

Health Insurance Summary (HIS): Updated medical provider terminology highlighted in green

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Text Fill 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? THIS QUESTION IS ASKING ABOUT PLANS THAT WERE CURRENT BETWEEN [SUMMARY REFERENCE DATE] AND [REFERENCE DATE].	(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 [she was] respondent is proxy, SP is female		(01) HISCLOSE - ENDDHIS (02) HIS3 - ADDHITYPE (03) HIS2B - PLAN_CORRECT (04) HIS2 - PLAN_DELETION (05) HIS2C - PLAN_STOPPED (-8) HISCLOSE - ENDDHIS (-9) HISCLOSE - ENDDHIS
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	code one	What is the name of the plan that is incorrect? EDIT ALL PLAN NAMES AT THIS ROSTER.	(01) continuous answer			PLAN_CORRECT_NAME
PLAN_CORRECT_NAME	HIS2B	verbatim text	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	[you were] respondent is SP [he was] respondent is proxy, SP male [she was] respondent is proxy, SP female		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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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 (06) MEDICARE PRESCRIPTION DRUG PLAN			(01) BOX HIS2AA (02) HIS12 - PLAN_HISPUBLIC (03) HIS18A - EXCHGCOV (04) HISMC1 - PLAN_HISMHMO (05) BOX HIST1A (06) HIS34 - PLAN_HISMPDP
PLAN_HISMHMO	HISMC1	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. [MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN]	(01) continuous answer	[you] respondent is SP [(SP)] respondent is proxy		HISMC2 - HISMHMOCURR
HISMHMOCURR	HISMC2	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	[Were you] respondent is SP [Was SP] respondent is proxy		(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 - HISMHMOCHNG. ELSE GO TO BOX HISMC2.				
HISMHMOCHNG	HISMC3	yes/no	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	[your] respondent is SP [(SP's)] respondent is proxy		BOX HISMC2

	BOX HISM2	routing	IF THE PLAN SELECTED AT HIMC1 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" GO TO BOX HISM2A.				
	BOX HISM2A	routing	IF THIS MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIMC4 - 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)? [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		HISM5 - MHMODENT
MHMODENT	HISM5	yes/no	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	[you] respondent is SP [(SP)] respondent is proxy		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	[you] respondent is SP [(SP)] respondent is proxy		HISM8 - MHMONH
MHMONH	HISM8	yes/no	Did [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care above and beyond what Medicare normally covers? [EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2014, the first 20 days are paid in full and the next 80 days require a copayment of up to \$152.00 per day.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		HISM9 - MHMOPAY
MHMOPAY	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. [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	[your] respondent is SP [(SP's)] respondent is proxy		(01) HISM10 - MHMOAMT (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
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)].] [PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	(01) continuous answer (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy		(01) HISM10 - MHMOUNIT (-8) HISM11 - MHMOCOST (-9) HISM11 - MHMOCOST
MHMOUNIT	HISM10	code one		(01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER (-8) Don't Know (-9) Refused			(01) HISM11 - MHMOCOST (02) HISM11 - MHMOCOST (03) HISM11 - MHMOCOST (04) HISM11 - MHMOCOST (05) HISM11 - MHMOCOST (06) HISM11 - MHMOCOST (07) HISM11 - MHMOCOST (91) HISM10 - MHMOUNOS (-8) HISM11 - MHMOCOST (-9) HISM11 - MHMOCOST
MHMOUNOS	HISM10	verbatim text	OTHER (SPECIFY)	(01) continuous answer			HISM11 - MHMOCOST
MHMOCOST	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? [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		(01) HISM12 - MHMOWHO (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB

