were you/was (SP)] enrolled in or covered by one of these exchange plans? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [, known as (STATE MARKETPLACE NAME),] State's price comparison website for subsidized health insurance [were you] respondent is SP [was (SP)] respondent is proxy | HIS20 - PLAN_HISPRIVATE |
| PLAN_HISPRIVATE | HIS20 | roster | 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)? | (01) continuous answer | [your] respondent is SP [(SP's)] respondent is proxy | HIS20_IN - NAVIGATOR |
| NAVIGATOR | HIS20_IN | instance navigator | SELECT OR ADD ALL ONE PRIVATE PLAN NAMESNAME AT THIS ROSTER. | (01) ITEM SELECTED IN INSTANCE NAVIGATOR | | |
| COVTIME | HIS21 | code one | [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? | (02) CONTINUE INTERVIEW SELECTED (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) HIS21 - COVTIME (02) HIS1 - HISCORRB (01) BOX HIS3A1 (02) HIS22 - COVNOW (-8) HIS22 - COVNOW (-9) HIS22 - COVNOW |
| COVNOW | HIS22 | yes/no | [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) HIS22 - COVNOW (01) HIS23 - COVBEGMM (02) HIS24 - COVBEGMM (-8) BOX HIS3A1 (-9) BOX HIS3A1 |
| COVBEGMM | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | MM HIS23 - COVBEGDD |
| COVBEGDD | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | DD HIS23 - COVBEGYY |
| COVBEGYY | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | YY BOX HIS3A1 |
| COVENDMM | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | MM HIS24 - COVENDDD |
| COVENDDD | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | DD HIS24 - COVENDYY |
| COVENDYY | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | YY BOX HIS3A1 |
| PPRVHMO | BOX HIS3A1 HIS25 | routing yes/no | GO TO HIS25 - PPRVHMO. CODE WITHOUT ASKING IF VOLUNTEERED. Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | HIS26 - PERS_HISMIFNUM |
| PERS_HISMIFNUM | HIS26 | roster | [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care who are specialists or hospitals on the plan's list (not on the plan's list). Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? | (01) continuous answer | | HIS27 - PPRVGET |
| PPRVGET | HIS27 | code one | SELECT OR ADD ONLY ONE PERSON. 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? | (01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused | [your] respondent is MIP [MIP] respondent is not MIP | (01) HIS29 - PRVNMCOV (02) HIS29 - PRVNMCOV (03) HIS29 - PRVNMCOV (04) HIS29 - PRVNMCOV (05) HIS29 - PRVNMCOV (06) HIS29 - PRVNMCOV (07) HIS29 - PRVNMCOV (08) HIS29 - PRVNMCOV (09) HIS29 - PRVNMCOV (91) HIS27 - PPRVGTOS (-8) HIS29 - PRVNMCOV (-9) HIS29 - PRVNMCOV |
| PPRVGTOS | HIS27 | verbatim text | OTHER (SPECIFY) | | | |
| PRVNMCOV | HIS29 | numeric | How many family members, including [yourself/(SP)], were covered by [your/(MIP's)] (PRIVATE PLAN NAME) between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | [yourself] respondent is MIP [SP] respondent is proxy [your] respondent is MIP [MIP's] respondent is not MIP | HIS29 - PRVNMCOV HIS31A - PRVNMCOV |
| PRVRXCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... prescribed medicines? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is MIP [MIP's] respondent is not MIP [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is MIP [MIP's] respondent is not MIP | HIS31A - PRVMSCOV |

| | | | | | | |
|--------------|-----------|---------------|---|---|--|---|
| PRVMSCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... doctor visits or lab work? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is MIP [MIP's] respondent is not MIP | HIS31A - PRVIPCOV |
| PRVIPCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... inpatient hospital care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is MIP [MIP's] respondent is not MIP | HIS31A - PRVNHCOV |
| PRVNHCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... nursing home or long term care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is MIP [MIP's] respondent is not MIP | HIS31A - MHMODENT |
| MHMODENT | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... dental care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is MIP [MIP's] respondent is not MIP | HIS32 - MIPPINS |
| MIPPINS | HIS32 | yes/no | Was there a premium or cost for the (PRIVATE PLAN NAME) coverage? [Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may have had to pay.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is SP [(SP's)] respondent is proxy [you/] respondent is MIP [MIP] respondent is not MIP [you/] respondent is SP [(SP)] respondent is proxy | (01) HIS33 - MIPPANT (02) HIS33A - MHMOCCOST (-8) HIS33A - MHMOCCOST (-9) HIS33A - MHMOCCOST (01) HIS33 - MIPPUNIT (-8) HIS33A - MHMOCCOST (-9) HIS33A - MHMOCCOST |
| MIPPANT | HIS33 | numeric | How much did [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage? [Please do not include any amount that may be paid for anyone other than [you/(SP)].] | (01) continuous answer (-8) Don't Know (-9) Refused | [you/] respondent is MIP [MIP] respondent is not MIP | (01) HIS33 - MIPPANT (02) HIS33A - MHMOCCOST (03) HIS33A - MHMOCCOST (04) HIS33A - MHMOCCOST (05) HIS33A - MHMOCCOST (06) HIS33A - MHMOCCOST (07) HIS33A - MHMOCCOST (08) HIS33 - MIPPUNOS (-8) HIS33A - MHMOCCOST |
| MIPPUNIT | HIS33 | code one | EXPLAIN IF NECESSARY: Was that per year, per month, per week, or what? | (01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (08) OTHER (-8) Don't Know | [you/] respondent is SP [(SP)] respondent is proxy | (01) HIS33A - MHMOCCOST (02) HIS33A - MHMOCCOST (03) HIS33A - MHMOCCOST (04) HIS33A - MHMOCCOST (05) HIS33A - MHMOCCOST (06) HIS33A - MHMOCCOST (07) HIS33A - MHMOCCOST (08) HIS33 - MIPPUNOS (-8) HIS33A - MHMOCCOST |
| MIPPUNOS | HIS33 | verbatim text | OTHER (SPECIFY) IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMOPOS. | (01) continuous answer (01) YES (02) NO (-8) Don't Know | [you/] respondent is MIP [MIP's] respondent is not MIP | HIS33A - MHMOCCOST (01) HIS33B - MHMOVWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B BOX HIS3B |
| MHMOVWHO | HIS33B | code one | EXPLAIN IF NECESSARY: Who else paid all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage? | (01) (SP's)/(MIP's) CURRENT EMPLOYER (02) (SP's)/(MIP's) FORMER EMPLOYER (03) (SP's)/(MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (08) OTHER (-8) Don't Know (01) continuous answer | [you/] respondent is MIP [MIP's] respondent is not MIP | (01) HIS33B - MHMOVWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B BOX HIS3B |
| MHMOVHOS | HIS33B | verbatim text | OTHER (SPECIFY) IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMOPOS. | (01) continuous answer (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is MIP [MIP's] respondent is not MIP | (01) HIS33B - MHMOVWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B BOX HIS3B |
| MHMOPOS | HIS33C | yes/no | Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)? [EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | BOX HIS4 |
| PLAN_HISMPDP | BOX HIS4 | routing | GO TO HIS20_IN - NAVIGATOR. | (01) continuous answer | [you/] respondent is SP [(SP)] respondent is proxy | HIS35 - HISMPDPCURR |
| HISMPDPCURR | HIS34 | router | What is the name of the Medicare Prescription Drug plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | (01) BOX HIS5A (02) BOX HIS6 (-8) BOX HIS6 (-9) BOX HIS6 |
| HISMPDPCURR | HIS35 | yes/no | [Were you/Was (SP)] covered by or enrolled in (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP)] respondent is proxy | (01) BOX HIS5A (02) BOX HIS6 (-8) BOX HIS6 (-9) BOX HIS6 |
| HISMPDPCURR | BOX HIS5A | routing | OTHER THAN THE PLAN SELECTED AT HIS34, IF ANOTHER MEDICARE PRESCRIPTION DRUG PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS36 - HISMPDPCHNG. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy | BOX HIS6 |
| HISMPDPCHNG | HIS36 | yes/no | ELSE GO TO BOX HIS6. 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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy | BOX HIS6 |
| HISMPDPCHNG | BOX HIS6 | routing | IF THE PLAN SELECTED AT HIS34 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE PRESCRIPTION DRUG PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT". | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP's)] respondent is proxy | BOX HIS6 |
| HISMPDPCHNG | BOX HIS6A | routing | GO TO BOX HIS6A IF (HIS35 - HISMPDPCURR = 2/No) OR (HIS36 - HISMPDPCHNG = 2/No), GO TO HIS37 - PDPYSTOP. ELSE GO TO HIS1 - HISCORRB. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you/] respondent is SP [(SP)] respondent is proxy | (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (08) HIS1 - HISCORRB (09) HIS1 - HISCORRB (10) HIS1 - HISCORRB (11) HIS1 - HISCORRB (12) HIS1 - HISCORRB (13) HIS1 - HISCORRB (14) HIS1 - HISCORRB (15) HIS1 - HISCORRB (16) HIS1 - HISCORRB (17) HIS1 - HISCORRB (18) HIS1 - HISCORRB (19) HIS1 - HISCORRB (20) HIS1 - HISCORRB (21) HIS1 - HISCORRB (22) HIS1 - HISCORRB (23) HIS1 - HISCORRB (24) HIS1 - HISCORRB (25) HIS1 - HISCORRB (26) HIS1 - HISCORRB (27) HIS1 - HISCORRB (28) HIS1 - HISCORRB (29) HIS1 - HISCORRB (30) HIS1 - HISCORRB (31) HIS1 - HISCORRB (32) HIS1 - HISCORRB (33) HIS1 - HISCORRB (34) HIS1 - HISCORRB (35) HIS1 - HISCORRB (36) HIS1 - HISCORRB (37) HIS1 - HISCORRB (38) HIS1 - HISCORRB (39) HIS1 - HISCORRB (40) HIS1 - HISCORRB (41) HIS1 - HISCORRB (42) HIS1 - HISCORRB (43) HIS1 - HISCORRB (44) HIS1 - HISCORRB (45) HIS1 - HISCORRB (46) HIS1 - HISCORRB (47) HIS1 - HISCORRB (48) HIS1 - HISCORRB (49) HIS1 - HISCORRB (50) HIS1 - HISCORRB (51) HIS1 - HISCORRB (52) HIS1 - HISCORRB (53) HIS1 - HISCORRB (54) HIS1 - HISCORRB (55) HIS1 - HISCORRB (56) HIS1 - HISCORRB (57) HIS1 - HISCORRB (58) HIS1 - HISCORRB (59) HIS1 - HISCORRB (60) HIS1 - HISCORRB (61) HIS1 - HISCORRB (62) HIS1 - HISCORRB (63) HIS1 - HISCORRB (64) HIS1 - HISCORRB (65) HIS1 - HISCORRB (66) HIS1 - HISCORRB (67) HIS1 - HISCORRB (68) HIS1 - HISCORRB (69) HIS1 - HISCORRB (70) HIS1 - HISCORRB (71) HIS1 - HISCORRB (72) HIS1 - HISCORRB (73) HIS1 - HISCORRB (74) HIS1 - HISCORRB (75) HIS1 - HISCORRB (76) HIS1 - HISCORRB (77) HIS1 - HISCORRB (78) HIS1 - HISCORRB (79) HIS1 - HISCORRB (80) HIS1 - HISCORRB (81) HIS1 - HISCORRB (82) HIS1 - HISCORRB (83) HIS1 - HISCORRB (84) HIS1 - HISCORRB (85) HIS1 - HISCORRB (86) HIS1 - HISCORRB (87) HIS1 - HISCORRB (88) HIS1 - HISCORRB (89) HIS1 - HISCORRB (90) HIS1 - HISCORRB (91) HIS1 - HISCORRB (92) HIS1 - HISCORRB (93) HIS1 - HISCORRB (94) HIS1 - HISCORRB (95) HIS1 - HISCORRB (96) HIS1 - HISCORRB (97) HIS1 - HISCORRB (98) HIS1 - HISCORRB (99) HIS1 - HISCORRB (100) HIS1 - HISCORRB |
| PDPYSTOP | HIS37 | code one | What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage? | (01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH PLAN'S COVERAGE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET DIFFERENT HEALTH CARE COVERAGE (05) PLAN NO LONGER CONTRACTS FOR MEDICARE RX COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) SP MOVED OUT OF PLAN AREA (08) OTHER (-8) Don't Know (01) continuous answer | [you/] respondent is SP [(SP)] respondent is proxy | (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (08) HIS1 - HISCORRB (09) HIS1 - HISCORRB (10) HIS1 - HISCORRB (11) HIS1 - HISCORRB (12) HIS1 - HISCORRB (13) HIS1 - HISCORRB (14) HIS1 - HISCORRB (15) HIS1 - HISCORRB (16) HIS1 - HISCORRB (17) HIS1 - HISCORRB (18) HIS1 - HISCORRB (19) HIS1 - HISCORRB (20) HIS1 - HISCORRB (21) HIS1 - HISCORRB (22) HIS1 - HISCORRB (23) HIS1 - HISCORRB (24) HIS1 - HISCORRB (25) HIS1 - HISCORRB (26) HIS1 - HISCORRB (27) HIS1 - HISCORRB (28) HIS1 - HISCORRB (29) HIS1 - HISCORRB (30) HIS1 - HISCORRB (31) HIS1 - HISCORRB (32) HIS1 - HISCORRB (33) HIS1 - HISCORRB (34) HIS1 - HISCORRB (35) HIS1 - HISCORRB (36) HIS1 - HISCORRB (37) HIS1 - HISCORRB (38) HIS1 - HISCORRB (39) HIS1 - HISCORRB (40) HIS1 - HISCORRB (41) HIS1 - HISCORRB (42) HIS1 - HISCORRB (43) HIS1 - HISCORRB (44) HIS1 - HISCORRB (45) HIS1 - HISCORRB (46) HIS1 - HISCORRB (47) HIS1 - HISCORRB (48) HIS1 - HISCORRB (49) HIS1 - HISCORRB (50) HIS1 - HISCORRB (51) HIS1 - HISCORRB (52) HIS1 - HISCORRB (53) HIS1 - HISCORRB (54) HIS1 - HISCORRB (55) HIS1 - HISCORRB (56) HIS1 - HISCORRB (57) HIS1 - HISCORRB (58) HIS1 - HISCORRB (59) HIS1 - HISCORRB (60) HIS1 - HISCORRB (61) HIS1 - HISCORRB (62) HIS1 - HISCORRB (63) HIS1 - HISCORRB (64) HIS1 - HISCORRB (65) HIS1 - HISCORRB (66) HIS1 - HISCORRB (67) HIS1 - HISCORRB (68) HIS1 - HISCORRB (69) HIS1 - HISCORRB (70) HIS1 - HISCORRB (71) HIS1 - HISCORRB (72) HIS1 - HISCORRB (73) HIS1 - HISCORRB (74) HIS1 - HISCORRB (75) HIS1 - HISCORRB (76) HIS1 - HISCORRB (77) HIS1 - HISCORRB (78) HIS1 - HISCORRB (79) HIS1 - HISCORRB (80) HIS1 - HISCORRB (81) HIS1 - HISCORRB (82) HIS1 - HISCORRB (83) HIS1 - HISCORRB (84) HIS1 - HISCORRB (85) HIS1 - HISCORRB (86) HIS1 - HISCORRB (87) HIS1 - HISCORRB (88) HIS1 - HISCORRB (89) HIS1 - HISCORRB (90) HIS1 - HISCORRB (91) HIS1 - HISCORRB (92) HIS1 - HISCORRB (93) HIS1 - HISCORRB (94) HIS1 - HISCORRB (95) HIS1 - HISCORRB (96) HIS1 - HISCORRB (97) HIS1 - HISCORRB (98) HIS1 - HISCORRB (99) HIS1 - HISCORRB (100) HIS1 - HISCORRB |
| PDPYSTOS | HIS37 | verbatim text | OTHER (SPECIFY) 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). | (01) continuous answer | [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is SP [(SP's)] respondent is proxy | HIS1 - HISCORRB HIS1 - HISCORRB BOX HIS5 |
| ENDHIS | HISCLOSE | no entry | | | [you/] respondent is SP [(SP)] respondent is proxy [you/] respondent is SP [(SP's)] respondent is proxy | HIS1 - HISCORRB HIS1 - HISCORRB BOX HIS5 |
| ENDHIS | BOX HIS5 | routing | GO TO NEXT SECTION | | [you/] respondent is SP [(SP's)] respondent is proxy | HIS1 - HISCORRB HIS1 - HISCORRB BOX HIS5 |

