

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

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.				

	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.				

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.				

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
IUPROBE	IU1	yes/no	<p>SHOW CARD IU1</p> <p>[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?</p> <p>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.</p> <p>[ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.]</p> <p>Where [were you/was (SP)] a patient -- in which nursing home?</p> <p>SELECT OR ADD ONLY ONE FACILITY.</p>	<p>(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused</p>	<p>[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</p>		<p>(01) IU2 - PROVIDER_IU (02) BOX IU3 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IU3 (-9) BOX IU3</p>
PROVIDER_IU	IU2	roster	<p>[PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE INSTITUTION.]</p> <p>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.</p>	<p>(01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>		<p>BOX IU1</p>
	BOX IU1	routing	<p>ELSE TO IU4 - EVBEGMM.</p>				
VAPLACE	IU3	yes/no	<p>Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused (01) continuous answer</p>			<p>IU4 - EVBEGMM</p>
EVBEGMM	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused (01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>MM</p>	<p>IU4 - EVBEGDD</p>
EVBEGDD	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused (01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>DD</p>	<p>IU4 - EVBEGYY</p>
EVBEGYY	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused (01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>YY</p>	<p>IU4 - EVENDMM</p>
EVENDMM	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused (01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>MM</p>	<p>IU4 - EVENDDD</p>
EVENDDD	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused (01) continuous answer</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>DD</p>	<p>IU4 - EVENDYY</p>
EVENDYY	IU4	date	<p>When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?</p>	<p>(-8) Don't Know (-9) Refused</p>	<p>[were you] respondent is SP [was (SP)] respondent is proxy</p>	<p>YY</p>	<p>IU7 - IUMORE</p>
IUMORE	IU7 BOX IU3	yes/no routing	<p>IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:</p> <p>[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?</p> <p>[ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] 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 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</p>		<p>(01) IU2 - PROVIDER_IU (02) BOX IU3 (-8) BOX IU3 (-9) BOX IU3</p>

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 - HHPFRFRND (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) HH18 - HHPFRFRND (-9) HH18 - HHPFRFRND
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 - PROVSPoS
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 [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 S131B. 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			

			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.			
	BOX MP2	routing				
HMOASSOC	MP4	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) MP6 - EVENT (02) MP5 - HMOREFER (-8) MP5 - HMOREFER (-9) MP5 - HMOREFER
			[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	MP6 - EVENT
HMOREFER	MP5	yes/no	[INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]			
			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.		[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	
EVENT	MP6	roster	[IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.]	(01) [Continuous answer.] ()		MP6_IN - NAVIGATOR
NAVIGATOR	MP6_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED		(01) BOX MP2AA (02) BOX MP6AA
			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.			
	BOX MP2AA	routing			[you were] respondent is SP [(SP) was] respondent is proxy	
			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 [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
MPSDVIS	MP6B	yes/no				
	BOX MP2B	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.			
	BOX MP2C	routing				
			Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[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
ANYOPERS	MP7	yes/no	[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]			
			[Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Was this visit] single visit reported [Were any of these visits] multiple visits reported	BOX MP2D
SPECCOND	MP10	yes/no				
			IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO MP12 - PRESMDCN.			
	BOX MP2D	routing			[this visit] one visit reported [any of these visits] multiple visits reported	(01) MP13 - PRESFILL (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
PRESMDCN	MP12	yes/no	During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	
			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 MP3A (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
PRESFILL	MP13	yes/no				

	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.			