MHMOWHO	HISMC12	code one	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 (91) OTHER (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		(01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (91) HISMC12 - MHMOWHOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
MHMOWHOS	HISMC12	verbatim text	OTHER (SPECIFY)	(01) continuous answer			HIS1 - HISCORRB
	BOX HIS2AA	routing	CREATE MEDICAID PLAN IN THE PREVIOUS ROUND GO TO HIS6 - COVTIME.				
COVTIME	HIS6	code one	[Were you/Was (SP)] covered by Medicaid the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused	[Were you] respondent is SP [Was SP] respondent is proxy		(01) HIS10A - MCAIDHMO (02) HIS7 - COVNOW (-8) HIS7 - COVNOW (-9) HIS7 - COVNOW
COVNOW	HIS7	yes/no	[Were you/Was (SP)] covered by Medicaid on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Were you] respondent is SP [Was SP] respondent is proxy		(01) HIS8 - COVBEGMM (02) HIS9 - COVENDMM (-8) HIS10A - MCAIDHMO (-9) HIS10A - MCAIDHMO
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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	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	[your] respondent is SP [(SP's)] respondent is proxy	YY	HIS10A - MCAIDHMO
MCAIDHMO	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 - HISMPDCOVER.				
HISMPDCOVER	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 or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Were you] respondent is SP [Was SP] respondent is proxy		(01) HIS34 - PLAN_HISMPDP (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 or other health professional?	(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

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		HIST3 - TRIRXCOV
TRIRXCOV	HIST3	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor or other health professional? [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	(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) HIST3AA - TRIMEDS (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
TRIMEDS	HIST3AA	code one	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) 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) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (91) HIST3AA - TRIMEDOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
TRIMEDOS	HIST3AA	verbatim text	SOMEWHERE ELSE (SPECIFY)	(01) continuous answer			HIS1 - HISCORRB
PLAN_HISPUBLIC	HIS12	roster	What is the name of the public program that covered [you/(SP)]? SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER.	(01) continuous answer	[you] respondent is SP [(SP)] respondent is proxy		HIS12_IN - NAVIGATOR
NAVIGATOR	HIS12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) HIS13 - COVTIME (02) HIS1 - HISCORRB
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?	(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) 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) HIS16 - COVENDMM (-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
	BOX HIS2B1	routing	GO TO HIS16A - PUBRXCOV.				
PUBRXCOV	HIS16A	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		BOX HIS3
	BOX HIS3	routing	GO TO HIS12_IN - NAVIGATOR.				
EXCHGCOV	HIS18A	yes/no	SHOW CARD HI5 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	[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)? SELECT OR ADD ONE PRIVATE PLAN NAME AT THIS ROSTER.	(01) continuous answer	[your] respondent is SP [(SP's)] respondent is proxy		HIS20_IN - NAVIGATOR
NAVIGATOR	HIS20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) HIS21 - COVTIME (02) HIS1 - HISCORRB
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?	(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) 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 - COVENDMM (-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
	BOX HIS3A1	routing	GO TO HIS25 - PPRVHMO.				
PPRVHMO	HIS25	yes/no	CODE WITHOUT ASKING IF VOLUNTEERED. Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]	(01) YES (02) NO (-8) Don't Know (-9) Refused			HIS26 - PERS_HISMIPNUM
PERS_HISMIPNUM	HIS26	roster	Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? SELECT OR ADD ONLY ONE PERSON.	(01) continuous answer			HIS27 - PPRVGET
PPRVGET	HIS27	code one	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	[you] 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 - PPRVTOS (-8) HIS29 - PRVNMCOV (-9) HIS29 - PRVNMCOV
PPRVGTOS	HIS27	verbatim text	OTHER (SPECIFY)	(01) continuous answer			HIS29 - PRVNMCOV
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		HIS31A - PRVRXCOV

PRVRXCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... prescribed medicines?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your]respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] 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	[your]respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [your] respondent is MIP [MIP's] respondent is not MIP		HIS31A - PRVIPCOV
PRVIPCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... inpatient hospital care?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your]respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [your] respondent is MIP [MIP's] respondent is not MIP		HIS31A - PRVNHCOV
PRVNHCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... nursing home or long term care?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your]respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [your] 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	[your]respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy [your] 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 [your] respondent is SP [(SP's)] respondent is proxy		(01) HIS33 - MIPPAMT (02) HIS33A - MHMOCOST (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST
MIPPAMT	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)].] [PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	(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) HIS33 - MIPPUNIT (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST

MIPPUNIT	HIS33	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 (91) OTHER (-8) Don't Know (-9) Refused			(01) HIS33A - MHMOCOST (02) HIS33A - MHMOCOST (03) HIS33A - MHMOCOST (04) HIS33A - MHMOCOST (05) HIS33A - MHMOCOST (06) HIS33A - MHMOCOST (07) HIS33A - MHMOCOST (91) HIS33 - MIPPUNOS (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST
MIPPUNOS	HIS33	verbatim text	OTHER (SPECIFY)	(01) continuous answer			HIS33A - MHMOCOST
MHMOCOST	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? [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is MIP [MIP's] respondent is not MIP		(01) HIS33B - MHMOWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B
MHMOWHO	HIS33B	code one	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 (91) OTHER (-8) Don't Know (-9) Refused	[your] respondent is MIP [MIP's] respondent is not MIP		(01) BOX HIS3B (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (91) HIS33B - MHMOWHOS (-8) BOX HIS3B (-9) BOX HIS3B
MHMOWHOS	HIS33B	verbatim text	OTHER (SPECIFY)	(01) continuous answer			BOX HIS3B
	BOX HIS3B	routing	IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMPOPOS. ELSE GO TO BOX HIS4.				
MHMPOPOS	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
	BOX HIS4	routing	GO TO HIS20_IN - NAVIGATOR.				
PLAN_HISMPDP	HIS34	roster	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. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]	(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
	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	[your] respondent is SP [(SP's)] respondent is proxy		BOX HIS6

	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.				
	BOX HIS6A	routing	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 (91) OTHER (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (91) HIS37 - PDPYSTOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB
PDPYSTOS	HIS37	verbatim text	OTHER (SPECIFY)	(01) continuous answer			HIS1 - HISCORRB
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).		[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy		BOX HIS5
	BOX HIS5	routing	GO TO NEXT SECTION (HIQ)				

Health Insurance (HIQ): Updated medical provider terminology highlighted in green

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Text Fill Logic	Input mask	Routing
	5 BOX HIBEG	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE), GO TO HIMCINTR - HIINTR1. ELSE GO TO BOX MC1AA.				
HIINTR1	HIMCINTR	no entry	SHOW CARD HI1 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. (EXPAIN 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.)		[your] respondent is SP [(SP's)] respondent is proxy [your] respondent is SP [(SP's)] respondent is proxy		BOX MC1AA
	BOX MC1AA	routing	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.				
LOADCORR	MC1	yes/no	As you (may) know, Medicare beneficiaries can enroll in either Original Medicare or a Medicare Advantage plan, such as an HMO (Health Maintenance Organization) and PPO (Preferred Provider 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? [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	[you are] respondent is SP [(SP) is] respondent is proxy		(01) BOX HIMC1 (02) MC2 - WHATWRNG (-8) MC11 - REFERMED (-9) BOX HIMC4
WHATWRNG	MC2	code 1	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.	(01) SP DISENROLLED FROM (CMS MHMO PLAN 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) MC2B - YDISNROL (02) MC3 - PRIMPHYS (03) MC2B - YDISNROL (04) MC4 - SAMEPLAN (05) MC11 - REFERMED
YDISNROL	MC2B	code 1	What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?	(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 (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(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