Health Insurance (HIQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|---|---|--|------------|---|
| | BOX HIBEG | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE), GO TO HIMCINTR - HIINTR1. ELSE GO TO BOX MC1AA. The next questions are about [your/(SP's)] health insurance benefits. This card outlines the types of health insurance that I'll be asking you about. [INTERVIEWER SHOULD POINT TO HEALTH INSURANCE OPTIONS ON FRONT OF SHOWCARD HIMC1.] Please refer to this card as we talk about [your/(SP's)] health insurance coverage. It would also be helpful if I could look at a health plan card or something with the plan name on it. These materials will ensure that I record the information accurately. | | | | |
| HIINTR1 | HIMCINTR | no entry | (EXPLAIN IF NECESSARY: We ask about health insurance coverage because it is important to understand how beneficiaries cover the costs of their medical care, such as doctor visits, prescribed medicines, and hospital stays.) IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (SP HAS A LOADED CMS MEDICARE MANAGED CARE PLAN), GO TO MC1 - LOADCORR. ELSE IF (SP IS NOT IN THE SUPPLEMENTAL SAMPLE) AND (SP HAS A MEDICARE MANAGED CARE PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO HIMC1A - MHMOSAME. ELSE GO TO HIMC1 - MHMOCOV. | | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | BOX MC1AA |
| | BOX MC1AA | routing | As you (may) know, Medicare allows beneficiaries in certain parts of the country to enroll in either Original Medicare or a Medicare Advantage plan, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care (Organization). According to Medicare records, [you are/(SP) is] currently enrolled in a Medicare Advantage Plan called (CMS MEDICARE MANAGED CARE PLAN NAME). Is this information correct? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you are] respondent is SP [(SP) is] respondent is proxy | | (01) BOX HIMC1 (02) MC2 - WHATWRNG (-8) MC11 - REFERMED (-9) BOX HIMC4 |
| LOADCORR | MC1 | yes/no | [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | NAME), ENROLLED IN NEW MEDICARE ADVANTAGE PLAN (02) SP HAS PLAN CALLED (CMS MHMO PLAN NAME), R DOESN'T THINK IT'S A MEDICARE ADVANTAGE PLAN (03) SP NOW DISENROLLED FROM (CMS MHMO PLAN NAME), NO LONGER IN ANY MEDICARE ADVANTAGE PLAN (04) SP ENROLLED IN MEDICARE ADVANTAGE PLAN, BUT NEVER (CMS MHMO PLAN NAME) (05) SP NEVER COVERED BY OR ENROLLED IN (CMS MHMO PLAN NAME) (01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH QUALITY OF CARE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET BENEFIT COVERAGE OTHER THAN RX (05) PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) DOCTOR LEFT PLAN/DIED/RETIRED (08) DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS (09) SP MOVED OUT OF PLAN AREA (10) SP DIDN'T LIKE CHOICE OF DOCTORS (11) SP WANTED CHOICE OF DOCTORS (91) OTHER | | | (01) MC2B - YDISNROL (02) MC3 - PRIMPHYS (03) MC2B - YDISNROL (04) MC4 - SAMEPLAN (05) MC11 - REFERMED |
| | | | How is this information incorrect? SELECT ONLY ONE. IF MORE THAN ONE RESPONSE IS APPLICABLE, SELECT THE RESPONSE THAT IS CLOSEST TO THE TOP OF THE LIST. | | | | |
| WHATWRNG | MC2 | code 1 | | | | | (01) BOX MC1A (02) BOX MC1A (03) BOX MC1A (04) BOX MC1A (05) BOX MC1A (06) BOX MC1A (07) BOX MC1A (08) BOX MC1A (09) BOX MC1A (10) BOX MC1A (11) BOX MC1A (91) MC2B - YDISNROS (-8) BOX MC1A (-9) BOX MC1A |
| YDISNROL | MC2B | code 1 | What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage? | (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | | BOX MC1A |
| YDISNROS | MC2B | verbatim text | OTHER (SPECIFY) IF MC2 - WHATWRNG = 1/EnrolledNewPlan, GO TO MC5 - PLAN_MHMOMCA. ELSE GO TO HIMC16 - MHMOMORE. | | | | |
| | BOX MC1A | routing | In many Medicare Advantage plans, such as HMOs or PPOs, the health plan gives the patient a list of doctors from which he chooses a primary care physician. This primary care physician provides the patient's usual medical care and can refer the patient to specialists, if necessary. [Do you/Does (SP)] have a primary care physician? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy | | BOX HIMC1 (U1) BOX HIMC1 (02) MC5 - PLAN_MHMOMCA (-8) MC5 - PLAN_MHMOMCA (-9) MC5 - PLAN_MHMOMCA |
| PRIMPHYS | MC3 | yes/no | | (01) SAME PLANS (02) NOT THE SAME PLANS | | | |
| SAMEPLAN | MC4 | code 1 | 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? | (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | BOX HIMC1 |
| PLAN_MHMOMCA | MC5 | roster | What is the name of the Medicare Advantage Plan that provides [your/(SP's)] health care benefits? | | | | |