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> <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 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>	<p>(01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT</p>
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> <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) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT</p>
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> <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 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>	<p>(01) MP2 - PROVIDER_MP (02) MP34 - MPPRTHHER (-8) MP34 - MPPRTHHER (-9) MP34 - MPPRTHHER</p>
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> <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) MP34 - MPPRTHHER (-8) MP34 - MPPRTHHER (-9) MP34 - MPPRTHHER</p>

MPPRTHER	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	<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 OM1FF
	BOX OM1FF	routing	<p>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.</p>			
NAVIGATOR	OM10_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED		(01) OM10A - OMSATHMO (02) BOX OM1FF2
			<p>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]?</p>			
OMSATHMO	OM10A BOX OM1FF1	yes/no routing	<p>[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.</p>	(01) YES (02) NO (-8) Don't Know (-9) Refused	<p>[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy</p>	BOX OM1FF1
	BOX OM1FF2	routing	<p>IF ADMINISTERING ST. GO TO BOX ST36. ELSE IF ADMINISTERING NS. GO TO BOX NS36. ELSE GO TO OM11 - OMPRAMBL.</p>			
OMPRAMBL	OM11	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)] use any ambulance or rescue squad service?</p>	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	<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>	(01) OM12 - EVENT_OMAMBL (02) OM13 - OMPRPROS (03) DO NOT DISPLAY. (-8) OM13 - OMPRPROS (-9) OM13 - OMPRPROS
			<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		
EVENT_OMAMBL	OM12	roster				
	BOX OM1GG	routing	<p>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.</p>			
NAVIGATOR	OM12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED		(01) OM12A - OMSATHMO (02) BOX OM1GG2

			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 OM1III	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 - RENTPROB = 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 OM1III

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

[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

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

[(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

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

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

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

BOX OM1NN

BOX OM1NN1

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

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 (0) 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
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?	(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?	(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?	(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>	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	<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>	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	<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.	(-7) Empty (01) ALTERATION NOT YET COMPLETED			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>	(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>[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>		(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
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	PMS10 - STRNUNIT96 PMS10 - STRNUNIT96
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 (-8) Don't Know		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 - AMTUNOS (-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.]	(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	(01) continuous answer (-8) Don't Know		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</p> <p>[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</p> <p>[] 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>[your] 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 - STRNUN2 (02) PM10B - STRNUN2 (03) PM10B - STRNUN2 (04) PM10B - STRNUN2 (05) PM10B - STRNUN2 (06) PM10B - STRNPER2 (07) PM10B - STRNUN2 (08) PM10B - STRNUN2 (91) PM10B - STRNUN2 (96) DO NOT DISPLAY. (-8) BOX PM1B-4
STRNUNO2	PM10B	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER		PM10B - STRNUN2
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

	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 - PROVSPEC. 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.				

	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/MSNPARTInpatient, 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.				

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

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

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

	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

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.			

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.				

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.			

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_CHARGEbundle (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.]				
			THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES [REMAINING] FOR SUMMARY.		[REMAINING] CPS1 - CPSINT has already been asked in the current round [] CPS1 - CPSINT has not already been asked in the current round		
CPSINT	CPS1	no entry	[First/Next], I want to ask about [READ EVENT(S) ABOVE].		[First] CPS1 - CPSINT has not been asked in the current round [Next] CPS1 - CPSINT has not been asked in the current round		BOX CPS1A
	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	Description	Response Options	Response Instructions	Other Info
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) CPS29 - CPS (02) BOX CPS29A (-8) BOX CPS29A (-9) BOX CPS29A
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) CONTINUOUS ANSWER (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.				

				(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		
PAPSMEAR	HFF6	yes/no	[Have you/Has (SP)] had a Pap smear test since (LAST HF MONTH YEAR)?	[Have you] respondent is SP [Has (SP)] respondent is proxy		(01) BOX HFF2 (02) BOX HFF1B-HFF8 - PAPCODE (-8) BOX HFF2 (-9) BOX HFF2	
	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.				
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		(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	
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.				
HYSTEREC	HFF9	yes/no	[Have you/Has (SP)] ever had a hysterectomy?	[Have you] respondent is SP [Has (SP)] respondent is proxy		HFF15 - FLUSHOT	
	BOX HFF3	routing	IF SP HAS EVER REPORTED HAVING PROSTATE SURGERY IN A PREVIOUS ROUND, GO TO HFF11 - DIGTEXAM. ELSE GO TO HFF10 - PROSSURG.				