YDISNROS	MC2B	verbatim text	OTHER (SPECIFY)		[you] respondent is SP [(SP)] respondent is proxy		BOX MC1A
	BOX MC1A	routing	IF MC2 - WHATWRNG = 1/EnrolledNewPlan, GO TO MC5 - PLAN_MHMOMCA. ELSE GO TO HIMC16 - MHMOMORE.				
PRIMPHYS	MC3	yes/no	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
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?	(01) SAME PLANS (02) NOT THE SAME PLANS (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		(01) BOX HIMC1 (02) MC5 - PLAN_MHMOMCA (-8) MC5 - PLAN_MHMOMCA (-9) MC5 - PLAN_MHMOMCA
PLAN_MHMOMCA	MC5	roster	What is the name of the Medicare Advantage Plan that provides [your/(SP's)] health care benefits? [MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN]		[your] respondent is SP [(SP's)] respondent is proxy		BOX HIMC1
REFERMED	MC11	code 1	Do you refer to [your/(SP's)] Medicare coverage by any name besides Medicare? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) MEDICARE ONLY (02) OTHER NAME (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		(01) BOX HIMC4 (02) MC12 - PLAN_MHMOMCB (-8) BOX HIMC4 (-9) BOX HIMC4
PLAN_MHMOMCB	MC12	roster	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		BOX HIMC1
MHMOSAME	HIMC1A	yes/no	At the time of the last interview [you were/(SP) was] covered by the Medicare Advantage Plan named (MEDICARE MANAGED CARE PLAN NAME). [[Are you/Is (SP)] now covered by (MEDICARE MANAGED CARE PLAN NAME)?] [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?] [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	[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)?] respondent is proxy, SP deceased [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF INSTITUTIONALIZATION)?] respondent is proxy, SP institutionalized		(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?	(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 (-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
YDISNROS	HIMC1B1	verbatim text	OTHER (SPECIFY)				HIMC1C - MHMOOTHR
MHMOOTHR	HIMC1C	yes/no	SHOW CARD HI2 [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)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] 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	<p>SHOW CARD HI2</p> <p>As you (may) know, Medicare beneficiaries can enroll in either Original Medicare or a Medicare Advantage plan, such as an HMO (Health Maintenance Organization) and PPO(Preferred Provider Organization).</p> <p>(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?</p> <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	[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	(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	[Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive and not institutionalized [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	(01) HIMC5 - PLAN_MHMO (02) BOX HIMC2 (-8) BOX HIMC2 (-9) BOX HIMC2
PLAN_MHMO	HIMC5	roster	<p>What is the name of the Medicare Advantage Plan that [currently covers/covered] [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?</p> <p>SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.</p> <p>[MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN]</p>		[currently covers] SP 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	BOX HIMC1
	BOX HIMC1	routing	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			
MHMORXTM	HIMC6A	yes/no	<p>[Do you/Does (SP)/Did (SP)] have prescribed medicine coverage through (CURRENT MEDICARE MANAGED CARE PLAN)?</p> <p>[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.]</p>	(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	BOX HIMC1CC1
	BOX HIMC1CC1	routing	IF (THIS MEDICARE MANAGED CARE PLAN IS NEW OR HAS BEEN "RESTARTED"), GO TO HIMC7 - MHMODENT. ELSE GO TO BOX HIMC2.			
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
MHMONH	HIMC10	yes/no	<p>[Does your/Does (SP's)/Did (SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care above and beyond what Medicare normally covers?</p> <p>(EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2014, the first 20 days are paid in full and the next 80 days require a copayment of up to \$152.00 per day.)</p>	(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

MHMOPAY	HIMC11	yes/no	Besides the cost of [your/(SP's)] Medicare Part B premium, [is/was] there an additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may (pay/have paid) as a co-payment for an office visit or a prescribed medicine. [EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[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		(01) HIMC12 - MHMOAMT (02) BOX HIMC2 (-8) BOX HIMC2 (-9) BOX HIMC2
MHMOAMT	HIMC12	quantity unit hybrid	Not including the cost of [your/(SP's)] Medicare Part B premium, what [is/was] the additional amount that [you pay/(SP) pays/(SP) paid] for [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? (Please do not include any copayments or any amount that may [be/have been] paid for anyone other than [you/(SP)].) [PROBE IF NECESSARY: Is that per year, per month, per week, or what?]	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[your] respondent is SP [(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		(01) HIMC12 - MHMOUNT (-8) HIMC12A - MHMOCOST (-9) HIMC12A - MHMOCOST
MHMOUNT	HIMC12	quantity unit hybrid	Not including the cost of [your/(SP's)] Medicare Part B premium, what [is/was] the additional amount that [you pay/(SP) pays/(SP) paid] for [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? (Please do not include any copayments or any amount that may [be/have been] paid for anyone other than [you/(SP)].) [PROBE IF NECESSARY: Is that per year, per month, per week, or what?]	(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 (-8) Don't Know (-9) Refused	[your] respondent is SP [(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		HIMC12A - MHMOCOST
MHMOUNOS	HIMC12	verbatim text	OTHER (SPECIFY)				
MHMOCOST	HIMC12A	yes/no	[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 [your] respondent is SP [(SP's)] respondent is proxy		(01) HIMC12B - MHMOWHO (02) BOX HIMC2 (-8) BOX HIMC2 (-9) 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?	(01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused	[pays] SP alive [paid] SP deceased [your] respondent is SP [(SP's)] respondent is proxy		(01) BOX HIMC2 (02) BOX HIMC2 (03) BOX HIMC2 (04) BOX HIMC2 (05) BOX HIMC2 (06) BOX HIMC2 (07) BOX HIMC2 (91) HIMC12B - MHMOWHOS (-8) BOX HIMC2 (-9) BOX HIMC2
MHMOWHOS	HIMC12B	verbatim text	OTHER (SPECIFY)				BOX HIMC2
	BOX HIMC2	routing	IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF 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.				