| | | | | | | |
|--------------|-----------|---------------|--|---|--|--|
| | | | Do you refer to [your/(SP's)] Medicare coverage by any name besides Medicare? | (01) MEDICARE ONLY (02) OTHER NAME (-8) Don't Know (-9) Refused | | (01) BOX HIMC4 (02) MC12 - PLAN_MHMOMCB (-8) BOX HIMC4 (-9) BOX HIMC4 |
| REFERMED | MC11 | code 1 | [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] What do you call [your/(SP's)] coverage? SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER. | | [your] respondent is SP [(SP's)] respondent is proxy | |
| PLAN_MHMOMCB | MC12 | roster | At the time of the last interview [you were/(SP) was] covered by the Medicare Advantage Plan named (MEDICARE MANAGED CARE PLAN NAME). | | [you were] respondent is SP [(SP) was] respondent is proxy [Are you] respondent is SP [Is (SP)] respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP deceased [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized | BOX HIMC1 |
| MHMOSAME | HIMC1A | yes/no | [[Are you/Is (SP)] now covered by (MEDICARE MANAGED CARE PLAN NAME)?] [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] [IF THE RESPONDENT DROPPED THE INDICATED COVERAGE SINCE THE PREVIOUS INTERVIEW DATE, BUT PICKED UP THE COVERAGE AGAIN AND CURRENTLY IS COVERED BY THE NAMED PLAN, SELECT "YES" FOR THIS QUESTION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused (01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH QUALITY OF CARE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET BENEFIT COVERAGE OTHER THAN RX (05) PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) DOCTOR LEFT PLAN/DIED/RETIRED (08) DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS (09) SP MOVED OUT OF PLAN AREA (10) SP DIDN'T LIKE CHOICE OF DOCTORS (11) SP WANTED CHOICE OF DOCTORS (91) OTHER | | (01) BOX HIMC1 (02) HIMC1B1 - YDISNROL (-8) HIMC1C - MHMOOTHR (-9) BOX HIMC4 |
| YDISNROL | HIMC1B1 | code 1 | What is the most important reason [you/(SP)] stopped the (MEDICARE MANAGED CARE PLAN NAME) coverage? | (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | (01) HIMC1C - MHMOOTHR (02) HIMC1C - MHMOOTHR (03) HIMC1C - MHMOOTHR (04) HIMC1C - MHMOOTHR (05) HIMC1C - MHMOOTHR (06) HIMC1C - MHMOOTHR (07) HIMC1C - MHMOOTHR (08) HIMC1C - MHMOOTHR (09) HIMC1C - MHMOOTHR (10) HIMC1C - MHMOOTHR (11) HIMC1C - MHMOOTHR (91) HIMC1B1 - YDISNROS (-8) HIMC1C - MHMOOTHR (-9) HIMC1C - MHMOOTHR HIMC1C - MHMOOTHR |
| YDISNROS | HIMC1B1 | verbatim text | OTHER (SPECIFY) | | [Since (REFERENCE DATE)] respondent is proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | |
| MHMOOTHR | HIMC1C | yes/no | HIMC1SHOW CARD H12 [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)? As you (may) know, Medicare allows beneficiaries in certain parts of the country to can enroll in either Original Medicare or a Medicare Advantage plans plan, such as HMOs an HMO (Health Maintenance Organizations Organization) and PPOs- PPO(Preferred Provider Organizations), to receive their Medicare-covered health care. Organization). (Please look at this card.) At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION).] [have you/has (SP)/had (SP)] been enrolled in or covered by [any/(one of these/any)] Medicare Advantage plans? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased | (01) HIMC3 - MHMOCURR (02) BOX HIMC4 (-8) BOX HIMC4 (-9) BOX HIMC4 |
| MHMOCOV | HIMC1 | yes/no | [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [any] only one Medicare Advantage plan [one of these] more than one Medicare Advantage plan [Is (SP)] respondent is proxy, SP alive and not insitutionalized [currently] SP is not deceased or institutionalized [Was (SP)] respondent is proxy, SP deceased [on (DATE OF DEATH)] SP deceased [on (DATE OF INSTITUTIONALIZATION)] SP institutionalize [currently covers] or alive [covered] SP deceased or institutionalized [you] respondent is SP [(SP)] respondent is proxy [on (DATE OF DEATH)] SP is deceased [on (DATE OF INSTITUTIONALIZATION)] SP is institutionalized | (01) HIMC3 - MHMOCURR (02) BOX HIMC4 (-8) BOX HIMC4 (-9) BOX HIMC4 |
| MHMOCURR | HIMC3 | yes/no | [Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Advantage Plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) HIMC5 - PLAN_MHMO (02) BOX HIMC2 (-8) BOX HIMC2 (-9) BOX HIMC2 |
| PLAN_MHMO | HIMC5 | roster | What is the name of the Medicare Advantage Plan that [currently covers/covered] [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER. IF THIS PLAN IS THE SP'S CURRENT MEDICARE MANAGED CARE PLAN IF (THIS MEDICARE MANAGED CARE PLAN IS NEW OR HAS BEEN "RESTARTED") OR THIS IS A FALL ROUND GO TO HIMC6A - MHMORXTM. ELSE GO TO BOX HIMC1CC1 | | | BOX HIMC1 |
| | BOX HIMC1 | routing | | | | |

| | | | | | | |
|----------|--------------|----------------------|--|---|---|--|
| | | | [Do you/Does (SP)/Did (SP)] have prescribed medicine coverage through (CURRENT MEDICARE MANAGED CARE PLAN)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased [you personally have] respondent is SP [(SP) personally has] respondent is proxy, SP alive [(SP personally had] respondent is proxy, SP deceased | |
| MHMORXTM | HIMC6A | yes/no | [PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has/(SP) personally had], not what the plan offers everyone.] IF (THIS MEDICARE MANAGED CARE PLAN IS NEW OR HAS BEEN "RESTARTED"), GO TO HIMC7 - MHMODENT. ELSE GO TO BOX HIMC2. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | BOX HIMC1CC1 |
| | BOX HIMC1CC1 | routing | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased | |
| MHMODENT | HIMC7 | yes/no | [Do you/Does (SP)/Did (SP)] have dental coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | HIMC8 - MHMOEYE |
| MHMOEYE | HIMC8 | yes/no | [Do you/Does (SP)/Did (SP)] have optical coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased | HIMC10 - MHMONH |
| | | | [Does your/Does (SP's)/Did (SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care ever above and beyond what Medicare normally covers? | | | |
| MHMONH | HIMC10 | yes/no | (EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2013 2014, the first 20 days are paid in full and the next 80 days require a copayment of up to \$448152.00 per day.) | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Does your] respondent is SP [Does (SP's)] respondent is proxy, SP alive [Did (SP's)] respondent is proxy, SP deceased | HIMC11 - MHMOPAY |
| | | | Besides the cost of [your/(SP's)] Medicare Part B premium, [is/was] there an additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may (pay/have paid) as a co-payment for an office visit or a prescribed medicine. | | [your] respondent is SP [(SP's)] respondent is proxy [is] SP alive [was] SP deceased [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [pay] SP alive [have paid] SP deceased [(SP's)] respondent is proxy [is] SP alive [was] SP deceased [you pay] respondent is SP [(SP) pays] respondent is proxy, SP alive [(SP) paid] respondent is proxy, SP deceased [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [be] SP alive [have been paid] SP deceased [you] respondent is SP [(SP)] respondent is proxy [(SP's)] respondent is proxy [is] SP alive [was] SP deceased [you pay] respondent is SP [(SP) pays] respondent is proxy, SP alive [(SP) paid] respondent is proxy, SP deceased [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [be] SP alive [have been paid] SP deceased [you] respondent is SP [(SP)] respondent is proxy | |
| MHMOPAY | HIMC11 | yes/no | [EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) HIMC12 - MHMOAMT (02) BOX HIMC2 (-8) BOX HIMC2 (-9) BOX HIMC2 |
| | | | Not including the cost of [your/(SP's)] Medicare Part B premium, what [is/was] the additional amount that [you pay/(SP) pays/(SP) paid] for [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? (Please do not include any copayments or any amount that may [be/have been] paid for anyone other than [you/(SP)].) | | | |
| MHMOAMT | HIMC12 | quantity unit hybrid | [PROBE IF NECESSARY: Is that per year, per month, per week, or what?] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | (01) HIMC12 - MHMOUNIT (-8) HIMC12A - MHMOCOST (-9) HIMC12A - MHMOCOST |
| | | | Not including the cost of [your/(SP's)] Medicare Part B premium, what [is/was] the additional amount that [you pay/(SP) pays/(SP) paid] for [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? (Please do not include any copayments or any amount that may [be/have been] paid for anyone other than [you/(SP)].) | (01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER | | |
| MHMOUNIT | HIMC12 | quantity unit hybrid | [PROBE IF NECESSARY: Is that per year, per month, per week, or what?] | (-8) Don't Know (-9) Refused | | HIMC12A - MHMOCOST |
| MHMOUNOS | HIMC12 | verbatim text | OTHER (SPECIFY) [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Does] SP alive [Did] SP deceased | (01) HIMC12B - MHMOWHO (02) BOX HIMC2 |
| MHMOCOST | HIMC12A | yes/no | | | [your] respondent is SP [(SP's)] respondent is proxy | (-8) BOX HIMC2 (-9) BOX HIMC2 |
| | | | | (01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE | | (01) BOX HIMC2 (02) BOX HIMC2 (03) BOX HIMC2 (04) BOX HIMC2 (05) BOX HIMC2 (06) BOX HIMC2 (07) BOX HIMC2 |
| MHMOWHO | HIMC12B | code 1 | Who else [pays/paid] all or some portion of the additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? | (91) OTHER (-8) Don't Know (-9) Refused | [pays] SP alive [paid] SP deceased [your] respondent is SP [(SP's)] respondent is proxy | (91) HIMC12B - MHMOWHOS (-8) BOX HIMC2 (-9) BOX HIMC2 |
| MHMOWHOS | HIMC12B | verbatim text | OTHER (SPECIFY) | | | BOX HIMC2 |