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>

				(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?]				HFF18A - VACPAID
FLUSITOS	HFF18	verbatim text	OTHER (SPECIFY)				
			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		HFF20 - VACSUPPLY
VACPAID	HFF18A	yes/no	Please include any monetary donations that you may have made to cover the cost of the flu shot.				
			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		BOX HFF5
VACSUPPLY	HFF20	yes/no					
			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		BOX HFF5
NOVACINE	HFF21	yes/no					
	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.				

				(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.				

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

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] respondent is SP [he] respondent is proxy, SP male [she] respondent is proxy, SP female		HFJ6 - OCCHD

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

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>

					<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
OCCCODE	HFJ22	code all	<p>[Since the first time a doctor told [you/(SP)] that (you/he/she) had a cancer, malignancy, or tumor, on/On] what part or parts of [your/(SP's)] body was the cancer or tumor other than skin cancer found?</p> <p>[PROBE: Any other part?]</p> <p>CHECK ALL THAT APPLY</p>	(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
OCCOS	HFJ22	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]			BOX HFJ13
	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	<p>[[Since (LAST HF MONTH YEAR) has/Has] a doctor (ever) told [you/(SP)] that (you/he/she) had...]</p> <p>rheumatoid arthritis?</p>	(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.				

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.				

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

	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

	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.				

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 - DIAFEETR
DIAFEETR	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

DIAULCER	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 - COLRECENT (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 - COLRECENT

COLRECENT	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 - OSTRECENT (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
OSTRECENT	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) HFKE1 - PRBBILS (02) HFKE1 - PRBBILS (03) HFKE2 - DONTSHOP (-8) HFKE1 - PRBBILS (-9) HFKE1 - 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		HFKE1 - 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</p> <p>[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</p> <p>[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</p> <p>[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</p> <p>[Do you] respondent is SP</p> <p>[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</p> <p>[(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</p> <p>[You said that [(SP's)] health makes doing heavy housework (like scrubbing floors or washing windows) difficult] respondent is proxy, SP does housework</p> <p>[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</p> <p>[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</p> <p>[Do you] respondent is SP</p> <p>[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?</p> <p>ENTER ALL HELPERS.</p>	<p>(01) [Continuous answer.]</p>	<p>[you receive] respondent is SP</p> <p>[(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</p> <p>[You said that [(SP's)] health makes preparing [his] own meals difficult] respondent is proxy, SP male, SP makes meals</p> <p>[You said that [(SP's)] health makes preparing [her] own meals difficult] respondent is proxy, SP female, SP makes meals</p> <p>[You said that preparing [your] own meals is something that [you don't do]] respondent is SP, SP doesn't make meals</p> <p>[You said that preparing [his] own meals is something that [(SP) doesn't do] respondent is proxy, SP male, SP doesn't make meals</p> <p>[You said that preparing [her] own meals is something that [(SP) doesn't do] respondent is proxy, SP female, SP doesn't make meals</p> <p>[Do you] respondent is SP</p> <p>[Does (SP)] respondent is proxy</p> <p>[your] respondent is SP</p> <p>[his] respondent is proxy, SP male</p> <p>[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?</p> <p>ENTER ALL HELPERS.</p>	<p>(01) [Continuous answer.]</p>	<p>[you receive] respondent is SP</p> <p>[(SP) receives] respondent is proxy</p> <p>[your] respondent is SP</p> <p>[his] respondent is proxy, SP male</p> <p>[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</p> <p>[You said that [(SP's)] health makes shopping for personal items (such as toilet items or medicines) difficult.] respondent is proxy, SP shops</p> <p>[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</p> <p>[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</p> <p>[Do you] respondent is SP</p> <p>[Does (SP)] respondent is proxy</p>	<p>(01) HFKE4 - PERSON_HLPRSHOP (02) BOX HFKF1 (-8) BOX HFKF1 (-9) BOX HFKF1</p>

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>

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)	(01) [Continuous answer.]		BOX SC1B
	BOX SC1B	routing	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO SC15 - PMNOTGET.			