MHMOMORE	HIMC16	yes/no	SHOW CARD HI2 [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)? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased	(01) HIMC17 - PLAN_MHMOOTHER (02) BOX HIMC4 (-8) BOX HIMC4 (-9) BOX HIMC4
PLAN_MHMOOTHER	HIMC17	roster	[Besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN), what other/What] Medicare Advantage Plans provided [your/(SP's)] health care since (REFERENCE DATE)? SELECT OR ADD MEDICARE ADVANTAGE PLAN NAMES AT THIS ROSTER. [MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN]		[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	BOX HIMC4
	BOX HIMC4	routing	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.			
RECMHMO	HIMC19	yes/no	Would you recommend (CURRENT MEDICARE MANAGED CARE PLAN NAME) to your family or friends?	(01) YES (02) NO (-8) Don't Know (-9) Refused		BOX HIMC5
	BOX HIMC5	routing	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.			
HMONUMYR	HIMC24	numeric	How many years [have you/has (SP)] been enrolled in a Medicare Advantage plan? [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.]	(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	How many years [have you/has (SP)] been enrolled in a managed care plan?	(01) LESS THAN ONE YEAR (-7) Empty	[have you] respondent is SP [has (SP)] respondent is proxy	BOX HI1
	BOX HI1	routing	IF A MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI6 - COVTIME. ELSE GO TO HISINTRO - MCAIDINT.			
MCAIDINT	HISINTRO	no entry	SHOW CARD HI3 PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY: Medicaid 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.			BOX HI1B
	BOX HI1B	routing	IF STATE IN WHICH SP LIVES DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, GO TO HI5 - AIDCOVER. ELSE GO TO HISINTRB - MCAIDINTB.			
MCAIDINTB	HISINTRB	no entry	SHOW CARD HI4 Some people receive their Medicaid benefits from plans that have names like those listed on this card.			HI5 - AIDCOVER
AIDCOVER	HI5	yes/no	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? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased	(01) HI6 - COVTIME (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1

COVTIME	HI6	code 1	(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?	(01) THE WHOLE TIME (02) PART OF THE TIME (-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 [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		(01) HI10A - MCAIDHMO (02) HI7 - COVNOW (-8) HI7 - COVNOW (-9) HI7 - COVNOW
COVNOW	HI7	yes/no	[[Are you/Is (SP)] now covered by Medicaid?] [Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	{Are you} now covered by Medicaid?} respondent is SP [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		(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	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	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	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	[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 [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased	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	[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 [your] respondent is SP [(SP's)] respondent is proxy [most recently] SP alive [last] SP deceased	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	[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 [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	IF ((ADMINISTERING ST, NS OR CPS) AND SP WAS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND) OR (ADMINISTERING HI AND THERE WAS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO BOX HIT1. ELSE IF (ADMINISTERING ST, NS OR CPS) AND SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND, GO TO HI10D - MCDRXCOV. ELSE GO TO HI10C1 - MPDCOVER.				
MPDCOVER	HI10C1	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 Medicare Prescription Drug plan, although the beneficiary may choose to switch to a different prescription plan.) At any time [since (REFERENCE DATE)/between (REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] enrolled in a Medicare Prescription Drug plan that [covers/covered] medicines prescribed by a doctor or other health professional? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you been] respondent is SP [has (SP) been] respondent is proxy, SP alive [was (SP)] respondent is proxy, SP deceased [covers] SP alive [covered] SP deceased		(01) HI10C2 - PDPCURR (02) HI10D - MCDRXCOV (-8) HI10D - MCDRXCOV (-9) HI10D - MCDRXCOV