| | | | | | | |
|----------------|-----------|----------|---|---|--|---|
| | BOX HIMC2 | routing | <p>IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF HIMC1A - MHMOSAME = 1/Yes, GO TO BOX HIMC4. ELSE IF HIMC3 - MHMOCURR = 2/No, DK OR RF, GO TO HIMC17 - PLAN_MHMOOTHER. ELSE GO TO HIMC16 - MHMOMORE.</p> <p>SHOW CARD HI2 HIMC4</p> <p>[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)?</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [Besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN) what other] second or more time through loop [What] first time through loop [your] respondent is SP [(SP's)] respondent is proxy</p> | (01) HIMC17 - PLAN_MHMOOTHER (02) BOX HIMC4 (-8) BOX HIMC4 (-9) BOX HIMC4 |
| MHMOMORE | HIMC16 | yes/no | <p>[PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]</p> <p>[Issues (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN), what other/What] Medicare Advantage Plans provided [your/(SP's)] health care since (REFERENCE DATE)?</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [Besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN) what other] second or more time through loop [What] first time through loop [your] respondent is SP [(SP's)] respondent is proxy</p> | (01) HIMC17 - PLAN_MHMOOTHER (02) BOX HIMC4 (-8) BOX HIMC4 (-9) BOX HIMC4 |
| PLAN_MHMOOTHER | HIMC17 | roster | <p>SELECT OR ADD MEDICARE ADVANTAGE PLAN NAMES AT THIS ROSTER.</p> | | | BOX HIMC4 |
| | BOX HIMC4 | routing | <p>IF FALL ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP HAS A MEDICARE MANAGED CARE PLAN THAT IS "CURRENT"), GO TO HIMC19 - RECMHMO. ELSE GO TO BOX HI1.</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| RECMHMO | HIMC19 | yes/no | <p>Would you recommend (CURRENT MEDICARE MANAGED CARE PLAN NAME) to your family or friends? IF (SP HAS A MEDICARE MANAGED CARE PLAN THAT IS "CURRENT") AND (THE NUMBER OF YEARS THE SP WAS COVERED BY A MANAGED CARE PLAN HAS NEVER BEEN COLLECTED), GO TO HIMC24 - HMONUMYR. ELSE GO TO BOX HI1.</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | | BOX HIMC5 |
| | BOX HIMC5 | routing | <p>How many years [have you/has (SP)] been enrolled in a managed-care Medicare Advantage plan?</p> | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | | |
| HMONUMYR | HIMC24 | numeric | <p>[IF THE RESPONDENT HAS BEEN ENROLLED IN MORE THAN ONE MEDICARE ADVANTAGE PLAN, THEN ENTER THE TOTAL NUMBER OF YEARS THAT HE/SHE HAS BEEN ENROLLED IN ALL MEDICARE ADVANTAGE PLANS.]</p> | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy | HIMC24 - HMONUM96 |
| HMONUM96 | HIMC24 | numeric | <p>How many years [have you/has (SP)] been enrolled in a managed care plan?</p> | (01) LESS THAN ONE YEAR (-7) Empty | [have you] respondent is SP [has (SP)] respondent is proxy | BOX HI1 |
| | BOX HI1 | routing | <p>IF A MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI6 - COVTIME. ELSE GO TO HI5INTRO - MCAIDINT.</p> <p>SHOW CARD HI3</p> | | | |
| | | | <p>PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY: Medicaid (also known as [READ FROM ABOVE]) is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this</p> | | | |
| MCAIDINT | HI5INTRO | no entry | <p>IF STATE IN WHICH SP LIVES DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, GO TO HI5 - AIDCOVER. ELSE GO TO HI5INTRB - MCAIDINTB.</p> | | | BOX HI1B |
| | BOX HI1B | routing | <p>SHOW CARD HI4</p> | | | |
| MCAIDINTB | HI5INTRB | no entry | <p>Some people receive their Medicaid benefits from plans that have names like those listed on this card.</p> | | | HI5 - AIDCOVER |
| | | | <p>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?</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Since (REFERENCE DATE)] respondent is proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [you were] respondent is proxy [(SP) was] respondent is proxy [Were you] respondent is SP [Was (SP)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [Are you] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Is (SP)] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by Medicaid on (DATE OF DEATH)]? respondent is proxy, SP deceased [Was (SP) covered by Medicaid on (DATE OF INSTITUTIONALIZATION)]? respondent is proxy, SP institutionalized</p> | (01) HI6 - COVTIME (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1 |
| AIDCOVER | HI5 | yes/no | <p>[PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [you were] respondent is proxy [(SP) was] respondent is proxy [Were you] respondent is SP [Was (SP)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [Are you] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Is (SP)] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by Medicaid on (DATE OF DEATH)]? respondent is proxy, SP deceased [Was (SP) covered by Medicaid on (DATE OF INSTITUTIONALIZATION)]? respondent is proxy, SP institutionalized</p> | (01) HI6 - COVTIME (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1 |
| | | | <p>(At the time of the last interview [you were/(SP) was] covered by Medicaid, (also known as [READ FROM ABOVE].) [Were you/Was (SP)] covered by Medicaid the whole time between (REFERENCE DATE) and [(today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], or only part of the time?</p> | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | <p>[today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [Are you] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Is (SP)] now covered by Medicaid? respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by Medicaid on (DATE OF DEATH)]? respondent is proxy, SP deceased [Was (SP) covered by Medicaid on (DATE OF INSTITUTIONALIZATION)]? respondent is proxy, SP institutionalized</p> | (01) HI10A - MCAIDHMO (02) HI7 - COVNOW (-8) HI7 - COVNOW (-9) HI7 - COVNOW |
| COVTIME | HI6 | code 1 | | | | |
| | | | <p>[[Are you/Is (SP)] now covered by Medicaid?] [Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | <p>[Was (SP) covered by Medicaid on (DATE OF DEATH)]? respondent is proxy, SP deceased [Was (SP) covered by Medicaid on (DATE OF INSTITUTIONALIZATION)]? respondent is proxy, SP institutionalized</p> | (01) BOX HI4 (02) HI9 - COVENDMM (-8) HI10A - MCAIDHMO (-9) HI10A - MCAIDHMO |
| COVNOW | HI7 | yes/no | | | | |

| | | | | | | | |
|----------|---------|---------|--|--|---|----|------------------|
| | BOX HI4 | routing | IF THIS MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI10A - MCAIDHMO. ELSE GO TO HI8 - COVBEGMM. | | | | |
| COVBEGMM | HI8 | date | On what date did [your/(SP's)] Medicaid start between (REFERENCE DATE) and [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [today] respondent is SP or proxy, SP not deceased or institutionalized [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [today] respondent is SP or proxy, SP not deceased or institutionalized [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | MM | HI8 - COVBEGDD |
| COVBEGDD | HI8 | date | On what date did [your/(SP's)] Medicaid start between (REFERENCE DATE) and [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [today] respondent is SP or proxy, SP not deceased or institutionalized [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | DD | HI8 - COVBEGYY |
| COVBEGYY | HI8 | date | On what date did [your/(SP's)] Medicaid start between (REFERENCE DATE) and [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [today] respondent is SP or proxy, SP not deceased or institutionalized [(SP's)] respondent is proxy [today] respondent is SP or proxy, SP not deceased or institutionalized [(DATE OF DEATH)] respondent is proxy, SP deceased [(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | YY | HI10A - MCAIDHMO |
| COVENDMM | HI9 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | MM | HI9 - COVENDDD |
| COVENDDD | HI9 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | DD | HI9 - COVENDYY |
| COVENDYY | HI9 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased | YY | |
| MCAIDHMO | HI10A | yes/no | (Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries.) [At the time of the last interview [you were/(SP) was] enrolled in a Medicaid Managed Care Plan.] [Are you now/Is (SP) now/Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(MEDICAID COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]? [ONLY SELECT "YES" IF THE RESPONDENT IS ACTUALLY ENROLLED IN THE PLAN; SOME STATES MAY OFFER MANAGED CARE, BUT NOT REQUIRE ENROLLMENT.] [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [At the time of the last interview [you were] enrolled in a Medicaid Managed Care Plan] respondent is SP, second or more time through loop, indicated plan already existed [At the time of the last interview [(SP) was] enrolled in a Medicaid Managed Care Plan] respondent is proxy, second or more time through loop, indicated plan already existed [Are you now] enrolled in a Medicaid Managed Care Plan [as of the date [your] Medicaid coverage stopped] respondent is SP, plan is beginning [Is (SP) now] enrolled in a Medicaid Managed Care Plan [as of the date [(SP's)] Medicaid coverage stopped] respondent is proxy, SP alive, plan is beginning [Were you] enrolled in a Medicaid Managed Care Plan [as of (MEDICAID COVERAGE STOP DATE)] respondent is SP, indicated that plan ended [Were you] enrolled in a Medicaid Managed Care Plan [as of the date [your] Medicaid coverage stopped] respondent is SP, indicated that plan is beginning [Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (DATE OF DEATH)] respondent is proxy, SP deceased [Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (MEDICAID COVERAGE STOP DATE)] respondent is proxy, indicated that plan ended | | BOX HI5D |

| | | | | | | | | | |
|-------------------|----------|---------|--|--|--|--|--|---|--|
| | | | IF ((ADMINISTERING ST, NS OR CPS) AND SP WAS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND) OR (ADMINISTERING HI AND THERE WAS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO BOX HIT1. ELSE IF (ADMINISTERING ST, NS OR CPS) AND SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND, GO TO HI10D - MCDRXCOV. ELSE GO TO HI10C1 - MPDCOVER. Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Medicare Prescription Drug plan, although the beneficiary may choose to switch to a different prescription plan.) | | | | | | |
| | BOX HI5D | yes/no | | | | | | | |
| MPDCOVER | HI10C1 | yes/no | At any time [since (REFERENCE DATE)/between (REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] enrolled in a Medicare Prescription Drug plan that [covers/covered] medicines prescribed by a doctor? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | | [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you been] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [covers] SP alive [covered] SP deceased [is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased [currently] SP is not deceased or institutionalized [on (DATE OF DEATH)] SP deceased [on (DATE OF INSTITUTIONALIZATION)] SP institutionalized [currently covers] or alive [covered] SP deceased or institutionalized [you] respondent is SP [(SP)] respondent is proxy [on (DATE OF DEATH)] SP is deceased [on (DATE OF INSTITUTIONALIZATION)] SP is institutionalized SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [you were] respondent is SP [(SP) was] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [all] first time through loop [you have] respondent is SP [he has] respondent is proxy, SP male [she has] respondent is proxy, SP female [you were] respondent is SP [(SP) was] respondent is proxy [you] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Does] SP alive [Did] SP deceased [your] respondent is SP [(SP's)] respondent is proxy | (01) HI10C2 - PDPCURR (02) HI10D - MCDRXCOV (-8) HI10D - MCDRXCOV (-9) HI10D - MCDRXCOV |
| PDPCURR | HI10C2 | yes/no | [Are you/Is (SP)/Was (SP)] [(currently)] covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | | (01) HI10C3 - PLAN_CAIDMPDP (02) HI10C5 - PLAN_CAIDMPDPOTHR (-8) HI10C5 - PLAN_CAIDMPDPOTHR (-9) HI10C5 - PLAN_CAIDMPDPOTHR | |
| PLAN_CAIDMPDP | HI10C3 | roster | [What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]?] SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER. | | | | | HI10C4 - PDPMORE | |
| | | | [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)? (PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any [you/he/she] enrolled in on [your/his/her] own.) | | | | | | |
| PDPMORE | HI10C4 | Yes/No | [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | | (01) HI10C5 - PLAN_CAIDMPDPOTHR (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1 | |
| | | | Please tell me the names of [the other/all] Medicare Prescription Drug plans that [you have/he has/she has] been enrolled in since (REFERENCE DATE) [besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)]. [PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any [you/he/she] enrolled in on [your/his/her] own.] SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER. | | | | | | |
| PLAN_CAIDMPDPOTHR | HI10C5 | roster | | (01) YES (02) NO | | | | BOX HIT1 | |
| MCDRXCOV | HI10D | yes/no | (Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor? | (-8) Don't Know (-9) Refused | | | | BOX HIT1 | |
| | BOX HIT1 | routing | IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF A TRICARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIT2 - COVTIME. ELSE GO TO HIT1 - TRICOVER. | | | | | | |