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 - TEMPMED1 (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 - TEMPMED2 (01) SC16 - TEMPMED3
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 - TEMPMED4 (-7) SC17INTR - SCINT2
TEMPMED4	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty		(01) SC16 - TEMPMED5 (-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 (01) [Continuous answer.]	[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.			
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

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 - USUALDOC
USUALDOC	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

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

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

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>

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

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- OTIMELY (02) PP42- SPCLCARE (-8) PP42- SPCLCARE (-9) PP42- SPCLCARE</p>

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

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

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 - EMBEDREC

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) US43 - 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

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

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

WELPROBE	IA1B	list	<p>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.</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>	IA1B—RELPROBE
RELPROBE	IA1B	list	<p>In (PREVIOUS YEAR), did [you/(SP)]/you or your (wife/husband)/(SP) or (his/her) (wife/husband)]... receive financial assistance from relatives or friends?</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>	IA1B—IRAWD
IRAWD	IA1B	list	<p>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)?</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>	IA1C—STOKPROB
STOKPROB	IA1C	list	<p>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?</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>	IA1C—LUMPPROB

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

			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

INCYRUNT	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>	<p>(01) TOTAL FOR (PREVIOUS YEAR)</p> <p>(02) ONE MONTH</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) BOX-IA2AA</p> <p>(02) BOX-IA2AA</p> <p>(-8) IA15-INCYRMT1</p> <p>(-9) IA15-INCYRMT1</p>
INCYRMT1	IA15	code 1	<p>Was it more than- (\$20,000/\$1,700/\$40,000/\$3,300)?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>		<p>(01) BOX-IA2AA</p> <p>(02) IA16-INCYRMT2</p> <p>(-8) BOX-IA2AA</p> <p>(-9) BOX-IA2AA</p>
INCYRMT2	IA16	code 1	<p>Was it more than- (\$12,000/\$1,000/\$25,000/\$2,000)?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>		<p>(01) BOX-IA2AA</p> <p>(02) IA17-INCYRMT3</p> <p>(-8) BOX-IA2AA</p> <p>(-9) BOX-IA2AA</p>
INCYRMT3	IA17	code 1	<p>Was it more than- (\$7,700/\$640/\$17,000/\$1,400)?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>		<p>BOX-IA2AA</p>

			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

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— HOMEEVAL (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>
HOMEEVAL	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— HOMEMOR T</p>

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

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		

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

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>

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

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>

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>

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

					[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

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.	(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 (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> <p>Display "in the last month" in underlined text.</p>		<p>(1) BOX IAQ1 (2) BOX IAQ1 (3) IAQ4 (-8) IAQ4 (-9) IAQ4</p>
	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 (2) DIRECT DEPOSIT (3) PREPAID CARD (-8) DON'T KNOW (-9) REFUSED</p>	<p>{Do you} respondent is SP {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] (-8) DON'T KNOW (-9) REFUSED</p>	<p>{you} respondent is SP {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] (-8) DON'T KNOW (-9) REFUSED</p>	<p>{you} respondent is SP {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 (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> <p>Display "in the last month" in bold underlined text.</p>		IAQ5

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

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

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.				

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	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 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	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) 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

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

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

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

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	

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

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

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

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

	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.				