PDCURR	HI10C2	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Are you] respondent is SP [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		(01) HI10C3 - PLAN_CAIDMPDP (02) HI10C5 - PLAN_CAIDMPDPOTHR (-8) HI10C5 - PLAN_CAIDMPDPOTHR (-9) HI10C5 - PLAN_CAIDMPDPOTHR
PLAN_CAIDMPDP	HI10C3	roster	[What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]?] SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]		[currently covers] SP 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		HI10C4 - PDPMORE
PDPMORE	HI10C4	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: 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.) [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [have you] 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		(01) HI10C5 - PLAN_CAIDMPDPOTHR (02) BOX HIT1 (-8) BOX HIT1 (-9) BOX HIT1
PLAN_CAIDMPDPOTHR	HI10C5	roster	Please tell me the names of [the other/all] Medicare Prescription Drug plans that [you have/he has/she has] been enrolled in since (REFERENCE DATE) [besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)]. (PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any [you/he/she] enrolled in on [your/his/her] own.) SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]		[the other] second or more time through loop [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		BOX HIT1
MCDRXCOV	HI10D	yes/no	(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Does] SP alive [Did] SP deceased [your] respondent is SP [(SP's)] respondent is proxy		BOX HIT1
	BOX HIT1	routing	IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF A TRICARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIT2 - COVTIME. ELSE GO TO HIT1 - TRICOVER.				
TRICOVER	HIT1	yes/no	SHOW CARD HIT1 As you (may) know, the Department of Defense sponsors a regionally managed health care program called TRICARE for active duty and retired members of the uniformed Armed Forces, their families, and survivors. Please look at this card. At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] enrolled in or covered by any of these TRICARE plans? (EXPLAIN IF NECESSARY: You may have received a reference card that looks like this (BACK OF SHOWCARD HIT1).)	(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, 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		(01) HIT2 - COVTIME (02) BOX HIT3 (-8) BOX HIT3 (-9) BOX HIT3

COVTIME	HIT2	code1	[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?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused	[At the time of the last interview [you were] covered by 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	(01) HIT4 - TRIRXCOV (02) HIT3 - COVNOW (-8) HIT3 - COVNOW (-9) HIT3 - COVNOW
COVNOW	HIT3	yes/no	[[Are you/Is (SP)] now covered by TRICARE?] [Was (SP) covered by TRICARE on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[[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	HIT4 - TRIRXCOV
TRIRXCOV	HIT4	yes/no	[Does/Did] [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor or other health professional? [PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has], not what the plan offers everyone.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Does] SP alive [Did] SP deceased [your] respondent is SP [(SP's)] respondent is proxy [you personally have] respondent is SP [(SP) personally has] respondent is proxy, SP alive	(01) HIT4A1 - TRIMEDS (02) BOX HIT3 (-8) BOX HIT3 (-9) BOX HIT3
TRIMEDS	HIT4A1	code 1	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?	(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	[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	
TRIMEDOS	HIT4A1	verbatim text	SOMEWHERE ELSE (SPECIFY)	(01) [Continuous Answer]		BOX HIT3
	BOX HIT3	routing	IF ADMINISTERING ST, GO TO BOX ST69A. 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.			
MTFCOVER	HIT11	yes/no	[We recorded that [you/(SP)] served in the Armed Forces of the United States.] Since (REFERENCE DATE), [have you/has (SP) received/did (SP) receive] health care or health services or prescribed medicines at a Military Treatment Facility or MTF? [EXPLAIN IF NECESSARY: A Military Treatment Facility is any military hospital, clinic, or NAVCARE clinic.]	(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) received] respondent is proxy, SP alive [did (SP) receive] respondent is proxy, SP deceased	BOX HI20
	BOX HI20	routing	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 - VACOVER. ELSE GO TO BOX HI7.			
VACOVER	HI36	yes/no	[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.?	(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) received] respondent is proxy, SP alive [did (SP) receive] respondent is proxy, SP deceased	BOX HI7