| | | | | | | |
|---------------------|------------------|-------------------------|--|--|---|--|
| TRICOVER | HIT1 | yes/no | <p>SHOW CARD HIT1</p> <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 (REFERENCE DATE)/ between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] enrolled in or covered by any of these TRICARE plans?</p> <p>(EXPLAIN IF NECESSARY: You may have received a reference card that looks like this (BACK OF SHOWCARD HIT1).)</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased, second or more time through loop [between (PREVIOUS ROUND INTERVIEW) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized, second or more time through loop [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased TRICARE] respondent is SP, second or more time through loop [At the time of the last interview [(SP)] was covered by TRICARE] respondent is proxy, second or more time through loop [Were you] respondent is SP [Was (SP)] respondent is proxy [(REFERENCE DATE) and today] respondent is SP or proxy, SP not institutionalized or deceased [(REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [(REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized</p> | <p>(01) HIT2 - COVTIME (02) BOX HIT3 (-8) BOX HIT3 (-9) BOX HIT3</p> |
| COVTIME | HIT2 | code1 | <p>[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?</p> | <p>(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused</p> | <p>[(REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [(REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized</p> | <p>(01) HIT4 - TRIRXCOV (02) HIT3 - COVNOW (-8) HIT3 - COVNOW (-9) HIT3 - COVNOW</p> |
| COVNOW | HIT3 | yes/no | <p>[[Are you/Is (SP)] now covered by TRICARE?] [Was (SP) covered by TRICARE on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] [Does/Did] [you/(SP)] TRICARE plan cover medicines prescribed by a doctor?</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[[Are you] now covered by TRICARE?] respondent is SP [[Is (SP)] now covered by TRICARE?] respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by TRICARE on (DATE OF DEATH)?] respondent is proxy, SP deceased [Was (SP) covered by TRICARE on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized [Does] or alive [Did] SP deceased</p> | <p>HIT4 - TRIRXCOV</p> |
| TRIRXCOV | HIT4 | yes/no | <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> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[your] respondent is SP [(SP's)] respondent is proxy [you personally have] respondent is SP [(SP) personally has] respondent is proxy, SP alive [do you] respondent is SP, SP still obtains medicines [does (SP)] respondent is proxy, SP alive [did you] respondent is SP, SP no longer obtains medicines [did (SP)] respondent is proxy, SP deceased [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [Do you] respondent is SP, SP still obtains medicines [Does (SP)] respondent is proxy, SP alive [Did you] respondent is SP, SP no longer obtains medicines [Did (SP)] respondent is proxy, SP deceased</p> | <p>(01) HIT4A1 - TRIMEDS (02) BOX HIT3 (-8) BOX HIT3 (-9) BOX HIT3</p> |
| TRIMEDS TRIMEDOS | HIT4A1 HIT4A1 | code 1 verbatim text | <p>SHOW CARD HIT2</p> <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 facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else? SOMEWHERE ELSE (SPECIFY) _____</p> <p>ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO BOX CPS29A. ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO BOX HI7. ELSE IF ((SP DID NOT REPORT RECEIVING HEALTH CARE SERVICES FROM M.T.F IN THE PREVIOUS ROUND) AND ((SP WAS COVERED BY TRICARE IN THE CURRENT OR PREVIOUS ROUND) OR (SP SERVED IN THE ARMED FORCES)), GO TO HIT11 - MTFCOVER. ELSE GO TO BOX HI20.</p> | <p>(01) A TRICARE MAIL ORDER PHARMACY (TMOP) (02) A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRX) (03) A MILITARY TREATMENT FACILITY PHARMACY (MTF) (04) A NON-NETWORK RETAIL PHARMACY (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused (01) [Continuous Answer]</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [have you] respondent is SP [has (SP) received] respondent is proxy, SP alive [did (SP) receive] respondent is proxy, SP deceased</p> | <p>BOX HIT3</p> |
| MTFCOVER | HIT11 | yes/no | <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>[EXPLAIN IF NECESSARY: A Military Treatment Facility is any military hospital, clinic, or NAVCARE clinic.]</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [have you] respondent is SP [has (SP) received] respondent is proxy, SP alive [did (SP) receive] respondent is proxy, SP deceased</p> | <p>BOX HI20</p> |
| VACCOVER | HI36 | yes/no | <p>IF (SP DID NOT REPORT RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE PREVIOUS ROUND) AND (SP SERVED IN THE ARMED FORCES), GO TO HI36 - VACCOVER. ELSE GO TO BOX HI7.</p> <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 through the Department of Veterans Affairs or V.A.? IF AT LEAST ONE PUBLIC PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI11PREV - PUBINTRO. ELSE GO TO HI11 - PUBCOVER.</p> | <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p> | <p>[you] respondent is SP [(SP)] respondent is proxy [have you] respondent is SP [has (SP) received] respondent is proxy, SP alive [did (SP) receive] respondent is proxy, SP deceased</p> | <p>BOX HI7</p> |
| | BOX HI7 | routing | | | | |

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|-------------|-------------------------|-------------------------------|---|---|--|----|---|
| PUBINTRO | HI11PREV | no entry | The next questions are about public plans [you were/(SP) was] covered by as of (REFERENCE DATE). | (01) CONTINUE (-7) Empty (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | [you were] respondent is SP [(SP) was] respondent is proxy | | HI11PREV_IN - NAVIGATOR (01) BOX HI7A (02) HI11 - PUBCOVER |
| NAVIGATOR | HI11PREV_IN BOX HI7A | instance navigator routing | CREATE CURRENT ROUND PLRO FOR PUBLIC PLAN GO TO HI13 - COVTIME. At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by any public program other than Medicaid that pays for medical care [for example, a public program that pays for prescribed medicines/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for prescribed medicines/ for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM1) or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2)/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM4), (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2), or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM3), public programs that pay for prescribed medicines]? What is the name of each of the public programs other than Medicaid that covered [you/(SP)]? SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER. [WHEN YOU ENTER A PLAN, VERIFY WITH THE RESPONDENT THAT IT IS A PUBLIC PLAN.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] SP deceased [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION)] SP institutionalized [have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP institutionalized | | (01) HI12 - PLAN_PUBLIC (02) BOX HI12AA (-8) BOX HI12AA (-9) BOX HI12AA |
| PUBCOVER | HI11 | yes/no | | | | | |
| PLAN_PUBLIC | HI12 | roster | | (01) [Continuous answer.] (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | [you] respondent is SP [(SP)] respondent is proxy | | HI12_IN - NAVIGATOR (01) HI13 - COVTIME (02) BOX HI12AA |
| NAVIGATOR | HI12_IN | instance navigator | | | | | |
| | | | [At the time of the last interview [you were/(SP) was] covered by (PUBLIC PLAN NAME).] [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between [(REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | [you] respondent is proxy [(SP) was] respondent is proxy [Were you] respondent is SP [Was (SP)] respondent is proxy [between (REFERENCE DATE) and today] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | (01) HI16A - PUBRXCOV (02) HI14 - COVNOW (-8) HI14 - COVNOW (-9) HI14 - COVNOW |
| COVTIME | HI13 | code 1 | | | | | |
| | | | [[Are you/Is (SP)] now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] | (01) THE WHOLE TIME-YES (02) PART OF THE TIME-NO (-8) Don't Know (-9) Refused | [[Are you] now covered by (PUBLIC PLAN NAME)?] respondent is SP [[Is (SP)] now covered by (PUBLIC PLAN NAME)?] respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH)?] respondent is proxy, SP deceased [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized | | (01) BOX HI10 (02) HI14 - COVENDMM (-8) HI16A - PUBRXCOV (-9) HI16A - PUBRXCOV |
| COVNOW | HI14 | yes/no | | | | | |
| | | | IF THIS PUBLIC PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI16A - PUBRXCOV. ELSE GO TO HI15 - COVBEGMM. | | | | |
| | | | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start [between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [[SP's] respondent is proxy [between (REFERENCE DATE) and today] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | MM | HI15 - COVBEGDD |
| COVBEGMM | HI15 | date | | | | | |
| | | | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [[SP's] respondent is proxy [between (REFERENCE DATE) and today] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | DD | HI15 - COVBEGYY |
| COVBEGDD | HI15 | date | | | | | |
| | | | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [[SP's] respondent is proxy [between (REFERENCE DATE) and today] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | YY | HI16A - PUBRXCOV |
| COVBEGYY | HI15 | date | | | | | |

| | | | | | | |
|---------------|-------------|--------------------|--|---|--|--|
| | | | [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)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)], respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased | (01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A |
| PDPOTHER | HI16AD | yes/no | [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] prescription drugs through Medicare Prescription Drug plans. These plans are also called "Medicare Part D" plans.) | (01) YES (02) NO (-8) Don't Know (-9) Refused | [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [covers] SP alive [covered] SP deceased | (01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A |
| PDPCOVER | HI16B | yes/no | At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan that [covers/covered] medicines prescribed by a doctor? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] in a Medicare Prescription Drug plan associated with [your/his/her] Medicaid coverage. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you have] respondent is SP [(SP) has] respondent is proxy, SP alive [(SP) had] respondent is proxy, SP deceased [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased or institutionalized | (01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A |
| PDPCOVER | HI16B1 | yes/no | At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan in any way other than through Medicaid? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [currently] SP is alive [on (DATE OF DEATH)] SP deceased [on (DATE OF INSTITUTIONALIZATION)] SP institutionalized [currently covers] or alive [covered] SP deceased or institutionalized [you] respondent is SP [(SP)] respondent is proxy [on (DATE OF DEATH)] SP is deceased [on (DATE OF INSTITUTIONALIZATION)] SP is institutionalized | (01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A |
| PDPCURR | HI16C | yes/no | [Are you/Is (SP)/Was (SP)] {[currently]} covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [currently] SP is alive [on (DATE OF DEATH)] SP deceased [on (DATE OF INSTITUTIONALIZATION)] SP institutionalized [currently covers] or alive [covered] SP deceased or institutionalized [you] respondent is SP [(SP)] respondent is proxy [on (DATE OF DEATH)] SP is deceased [on (DATE OF INSTITUTIONALIZATION)] SP is institutionalized | (01) HI16E - PLAN_MPDP (02) HI16G - PLAN_MPDPOTHR (-8) HI16G - PLAN_MPDPOTHR (-9) HI16G - PLAN_MPDPOTHR |
| PLAN_MPDP | HI16E | roster | What is the name of the Medicare Prescription Drug plan that [currently covers/covered] [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER. | | [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)? | HI16F - PDPMORE |
| PDPMORE | HI16F | yes/no | [Besides (CURRENT PRESCRIPTION DRUG PLAN), what other/Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other/What] Medicare Prescription Drug plans covered [your/(SP's)] medicines since (REFERENCE DATE)? SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER. IF AT LEAST ONE PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI17PREV - PRIVINTRO. ELSE GO TO HI17 - PRVCOVER | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased [other] second or more time through the loop, SP enrolled in prescription drug plan [Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other] second or more time through loop, SP previously enrolled in prescription drug plan [What] first time through loop [your] respondent is SP [(SP's)] respondent is proxy | (01) HI16G - PLAN_MPDPOTHR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A |
| PLAN_MPDPOTHR | HI16G | roster | [The next questions are about private plans [you were/(SP) was] covered by as of (REFERENCE DATE). CREATE A CURRENT ROUND PLRO FOR PRIVATE PLAN GO TO HI21 - COVTIME. NAME(S) AND PLAN TYPE(S) LISTED ABOVE]. | (01) CONTINUE (-7) Empty (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | [you were] respondent is SP [(SP) was] respondent is proxy | BOX HI12A |
| PRIVINTRO | HI17PREV | no entry | | | | |
| NAVIGATOR | HI17PREV_IN | instance navigator | | | | (01) BOX HI12B (02) HI17 - PRVCOVER |
| | BOX HI12A | routing | | | | |
| PRVCOVER | HI17 | yes/no | (Now, I would like to ask about other types another type of health insurance.) At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by (any other) private health insurance or private managed care (plan/ private plans)? Private plans)? By "private", I mean to include supplemental or Medigap plan, or a plan, plans that are provided by a former or current employer, and plans that you have directly purchased. Such plans cover the cost of hospital or doctor visits, prescribed medicines, or dental care. | (01) YES (02) NO (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [any other] SP already covered by private health insurance or private managed care plan [plan] SP already covered by private health insurance or private managed care plan [plan] SP not already covered by private health insurance or private managed care plan | (01) HI20 - PLAN_PRIVATEHI18A - EXCHGCOV (02) BOX HI13A (-8) BOX HI13A (-9) BOX HI13A |

SHOW CARD W/ PLANS

As you may know, every state now offers a health insurance marketplace, also referred to as an exchange.

The marketplace [, known as (STATE MARKETPLACE NAME),] allows residents to compare and purchase available health insurance options that meet their needs. While most Medicare beneficiaries are not eligible for insurance from a health insurance marketplace, there are some special circumstances that allow enrollment.

Please look at this card. At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION),] [have you/has (SP)/had (SP)] been enrolled in or covered by one of these exchange plans?