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

	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

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					

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

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

	BOX IAQ12	routing	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. Else if IAQ13 = 1 (SP BUSINESS/FARM/REAL ESTATE), go to IAQ45A. Else if IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ46A. Otherwise, go to BOX IAQ13.				
LAND_COMBINED1	IAQ44	code one	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? 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 HP1 = 1 (OWNS HOME), display "other than {SP}'s home".		(1) IAQ44A (2) IAQ45A (-8) IAQ44B (-9) IAQ44B
LAND_COMBINED2	IAQ44A	quantity unit	ENTER SP AND SPOUSE/PARTNER BUSINESS/FARM/REAL ESTATE COMBINED AMOUNT	(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) BOX IAQ13 (-8) IAQ44B (-9) IAQ44B
LAND_COMBINED3	IAQ44B	code one	SHOW CARD IA26 IA29 Please look at this card and tell me which is closest.	(1) LESS THAN \$30,000 (2) \$30,000 TO LESS THAN \$101,000 (3) \$101,000 TO LESS THAN \$247,000 (4) \$247,000 TO LESS THAN \$703,000 (5) \$703,000 OR MORE (-8) DON'T KNOW (-9) REFUSED			BOX IAQ13
LAND_SP1	IAQ45A	quantity unit	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? 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". If HP1 = 1 (OWNS HOME), display "other than {SP}'s home"	Use input mask in response field (\$99,999,999) so that dollar sign is displayed and commas are inserted appropriately.	(1) BOX IAQ12A (-8) IAQ45B (-9) IAQ45B
LAND_SP2	IAQ45B	code one	SHOW CARD IA27 IA30 Please look at this card and tell me which is closest.	(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 IAQ12A
	BOX IAQ12A	routing	If IAQ13 = 2 (SPOUSE BUSINESS/FARM/REAL ESTATE), go to IAQ46A. Otherwise, go to BOX IAQ13.				

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

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>			BOX IAQ13A
	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>			IAQ50

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>

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		(01) BOX D12C (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 - SPDEGRCV

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.				

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.			

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>(01) [Continuous answer.]</p> <p>(-7) Empty</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>		CL17 - STADDR2
STADDR2	CL17	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>		CL17 - CITY
CITY	CL17	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>		CL17 - STATE
STATE	CL17	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>		CL17 - ZIPCODE
ZIPCODE	CL17	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 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.			

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				

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

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

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	ENS2A	code 1	Why [is/was] (HOUSEHOLD MEMBER NAME) no longer in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(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
NOTHHROS	ENS2A	verbatim text	OTHER REASON (SPECIFY)				
	BOX ENS2	routing	GO TO ENS2_IN - NAVIGATOR.				
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

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	Now I want to make sure I have everyone who [lives/lived] in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. I have listed (READ NAME(S) LISTED BELOW). Have I missed any lodgers, boarders, or anyone else who usually [lives or stays/lived or stayed] in the household but [is/was] away from home traveling or in the hospital?	(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
EHHDOBYY	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 - EHHDOBYY
EHHDOBYY	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/RENDS 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 [Is (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>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>[is [your]] respondent is SP [is [(SP's)] respondent is proxy, SP alive [was (SP's)] respondent is proxy, SP deceased</p>	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.				