[MEDICARE BENEFICIARIES ARE NOT ELIGIBLE TO OBTAIN INSURANCE THROUGH THESE PLANS. THE RESPONSE TO THIS QUESTION SHOULD ALMOST ALWAYS BE "NO". HOWEVER, SOME RESPONDENTS MAY SIGN UP FOR THESE PLANS DUE TO CONFUSION ABOUT THE PROGRAM.] IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI19 - GAPCOVER. ELSE GO TO HI35 - PRVOCOV.

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 -insurance. These plans help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles.

At any time since (REFERENCE DATE) did [you/(SP)] have this type of health insurance coverage?

[PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]

What is the name of each of the [other] private plans that [provide/provided] [your/(SP's)] medical insurance coverage? SELECT OR ADD ALL PRIVATE PLAN NAMES AT THIS ROSTER.

[At the time of the last interview [you were/(SP) was] covered by a private plan named (PRIVATE PLAN NAME).] [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between (REFERENCE DATE) and [today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION], or only part of the time?

[[Are you/Is (SP)] now covered by (PRIVATE PLAN NAME)?] [Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)?] IF THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO BOX HI17. ELSE GO TO HI23 - COVBEGMM.

On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (REFERENCE DATE) and [today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (REFERENCE DATE) and [today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (REFERENCE DATE) and [today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

- (01) YES
- (02) NO
- (-8) Don't Know
- (-9) Refused

- (01) YES
- (02) NO
- (-8) Don't Know
- (-9) Refused

- (01) ITEM SELECTED IN INSTANCE NAVIGATOR
- (02) CONTINUE INTERVIEW SELECTED

- (01) THE WHOLE TIME
- (02) PART OF THE TIME
- (-8) Don't Know
- (-9) Refused

- (01) YES
- (02) NO
- (-8) Don't Know
- (-9) Refused

- (01) [Continuous answer.]
- (-8) Don't Know
- (-9) Refused

- (01) [Continuous answer.]
- (-8) Don't Know
- (-9) Refused

- (01) [Continuous answer.]
- (-8) Don't Know
- (-9) Refused

[STATE MARKETPLACE NAME] fill with name from table here: "\\norc.org\Projects\7649\Common\NORC-SM\Data Quality\Plan Name Lookup\State Marketplace Names.xlsx"

[since (REFERENCE DATE)] SP alive and not institutionalized
[between (REFERENCE DATE) and (DATE OF DEATH)] SP deceased
[(DATE OF INSTITUTIONALIZATION)] SP institutionalized
[have you] respondent is SP
[has (SP)] respondent is proxy, SP alive
[had (SP)] respondent is proxy, SP deceased

[you] respondent is SP
[(SP)] respondent is proxy
[other] SP already covered by private plan
[provide] SP alive
[provided] SP deceased
[your] respondent is SP
[(SP's)] respondent is proxy

[At the time of the last interview [you were] covered by (PRIVATE PLAN NAME).] respondent is SP, second or more time through loop
[At the time of the last interview [(SP) was] covered by (PRIVATE PLAN NAME).] respondent is proxy, second or more time through loop
[Were you] respondent is SP
[Was (SP)] respondent is proxy
[today] SP not deceased or institutionalized
[(DATE OF DEATH)] SP deceased
[(DATE OF INSTITUTIONALIZATION)] SP institutionalized

[[Are you] now covered by (PRIVATE PLAN NAME)?] respondent is SP
[[Is (SP)] now covered by (PRIVATE PLAN NAME)?] respondent is proxy, SP not deceased or institutionalized
[Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF DEATH)?] respondent is proxy, SP deceased
[Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized

[your] respondent is SP
[(SP's)] respondent is proxy
[today] respondent is SP or proxy, SP not deceased or institutionalized
[(DATE OF DEATH)] respondent is proxy, SP deceased
[(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized

[your] respondent is SP
[(SP's)] respondent is proxy
[today] respondent is SP or proxy, SP not deceased or institutionalized
[(DATE OF DEATH)] respondent is proxy, SP deceased
[(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized

[your] respondent is SP
[(SP's)] respondent is proxy
[today] respondent is SP or proxy, SP not deceased or institutionalized
[(DATE OF DEATH)] respondent is proxy, SP deceased
[(DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized

EXCHGCOV

HI18A

yes/no

BOX HI13A

routing

HI20 - PLAN_PRIVATE

GAPCOVER

HI19

yes/no

(01) HI20 - PLAN_PRIVATE
(02) HI35 - PRVOCOV
(-8) HI35 - PRVOCOV
(-9) HI35 - PRVOCOV

PLAN_PRIVATE

HI20

roster

HI20_IN - NAVIGATOR

NAVIGATOR

HI20_IN

instance navigator

(01) HI21 - COVTIME
(02) HI35 - PRVOCOV

COVTIME

HI21

code 1

(01) BOX HI17
(02) HI22 - COVNOW
(-8) HI22 - COVNOW
(-9) HI22 - COVNOW

COVNOW

HI22

yes/no

BOX HI16

routing

(01) BOX HI16
(02) HI24 - COVENDMM
(-8) BOX HI17
(-9) BOX HI17

COVBEGMM

HI23

date

MM

HI23 - COVBEGDD

COVBEGDD

HI23

date

DD

HI23 - COVBEGYY

COVBEGYY

HI23

date

YY

BOX HI17

| | | | | | | | |
|-------------|----------|---------------|---|--|---|----|---|
| COVENDMM | HI24 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [your] respondent is SP [(SP's)] respondent is proxy | MM | HI24 - COVENDDD |
| COVENDDD | HI24 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [your] respondent is SP [(SP's)] respondent is proxy | DD | HI24 - COVENDYY |
| COVENDYY | HI24 | date | 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? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [your] respondent is SP [(SP's)] respondent is proxy | YY | BOX HI17 |
| | BOX HI17 | routing | IF THIS PRIVATE PLAN IS NEW OR HAS BEEN "RESTARTED", GO TO HI25 - PPRVHMO HI25AA-EXCHGPLN. ELSE IF THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND IS STILL "CURRENT", AND IT IS A FALL ROUND, GO TO HI26 - PERS_MIPNUM. ELSE GO TO HI30 - PRVRXCOV. DID THE SP INDICATE THAT THIS PLAN WAS PURCHASED THROUGH A HEALTH MARKETPLACE OR EXCHANGE? [MOST MEDICARE BENEFICIARIES ARE NOT ELIGIBLE FOR INSURANCE FROM A HEALTH INSURANCE MARKETPLACE. UNLESS THE SP SPECIFICALLY MENTIONED THE PLAN WAS OBTAINED THROUGH HEALTH EXCHANGE, SELECT "NO". IF NECESSARY, REFER TO SHOWCARD HI6 TO VERIFY PLAN NAME IS LISTED ON SHOWCARD PRIOR TO SELECTING "YES".] [UNLESS THE SP HAS SPECIFICALLY MENTIONED THAT THIS PLAN WAS PURCHASED THROUGH A HEALTH EXCHANGE AND INDICATED A PLAN LISTED ON SHOWCARD HI6, THE RESPONSE TO THIS QUESTION SHOULD ALWAYS BE "NO".] | | | | |
| EXCHGPLN | HI25AA | yes/no | CODE WITHOUT ASKING IF VOLUNTEERED. [Is/Was] this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.] Who [is/was] listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? SELECT OR ADD ONLY ONE PERSON. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | HI25 - PPRVHMO |
| PPRVHMO | HI25 | yes/no | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Is] plan still current [Was] plan no longer current | | HI26 - PERS_MIPNUM |
| PERS_MIPNUM | HI26 | roster | | (01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused | [is] plan still current [was] plan no longer current | | HI27 - PPRVGET (01) HI29 - PRVNMCOV (02) HI29 - PRVNMCOV (03) HI29 - PRVNMCOV (04) HI29 - PRVNMCOV (05) HI29 - PRVNMCOV (06) HI29 - PRVNMCOV (07) HI29 - PRVNMCOV (08) HI29 - PRVNMCOV (09) HI29 - PRVNMCOV (91) HI27 - PPRVGTOS (-8) HI29 - PRVNMCOV (-9) HI29 - PRVNMCOV HI29 - PRVNMCOV |
| PPRVGET | HI27 | code 1 | 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? | (01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused | [your] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP [your] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP | | |
| PPRVGTOS | HI27 | verbatim text | OTHER (SPECIFY) How many family members, including [yourself/(SP)], [are/were] covered by [your/(MIP's)] (PRIVATE PLAN NAME)? [INCLUDE ALL FAMILY MEMBERS COVERED BY THE PLAN REGARDLESS OF WHETHER OR NOT THEY LIVE WITH THE RESPONDENT. MAKE SURE THE RESPONDENT INCLUDES HIM/HERSELF IN THE COUNT.] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | [yourself] respondent is SP [(SP)] respondent is proxy [are] SP alive [were] SP deceased [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP is not MIP | | HI30 - PRVRXCOV |

| | | | | | | |
|----------|-------|----------------------|--|--|--|--|
| | | | 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]. | | [your] respondent is SP [(SP's)] respondent is proxy [includes] SP alive [included] SP deceased [you] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy, SP alive [had] respondent is proxy, SP deceased [Does] SP alive [Did] SP deceased [your] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP | |
| | | | [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally [have/has/had], not what the plan offers everyone.] | | | |
| | | | [Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) plan cover prescribed medicines? [IF THE RESPONDENT IS COVERED BY A DELTA DENTAL PLAN THAT PROVIDES ONLY DENTAL COVERAGE, THE INTERVIEWER SHOULD VERIFY AND SELECT "NO" THAT THE PLAN DOES NOT COVER OTHER TYPES PRESCRIBED MEDICINES.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| PRVRXCOV | HI30 | yes/no | | | | BOX HI17AB |
| | | | IF (THIS PRIVATE PLAN IS NEW OR HAS BEEN "RESTARTED") OR (THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND IS STILL "CURRENT", AND IT IS A FALL ROUND), GO TO HI31A - PRVMSCOV. ELSE GO TO BOX HI19. | | | |
| | | | [Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) cover... doctor visits or lab work? | | | |
| | | | [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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| PRVMSCOV | HI31A | list | | | | HI31A - PRVIPCOV |
| | | | [Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) cover... inpatient hospital care? | | | |
| | | | [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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| PRVIPCOV | HI31A | list | | | | HI31A - PRVNHCOV |
| | | | nursing home or long term care? | | | |
| | | | [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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| PRVNHCOV | HI31A | list | | | | HI31A - MHMODENT |
| | | | [Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) cover... dental care? | | | |
| | | | [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.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| MHMODENT | HI31A | list | | | | HI32 - MIPPINS |
| | | | [Do/Does/Did] [you/(MIP)] pay any or all of the premium or cost for the (PRIVATE PLAN NAME) coverage? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| | | | [Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may [have/have had] to pay.] | | | |
| MIPPINS | HI32 | yes/no | | | | (01) HI33 - MIPPAMT (02) HI33A - MHMOCOST (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST |
| | | | 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?] | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | | |
| MIPPAMT | HI33 | quantity unit hybrid | | | | (01) HI33 - MIPPUNIT (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST |