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	[you] 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	[you] 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.]				
	HISM9	yes/no	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
	HISM9	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.]				
MHMOAMT	HISM10	numeric	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)].]	(01) continuous answer (-8) Don't Know (-9) Refused			(01) HISMC10 - MHMOAMT (-8) HISMC11 - MHMOCCOST (-9) HISMC11 - MHMOCCOST
	HISM10	code one	[PROBE IF NECESSARY: Was that per year, per month, per week, or what?]				
	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)	(01) continuous answer			HISM11 - MHMOCCOST
MHMOCCOST	HISM11	yes/no	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) YES (02) NO (-8) Don't Know (-9) Refused			(01) HIS12 - MHMOCCOST (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
MHMOWHO	HISM12	code one	WHO NOT IN THE AMOUNTS PAID BY FAMILY MEMBERS? Who else paid all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE 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 (-9) Refused			(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
MHMOWHOS	HISM12 BOX HIS2AA	verbatim text routing	OTHER (SPECIFY) CREATE MEDICAID PLAN IN THE PREVIOUS ROUND GO TO HIS6 - COVTIME.	(01) continuous answer			HIS1 - HISCORRB
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 (-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 (01) 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	HIS12_IN - NAVIGATOR
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	
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) 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
PRVXCOV	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 - PRVPCOV
PRVPCOV	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 - PRVHCOV
PRVHCOV	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 [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
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	(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's)] 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 - MHMOWWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B
MHMOCCOST	HIS33A	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	(01) continuous answer (01) YES (02) NO (-8) Don't Know (-9) Refused	[you/] respondent is MIP [MIP's] respondent is not MIP	HIS33A - MHMOCCOST (01) HIS33B - MHMOWWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B
MHMOWHO	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) (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	[you/] respondent is MIP [MIP's] respondent is not MIP	HIS33A - MHMOCCOST (01) HIS33B - MHMOWWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) BOX HIS3B
MHMOWHOS	HIS33B	verbatim text	OTHER (SPECIFY) IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMOPOS.	(01) continuous answer	[you/] respondent is MIP [MIP's] respondent is not MIP	HIS33A - MHMOCCOST (01) HIS33B - MHMOWWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (08) BOX HIS3B (-8) 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.			
HISMPDP	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) continuous answer	[you/] respondent is SP [(SP)] respondent is proxy	HIS35 - HISMPDPCURR
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	[Were you] respondent is SP [Was (SP)] respondent is proxy	(01) BOX HIS5A (02) BOX HIS6 (-8) BOX HIS6 (-9) BOX HIS6
HISMPDPCHNG	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. ELSE GO TO BOX HIS6.			
HISMPDPCHNG	HIS36	yes/no	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
PDPYSTOP	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". GO TO BOX HIS6A IF (HIS35 - HISMPDPCURR = 2/No) OR (HIS36 - HISMPDPCHNG = 2/No), GO TO HIS37 - PDPYSTOP. ELSE GO TO 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	[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 (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
PDPYSTOS	HIS37	verbatim text	OTHER (SPECIFY)	(01) continuous answer	[you/] respondent is SP [(SP)] respondent is proxy	HIS1 - HISCORRB HIS1 - HISCORRB BOX HIS5
ENDHIS	HISCLOSE	no entry	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).			
	BOX HIS5	routing	GO TO NEXT SECTION			

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) 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 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? OTHER (SPECIFY)	(-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			[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				
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	[Do you] respondent is SP [Does (SP)] respondent is proxy, SP alive [Did (SP)] respondent is proxy, SP deceased	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>			
MCAIDINT	HI5INTRO	no entry	<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> <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> <p>Some people receive their Medicaid benefits from plans that have names like those listed on this card.</p>			
MCAIDINTB	HI5INTRB	no entry				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
COVTIME	HI6	code 1	<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
COVNOW	HI7	yes/no	<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

	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

	BOX HI5D	yes/no	<p>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.</p> <p>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.</p> <p>ELSE GO TO HI10C1 - MPDCOVER.</p> <p>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.)</p>					
MPDCOVER	HI10C1	yes/no	<p>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?</p> <p>[PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]</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 [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</p>	<p>(01) HI10C2 - PDPCURR (02) HI10D - MCDRXCOV (-8) HI10D - MCDRXCOV (-9) HI10D - MCDRXCOV</p>
PDPCURR	HI10C2	yes/no	<p>[Are you/Is (SP)/Was (SP)] [(currently)] covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>			<p>(01) HI10C3 - PLAN_CAIDMPDP (02) HI10C5 - PLAN_CAIDMPDPOTHR (-8) HI10C5 - PLAN_CAIDMPDPOTHR (-9) HI10C5 - PLAN_CAIDMPDPOTHR</p>	
PLAN_CAIDMPDP	HI10C3	roster	<p>[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.</p>				<p>HI10C4 - PDPMORE</p>	
PDPMORE	HI10C4	Yes/No	<p>[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)?</p> <p>(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.)</p> <p>[PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>			<p>(01) HI10C5 - PLAN_CAIDMPDPOTHR (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1</p>	
PLAN_CAIDMPDPOTHR	HI10C5	roster	<p>Please tell me the names of [the other/all] Medicare Prescription Drug plans that [you have/he has/she has] been enrolled in since (REFERENCE DATE) [besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)].</p> <p>[PROBE IF NECESSARY: Please include Medicare 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.</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>			<p>BOX HIT1</p>	
MCDRXCOV	HI10D	yes/no	<p>(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor?</p>	<p>(-8) Don't Know (-9) Refused</p>			<p>BOX HIT1</p>	
	BOX HIT1	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 A TRICARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIT2 - COVTIME. ELSE GO TO HIT1 - TRICOVER.</p>					