| | | | | | | |
|----------------------|-------------------|---------------------------------------|--|--|---|--|
| | | | | (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER | [do] respondent is SP, SP is MIP [does] respondent is SP or proxy, SP is not MIP [did] respondent is proxy, SP deceased [you] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP [you] respondent is SP [(SP)] respondent is proxy [Is] SP alive [Was] SP deceased | (02) HI33A - MHMOCOST (03) HI33A - MHMOCOST (04) HI33A - MHMOCOST (05) HI33A - MHMOCOST (06) HI33A - MHMOCOST (07) HI33A - MHMOCOST (91) HI33 - MIPPUNOS (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST HI33A - MHMOCOST (U1) HI33B - MHMUWHU |
| MIPPUNIT MIPPUNOS | HI33 HI33 | quantity unit hybrid verbatim text | 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?] OTHER (SPECIFY) | (-8) Don't Know (-9) Refused | | |
| MHMOCOST | HI33A | yes/no | [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? | (U1) YES (02) NO (-8) Don't Know (-9) Refused | [Does] SP still has private plan [Did] SP no longer has private plan [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP not MIP | (02) BOX HI17B (-8) BOX HI17B (-9) BOX HI17B |
| | | | | (01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused | | (01) BOX HI17B (02) BOX HI17B (03) BOX HI17B (04) BOX HI17B (05) BOX HI17B (06) BOX HI17B (07) BOX HI17B (91) HI33B - MHMOWHOS (-8) BOX HI17B (-9) BOX HI17B BOX HI17B |
| MHMOWHO MHMOWHOS | HI33B HI33B | code 1 verbatim text | Who else [pays/paid] all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage? OTHER (SPECIFY) IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HI33C - MHMOPOS. ELSE GO TO BOX HI19. | | [pays] SP still has private plan [paid] SP no longer has private plan [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP not MIP | |
| | BOX HI17B | routing | Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. [Are/Were/Is/Was] [you/(SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)? [EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.] IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF REVIEWING PRIVATE PLANS THAT WERE "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI17PREV_IN - NAVIGATOR. ELSE GO TO HI20_IN - NAVIGATOR. | | [Are] respondent is SP, SP currently enrolled in private plan [Were] respondent is SP, SP not currently enrolled in private plan [Is] respondent is proxy, SP alive, SP currently enrolled in private plan [Was] respondent is proxy, SP deceased or SP not currently enrolled in private plan [you] respondent is SP [(SP)] respondent is proxy | |
| MHMOPOS | HI33C | yes/no | | (01) YES (02) NO (-8) Don't Know (-9) Refused | | BOX HI19 |
| | BOX HI19 | routing | | | | |
| PRVOCOV | HI35 | yes/no | 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? IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI34 - OTHNHCOV. ELSE GO TO BOX HI21A. | (U1) YES (02) NO (-8) Don't Know (-9) Refused | [Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased | (U1) HI20 - PLAN_PRIVATE (02) BOX HI19B (-8) BOX HI19B (-9) BOX HI19B |
| | BOX HI19B | routing | | | you]] respondent is SP, SP has plans [Other than the plans you have already told me about, [does (SP)]] respondent is proxy, SP alive, SP has other plans [Other than the plans you have already told me about, [did (SP)]] respondent is proxy, SP deceased, SP had other plans [Do you] respondent is SP, SP has no other plans [Does (SP)] respondent is proxy, SP alive, SP has no other plans [Did (SP)] respondent is proxy, SP deceased, SP had no other plans [pays] SP alive [paid] SP deceased | |
| OTHNHCOV | HI34 BOX HI21A | yes/no routing | [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? GO TO NEXT SECTION | (01) YES (02) NO (-8) Don't Know (-9) Refused | | BOX HI21A |

Dental Utilization (DUQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing |
|---------------|----------------|---------------|--|---|---|------------|---|
| DUINT | DUINTRO | no entry | <p>The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).</p> <p>(Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses. We will also refer to any statements you may have received since the last interview.)</p> <p>First we'll talk about dental care.</p> | | <p>[you] respondent is SP [(SP)] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [DATE OF DEATH] respondent is proxy, SP deceased [DATE OF INSTITUTIONALIZATION] respondent is proxy, SP institutionalized</p> | | DU1 - DUPROBE |
| DUPROBE | DU1 | yes/no | <p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]</p> | <p>(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused</p> | <p>[Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy</p> | | <p>(01) DU2 - PROVIDER_DU (02) BOX DU6 DU15 - DVNEED (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX DU6 (-9) BOX DU6</p> |
| PROVIDER_DU | DU2 | roster | <p>Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.</p> | <p>(01-N) LIST ALL PROVIDERS AS RESPONSE OPTIONS (N+1) ADD ANOTHER</p> | <p>[you] respondent is SP [(SP)] respondent is proxy</p> | | <p>(01-N) BOX DU1 (N+1) DU2B-PROVNAME</p> |
| PROVNAME | DU2B | verbatim text | <p>ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. NAME:</p> | | | | DU2B - GRPNAME |
| GRPNAME | DU2B | verbatim text | <p>GROUP:</p> | | | | PROVSPEC |

| | | | | | | | |
|-------------|------|---------------|--|--|--|--|---|
| PROVSPEC | DU2C | code one | What kind of (health practitioner/mental health professional/therapist/medical person) dental provider is [PROVNAME]? | <ul style="list-style-type: none"> (01) GENERAL DENTIST (02) DENTAL HYGIENIST (03) DENTAL TECHNICIAN (04) DENTAL/ORAL SURGEON (05) ORTHODONTIST (06) ENDODONTIST (07) PERIODONTIST (08) PROSTHODONTIST (09) OTHER (-8) DON'T KNOW (-9) REFUSED | | | <ul style="list-style-type: none"> (01) BOX DU2 (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) DU2C - PROVSPECOTH |
| PROVSPECOTH | DU2C | code one | What kind of (health practitioner/mental health professional/therapist/medical person) is [PROVNAME]? | <ul style="list-style-type: none"> (01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST | | | <ul style="list-style-type: none"> (01) DO NOT DISPLAY (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) BOX DU2 (10) BOX DU2 (11) BOX DU2 (12) BOX DU2 (13) BOX DU2 (14) BOX DU2 (15) BOX DU2 (16) BOX DU2 (17) BOX DU2 (18) BOX DU2 (19) BOX DU2 (20) BOX DU2 (21) BOX DU2 (22) BOX DU2 (23) BOX DU2 (24) BOX DU2 (25) BOX DU2 (26) BOX DU2 (27) BOX DU2 (28) BOX DU2 (29) BOX DU2 |
| PROVSPOS | DU2D | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | | | BOX DU2 |

| | | | | | | | |
|-----------|---------|--------------------|---|--|--|--|--|
| | BOX DU1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO DU3 - VAPLACE. ELSE GO TO BOX DU2. | | | | |
| VAPLACE | DU3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX DU2 |
| | BOX DU2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO DU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO DU5 - HMOREFER. ELSE GO TO DU6 - EVENT_DU. | | | | |
| HMOASSOC | DU4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | (01) DU6 - EVENT_DU (02) DU5 - HMOREFER (-8) DU5 - HMOREFER (-9) DU5 - HMOREFER |
| HMOREFER | DU5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy | | DU6 - EVENT_DU |
| EVENT_DU | DU6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | DU6_IN - NAVIGATOR |
| NAVIGATOR | DU6_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | (01) DU9 - PRESMDCN DU7 - DVPROCDR (02) DU14 - DUMORE |

| | | | | | | | |
|----------|----------|---------------|---|--|--|--|---|
| DVPROCDR | DU7 | code all | SHOW CARD DU1 For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done? CHECK ALL THAT APPLY. | (01) GENERAL EXAM, CHECKUP OR CONSULTATION (02) CLEANING, PROPHYLAXIS, OR POLISHING (03) X-RAYS, RADIOGRAPHS, OR BITEWINGS (04) FLUORIDE TREATMENT (05) SEALANT (PLASTIC COATINGS ON BACK TEETH) (06) FILLINGS (07) INLAYS (08) CROWNS OR CAPS (09) ROOT CANAL (10) PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY (11) PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) (12) EXTRACTION, TOOTH PULLED (13) IMPLANTS (14) ABSCESS OR INFECTION TREATMENT (15) OTHER ORAL SURGERY (16) FIXED BRIDGES (17) DENTURES OR REMOVABLE PARTIAL DENTURES (18) RELINING OR REPAIR OF BRIDGES OR DENTURES (19) ORTHODONTIA, BRACES, OR RETAINERS (20) BOND, WHITEN, OR BLEACH (21) TREATMENT FOR TMD OR TMJ (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (18) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (22) DU9-PRESMDCN (95) DU7A-EVOSTEXT (-8) DU9-PRESMDCN (-9) DU9-PRESMDCN | (01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (18) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (95) DU7A-EVOSTEXT (-8) DU9-PRESMDCN (-9) DU9-PRESMDCN |
| EVOSTEXT | DU7A | verbatim text | OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY) | (01) [CONTINUOUS ANSWER] | | | DU9 - PRESMDCN |
| PRESMDCN | DU9 | yes/no | Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [this visit] one visit to provider [any of these visits] two or more visits to provider | | (01) DU10 - PRESFILL (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4 |
| PRESFILL | DU10 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX DU3B (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4 |
| | BOX DU3B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO DU10A - DUPMMEDS. ELSE GO TO DU11 - MEDICINE_DU. | | | | |
| DUPMMEDS | DU10A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | (01) INSTRUCTION WAS READ | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | | DU11 - MEDICINE_DU |

| | | | | | | | |
|-------------|---------|---------------|---|--|--|--|---|
| MEDICINE_DU | DU11 | roster | Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) continuous answer | | | |
| | BOX DU4 | routing | GO TO DU6_IN - NAVIGATOR. | | | | |
| DUMORE | DU14 | yes/no | [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? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy | | (01) DU2 - PROVIDER_DU (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6 |
| DVNEED | DU15 | yes/no | Since (REFERENCE DATE), was there a time when {you/SP} needed dental care but could not get it at that time? | (01) YES (02) NO (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (01) DU16 - DVNDRS (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6 |
| DVNDRS | DU16 | code all | What were the reasons that {you/SP} could not get the dental care {you/she/he} needed? | (01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DENTAL OFFICE IS TOO FAR AWAY (05) DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DENTIST RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DENTISTS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | [you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [she] respondent is proxy, SP is female [he] respondent is proxy, SP is male | | (01) BOX DU6 (02) BOX DU6 (03) BOX DU6 (04) BOX DU6 (05) BOX DU6 (06) BOX DU6 (07) BOX DU6 (08) BOX DU6 (09) BOX DU6 (10) BOX DU6 (95) DU16A - DVNDRSOS (-8) BOX DU6 (-9) BOX DU6 |
| DVNDRSOS | DU16A | verbatim text | WHAT OTHER REASON (SPECIFY) | (01) continuous answer | | | BOX DU6 |

Emergency Room Utilization (ERQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Logic | Input mask | Routing | SOFT EDIT |
|---------------|----------------|--------------------|--|--|---|------------|--|-----------|
| ERPROBE | ER1 | yes/no | [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? Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you gone] respondent is SP [has (SP) gone] respondent is proxy, SP alive [did (SP) go] respondent is proxy, SP deceased | | (01) ER2 - PROVIDER_ER (02) BOX ER6 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX ER6 (-9) BOX ER6 | |
| PROVIDER_ER | ER2 | roster | | (01) continuous answer (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | BOX ER1 | |
| | BOX ER1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ER3 - VAPLACE. ELSE GO TO BOX ER1B. | | | | | |
| VAPLACE | ER3 | yes/no | Is (PROVIDER NAME) a Department of Veterans Affairs, or V.A., facility? IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ER3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ER3B - HMOREFER. ELSE GO TO ER4 - EVENT_ER. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | BOX ER1B | |
| | BOX ER1B | routing | | | | | | |
| HMOASSOC | ER3A | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | [your] respondent is SP [(SP's)] respondent is proxy | | (01) ER4 - EVENT_ER (02) ER3B - HMOREFER (-8) ER3B - HMOREFER (-9) ER3B - HMOREFER | |
| HMOREFER | ER3B | yes/no | | (01) YES (02) NO (-8) Don't Know (-9) Refused | [Were you] respondent is SP [Was (SP)] respondent is proxy [(SP)] respondent is proxy [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP deceased | | ER4 - EVENT_ER | |
| | | | When did [you/(SP)] go to the emergency room at (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE SAMPLE PERSON SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] | (01) continuous answer (-8) Don't Know (-9) Refused | | | | |
| EVENT_ER | ER4 | roster | | (01) continuous answer (-8) Don't Know (-9) Refused | [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized | | ER4_IN - NAVIGATOR (01) ER6 - ERADMIT (02) ER10 - ERMORE (01) BOX ER4 (02) ER7 - PRESMDCN (-8) ER7 - PRESMDCN (-9) ER7 - PRESMDCN (01) ER8 - PRESFILL (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4 | |
| NAVIGATOR | ER4_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | | | | |
| ERADMIT | ER6 | yes/no | [Were you/Was (SP)] admitted to (PROVIDER NAME) from the emergency room? | (-8) Don't Know (-9) Refused (01) YES (02) NO | [Were you] respondent is SP [Was (SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy | | (01) ER8 - PRESFILL (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4 | |
| PRESMDCN | ER7 | yes/no | During [your/(SP's)] visit to the emergency room, were any medicines prescribed for [you/(SP)]? | (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy | | (-8) BOX ER4 (-9) BOX ER4 | |
| | | | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO ER8A - ERPMMEDS. ELSE GO TO ER9 - MEDICINE_ER. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | | (01) BOX ER3A (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4 | |
| PRESFILL | ER8 | yes/no | | | | | | |
| | BOX ER3A | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ER3 - VAPLACE. ELSE GO TO BOX ER1B. | | | | | |
| | | | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ER3 - VAPLACE. ELSE GO TO BOX ER1B. | | | | | |
| ERPMMEDS | ER8A | no entry | [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | (01) continuous answer | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | | ER9 - MEDICINE_ER | |
| MEDICINE_ER | ER9 | roster | | (01) continuous answer | | | BOX ER4 | |

| | | | | | | |
|--------|--------------------|--------------------|--|--|--|--|
| ERMORE | BOX ER4 | routing | GO TO ER4_IN - NAVIGATOR. | | is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy | |
| | ER10 | yes/no | [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? IF FALL ROUND AND ((SP REPORTED AN EMERGENCY ROOM VISIT AT ER2) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC6A - EWAITUNT. ELSE GO TO BOX ER6. GO TO NEXT SECTION | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) ER2 - PROVIDER_ER (02) BOX ER5 (-8) BOX ER5 (-9) BOX ER5 |
| | BOX ER5 BOX ER6 | routing routing | | | | |

Inpatient Utilization (IPQ)

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Text Fill Specifications | Input mask | Routing |
|---------------|----------------|---------------|---|--|---|------------|---|
| | BOX IP1 | routing | IF THE SP WAS STILL IN A HOSPITAL AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO IPS1 - EVENDMM. ELSE IF SP IS IN THE EXIT SAMPLE AND PREVIOUS ROUND INTERVIEW WAS NOT SKIPPED, GO TO BOX IP6. ELSE GO TO BOX IP1AB. | | | | |
| EVENDMM | IPS1 | date | 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? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [were] respondent is SP [was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | MM | IPS1 - EVENDDD |
| EVENDDD | IPS1 | date | 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? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [were] respondent is SP [was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | DD | IPS1 - EVENDYY |
| EVENDYY | IPS1 | date | 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? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you] respondent is SP [(SP)] respondent is proxy [were] respondent is SP [was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | YY | IPS1 - STILLHOSP |
| STILLHOSP | IPS1 | date | 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? | (01) SP IS STILL IN HOSPITAL (-7) Empty | | | BOX IP1A |
| | BOX IP1A | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IPS1, GO TO BOX IP6. ELSE GO TO IP7 - ANYOPERS. | | | | |
| | BOX IP1AB | routing | IF THE SP HAD AT LEAST ONE EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN THE SP BEING ADMITTED TO A HOSPITAL, GO TO BOX IP1AA. ELSE GO TO IP1 - IPROBE. | | | | |
| | BOX IP1AA | routing | CREATE EVENT FOR FIRST/NEXT ER VISIT ADDED WHERE SP WAS ADMITTED TO HOSPITAL GO TO IP1A - EVENDMM. | | | | |
| EVENDMM | IP1A | date | 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)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | MM | IP1A - EVENDDD |
| EVENDDD | IP1A | date | 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)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | DD | IP1A - EVENDYY |
| EVENDYY | IP1A | date | 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)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | [you were] respondent is SP [(SP) was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | YY | IP1A - STILLHOSP |
| STILLHOSP | IP1A | date | 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)? | (01) SP IS STILL IN HOSPITAL (-7) Empty | [you were] respondent is SP [(SP) was] respondent is proxy [were you] respondent is SP [was (SP)] respondent is proxy | | BOX IP1B |
| | BOX IP1B | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP1A, GO TO BOX IP5. ELSE GO TO IP7 - ANYOPERS. | | | | |
| | | | [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] [admitted to a hospital/admitted any other time to this or any other hospital] as an inpatient -- either for an overnight stay or for a "same day" procedure? IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION. | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | [Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you been] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [admitted to a hospital] first time through loop [admitted any other time to this or any other hospital] second or more times through loop | | (01) IP2 - PROVIDER_IP (02) BOX IP6 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IP6 (-9) BOX IP6 |
| IPROBE | IP1 | yes/no | [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] | | | | |
| PROVIDER_IP | IP2 | roster | Where [were you/was (SP)] admitted -- to which hospital? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] | | [were you] respondent is SP [was (SP)] respondent is proxy | | BOX IP2 |

| | | | | | | |
|-----------|-----------|---------|--|--|---|--|
| | BOX IP2 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IP3 - VAPLACE. ELSE GO TO BOX IP2AA. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| VAPLACE | IP3 | yes/no | Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility? | | | BOX IP2AA |
| | BOX IP2AA | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO IP3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO IP3B - HMOREFER. ELSE GO TO IP4 - EVBEGMM. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) IP4 - EVBEGMM (02) IP3B - HMOREFER (-8) IP3B - HMOREFER (-9) IP3B - HMOREFER |
| HMOASSOC | IP3A | yes/no | Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | | | |
| | | | [Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| HMOREFER | IP3B | yes/no | [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | | [Were you] respondent is SP [Was (SP)] respondent is proxy | IP4 - EVBEGMM |
| EVBEGMM | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-8) Don't Know (-9) Refused (01) [Continuous answer.] | [were you] respondent is SP [was (SP)] respondent is proxy | MM IP4 - EVBEGDD |
| EVBEGDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-8) Don't Know (-9) Refused (01) [Continuous answer.] | [were you] respondent is SP [was (SP)] respondent is proxy | DD IP4 - EVBEGYY |
| EVBEGYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-8) Don't Know (-9) Refused (01) [Continuous answer.] | [were you] respondent is SP [was (SP)] respondent is proxy | YY IP4 - EVENDMM |
| EVENDMM | IP4 | date | DISCHARGE DATE: When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-7) Empty (-8) Don't Know (-9) Refused (01) [Continuous answer.] | [were you] respondent is SP [was (SP)] respondent is proxy | MM IP4 - EVENDDD |
| EVENDDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-7) Empty (-8) Don't Know (-9) Refused (01) [Continuous answer.] | [were you] respondent is SP [was (SP)] respondent is proxy | DD IP4 - EVENDYY |
| EVENDYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (-8) Don't Know (-9) Refused | [were you] respondent is SP [was (SP)] respondent is proxy | YY IP4 - STILLHOSP |
| STILLHOSP | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (01) SP IS STILL IN HOSPITAL (-7) Empty | [were you] respondent is SP [was (SP)] respondent is proxy | BOX IP2A |
| | BOX IP2A | routing | IF INPATIENT ADMISSION AND DISCHARGE DATE OVERLAP AN EXISTING IP STAY, GO TO IP4_ERR - IPOVERLP. ELSE GO TO BOX IP3. | | | |
| IPOVERLP | IP4_ERR | code 1 | INVALID DATE. THIS DATE OVERLAPS AN EXISTING IP STAY FROM (ADMISSION DATE) TO [(DISCHARGE DATE)/SP STILL IN HOSPITAL]. IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP4, GO TO BOX IP5. ELSE GO TO IP7 - ANYOPERS | (01) CORRECT DATES (02) CONTINUE INTERVIEW | | (01) IP4 - EVBEGMM (02) BOX IP3 |
| | BOX IP3 | routing | | | | |
| | | | Were any operations performed on [you/(SP)] during the hospital stay that was (ADMISSION DATE) to (DISCHARGE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| ANYOPERS | IP7 | yes/no | [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | | [you] respondent is SP [(SP)] respondent is proxy | (01) BOX IP4A (02) IP10 - SPECCOND (-8) IP10 - SPECCOND (-9) IP10 - SPECCOND |
| | BOX IP4A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE IF SP IS IN THE EXIT SAMPLE AND PREVIOUS ROUND INTERVIEW NOT SKIPPED, GO TO BOX IP6. ELSE GO TO IP13 - PRESMDCN. | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |
| PRESMDCN | IP13 | yes/no | At the time [you were /(SP) was] discharged, were any medicines prescribed for [you/(SP)]? | | [you were] respondent is SP [(SP) was] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | (01) IP14 - PRESFILL (02) BOX IP5 (-8) BOX IP5 (-9) BOX IP5 |

| | | | | | | |
|-------------|-----------------|-------------------|---|--|---|--|
| | | | Were any of the prescriptions filled? | | | |
| PRESFILL | IP14 | yes/no | [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | | (01) BOX IP4B (02) BOX IP5 (-8) BOX IP5 (-9) BOX IP5 |
| | BOX IP4B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO IP14A - IPPMMEDS. ELSE GO TO IP15 - MEDICINE_IP. | | | |
| | | | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] | | | |
| IPPMMEDS | IP14A | no entry | [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too. | | [your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy | IP15 - MEDICINE_IP |
| MEDICINE_IP | IP15 | roster | Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. | | | BOX IP5 |
| | BOX IP5 | routing | IF ASKING ABOUT ONGOING IP STAY FROM THE PREVIOUS ROUND, GO TO BOX IP1AB. ELSE IF ASKING ABOUT AN EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY, THEN IF SP HAS ANOTHER EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY THAT HAS NOT BEEN ASKED ABOUT, GO TO BOX IP1AA. ELSE GO TO IP1 - IPPROBE. ELSE GO TO IP16 - IPMORE. | | | |
| | | | IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION. | | [Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you had] respondent is SP [has (SP) had] respondent is proxy, SP alive [did (SP) have] respondent is proxy, SP deceased | (01) IP2 - PROVIDER_IP (02) BOX IP6 (-8) BOX IP6 (-9) BOX IP6 |
| IPMORE | IP16 BOX IP6 | yes/no routing | [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] GO TO NEXT SECTION | (01) YES (02) NO (-8) Don't Know (-9) Refused | | |