TRICOVER	HIT1	yes/no	<p>SHOW CARD HIT1 As you (may) know, the Department of Defense sponsors a regionally managed health care program called TRICARE for active duty and retired members of the uniformed Armed Forces, their families, and survivors.</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 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. [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				

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					
COVTIME	HI13	code 1	[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 SP [(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
COVNOW	HI14	yes/no	[[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
COVBEGMM	HI15	date	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	[you] respondent is SP [(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
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	[you] respondent is SP [(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
COVBEGYY	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	[you] respondent is SP [(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

COVENDMM	HI16	date	On what date [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] (PUBLIC PLAN NAME) coverage [most recently/last] stop?	(01) [Continuous answer.] (-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 [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased	MM	HI16 - COVENDDD
COVENDDD	HI16	date	On what date [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] (PUBLIC PLAN NAME) coverage [most recently/last] stop?	(01) [Continuous answer.] (-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 [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased	DD	HI16 - COVENDYY
COVENDYY	HI16	date	On what date [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] (PUBLIC PLAN NAME) coverage [most recently/last] stop?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused (01) YES (02) NO	[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 [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased [Does] SP alive [Did] SP deceased	YY	HI16A - PUBRXCOV
PUBRXCOV	HI16A	yes/no	(Does/Did) [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor? IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF REVIEWING PUBLIC PLANS THAT WERE "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI11PREV_IN - NAVIGATOR. ELSE GO TO HI12_IN - NAVIGATOR. WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO HI16AB - PDPSAME. ELSE IF ((SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW) AND (SP DOES NOT HAVE A "CURRENT" MEDICARE MANAGED CARE PLAN WITH RX COVERAGE) AND (HI10C1 - MPDCOVER = empty)), GO TO HI16B - PDPCOVER. ELSE IF ((SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW) AND (SP DOES NOT HAVE A "CURRENT" MEDICARE MANAGED CARE PLAN WITH RX COVERAGE) AND (HI10C1 - MPDCOVER = 2/No)), GO TO HI16B1 - PDPCOVER. ELSE GO TO BOX HI12A.	(-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		BOX HI12
	BOX HI12	routing					
	BOX HI12AA	routing					
PDPSAME	HI16AB	yes/no	At the time of the last interview [you were/(SP) was] covered by a Medicare Prescription Drug Plan named (MEDICARE PRESCRIPTION DRUG PLAN NAME). [[Are you/Is (SP)] now covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME)?] [Was (SP) covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] [[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 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 (91) OTHER	[you were] respondent is SP [(SP) was] respondent is proxy [[Are you] now covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME)?] respondent is SP [[Is (SP)] now covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME)?] respondent is proxy, SP not deceased or institutionalized [Was (SP) covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (DATE OF DEATH)?] respondent is proxy, SP deceased [Was (SP) covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized	(01) BOX HI12A (02) HI16AC - PDPYSTOP (-8) BOX HI12A (-9) HI16AD - PDPOTHER	(01) HI16AD - PDPOTHER (02) HI16AD - PDPOTHER (03) HI16AD - PDPOTHER (04) HI16AD - PDPOTHER (05) HI16AD - PDPOTHER (06) HI16C - PDPCURR (07) HI16AD - PDPOTHER (91) HI16AC - PDPYSTOS (-8) HI16AD - PDPOTHER (-9) HI16AD - PDPOTHER HI16AD - PDPOTHER
PDPYSTOP PDPYSTOS	HI16AC HI16AC	code 1 verbatim text	What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage? OTHER (SPECIFY)	(-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		

			[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	(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	[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
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 [covered] SP deceased or institutionalized	(01) HI16E - PLAN_MPD (02) HI16G - PLAN_MPDPOTHR (-8) HI16G - PLAN_MPDPOTHR (-9) HI16G - PLAN_MPDPOTHR
PLAN_MPD	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.		[you] respondent is SP [(SP)] respondent is proxy [on (DATE OF DEATH)] SP is deceased [on (DATE OF INSTITUTIONALIZATION)] SP is institutionalized	HI16F - PDPMORE
PDPMORE	HI16F	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/ INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)? [PROBE IF NECESSARY: 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	[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) HI16G - PLAN_MPDPOTHR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A
PLAN_MPDPOTHR	HI16G	roster	[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		[Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other] second or more time through the loop, SP previously enrolled in prescription drug plan [What] first time through loop [your] respondent is SP [(SP's)] respondent is proxy	BOX HI12A
PRIVINTRO	HI17PREV	no entry	The next questions are about private 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	(01) BOX HI12B (02) HI17 - PRVCOVER
NAVIGATOR	HI17PREV_IN	instance navigator	CREATE A CURRENT ROUND PLRO FOR PRIVATE PLAN GO TO HI21 - COVTIME. NAME(S) AND PLAN TYPE(S) LISTED ABOVE].			
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)?	(01) YES (02) NO (-8) Don't Know (-9) Refused			HI25 - PPRVHMO
PPRVHMO	HI25	yes/no	[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?	(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	SELECT OR ADD ONLY ONE PERSON.	(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 PPRVGTOS	HI27 HI27	code 1 verbatim text	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? 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	[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		
PRVNMCOV	HI29	numeric			[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 - MIPPAMT (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST

MIPPUNIT MIPPUNOS	HI33	quantity unit hybrid	(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
	HI33	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)		
MHMOCOST	HI33A	yes/no	(01) 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
MHMOWHO MHMOWHOS	HI33B	code 1	(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	[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	(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
	HI33B	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.		
MHMOPOS	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.		
	HI33C	yes/no	(01) YES (02) NO (-8) Don't Know (-9) Refused	[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	BOX HI19
PRVOCOV	HI35	yes/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	(U1) HI2U - PLAN_PRIVATE (02) BOX HI19B (-8) BOX HI19B (-9) BOX HI19B
	BOX HI19B	routing	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.		
OTHNHCOV	HI34 BOX HI21A	yes/no routing	(01) YES (02) NO (-8) Don't Know (-9) Refused	[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	BOX HI21A
			[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		

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]?	(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		(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]?	(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		(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	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.	(01) continuous answer (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		BOX ER1	
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	
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	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) 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 DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized		ER4 - EVENT_ER	
EVENT_ER	ER4	roster	[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			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?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[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)]? 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.	(-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(01) BOX ER3A (02) BOX ER4 (-8) BOX ER4 (-9) BOX ER4	
PRESFILL	ER8	yes/no	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				
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.	(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	GO TO NEXT SECTION			

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		(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		(01) BOX IP4A (02) IP10 - SPECCOND (-8) IP10 - SPECCOND (-9) IP10 - SPECCOND
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	
	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		(01) IP14 - PRESFILL (02) BOX IP5 (-8) BOX IP5 (-9) BOX IP5
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	

			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		