	BOX HI7	routing	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.				
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	[you were] respondent is SP [(SP) was] respondent is proxy		HI11PREV_IN - NAVIGATOR
NAVIGATOR	HI11PREV_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) BOX HI7A (02) HI11 - PUBCOVER
	BOX HI7A	routing	CREATE CURRENT ROUND PLRO FOR PUBLIC PLAN GO TO HI13 - COVTIME.				
PUBCOVER	HI11	yes/no	SHOW CARD HI6 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?	(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
PLAN_PUBLIC	HI12	roster	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) [Continuous answer.]	[you] respondent is SP [(SP)] respondent is proxy		HI12_IN - NAVIGATOR
NAVIGATOR	HI12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) HI13 - COVTIME (02) BOX HI12AA
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 were] 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) YES (02) 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) HI16 - COVNDMM (-8) HI16A - PUBRXCOV (-9) HI16A - PUBRXCOV
	BOX HI10	routing	IF THIS PUBLIC PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI16A - PUBRXCOV. ELSE GO TO HI15 - COVBEGMM.				
COVBEGMM	HI15	date	On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start [between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[your] 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	[your] 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	[your] 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	[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	YY	HI16A - PUBRXCov
PUBRXCov	HI16A	yes/no	(Does/Did) [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Does] SP alive [Did] SP deceased [your] respondent is SP [(SP's)] respondent is proxy		BOX HI12
	BOX HI12	routing	IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERIGN 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.				
	BOX HI12AA	routing	IF (SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT 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.				

PDP SAME	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	[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
PDPYSTOP	HI16AC	code 1	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 (91) OTHER (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy	(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
PDPYSTOS	HI16AC	verbatim text	OTHER (SPECIFY)			HI16AD - PDPOTHER
PDPOTHER	HI16AD	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 (MEDICARE PRESCRIPTION DRUG PLAN CURRENT LAST ROUND)? [PROBE IF NECESSARY: Do you have a health plan card or something with the plan name on it?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP not deceased or institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)], respondent is proxy, SP institutionalized [have you] 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
PDP COVER	HI16B	yes/no	(Medicare beneficiaries can receive insurance coverage for prescription drugs through Medicare Prescription Drug plans. These plans are also called "Medicare Part D" plans.) At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan that [covers/covered] medicines prescribed by a doctor or other health professional? [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 [covers] SP alive [covered] SP deceased	(01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A
PDP COVER	HI16B1	yes/no	You mentioned that [you have/(SP) has/(SP) had] not been enrolled in a Medicare Prescription Drug plan associated with [your/his/her] Medicaid coverage. At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan in any way other than through Medicaid? [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	[you have] respondent is SP [(SP) has] respondent is proxy, SP alive [(SP) had] respondent is proxy, SP deceased [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [have you] respondent is SP [has (SP)] respondent is proxy, SP alive [had (SP)] respondent is proxy, SP deceased	(01) HI16C - PDPCURR (02) BOX HI12A (-8) BOX HI12A (-9) BOX HI12A
PDP CURR	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	[Are you] respondent is SP [Is (SP)] respondent is proxy, SP alive [Was (SP)] respondent is proxy, SP deceased or institutionalized [currently] SP is alive [on (DATE OF DEATH)] SP deceased [on (DATE OF INSTITUTIONALIZATION)] SP institutionalized	(01) HI16E - PLAN_MPDP (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. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]		[currently covers] SP 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		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	[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		(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. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]		[Besides (CURRENT PRESCRIPTION DRUG PLAN), what other] second or more time through the loop, SP enrolled in prescription drug plan [Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other] second or more time through loop, SP previously enrolled in prescription drug plan [What] first time through loop [your] respondent is SP [(SP's)] respondent is proxy		BOX HI12A
	BOX HI12A	routing	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				
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	[you were] respondent is SP [(SP) was] respondent is proxy		
NAVIGATOR	HI17PREV_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) BOX HI12B (02) HI17 - PRVCOVER
	BOX HI12B	routing	CREATE A CURRENT ROUND PLRO FOR PRIVATE PLAN GO TO HI21 - COVTIME.				
PRVCOVER	HI17	yes/no	You reported being covered by [READ PLAN NAME(S) AND PLAN TYPE(S) LISTED ABOVE]. (Now, I would like to ask about 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 plans? Private plans include supplemental or Medigap plans, 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) HI18A - EXCHGCOV (02) BOX HI13A (-8) BOX HI13A (-9) BOX HI13A

EXCHGCOV	HI18A	yes/no	<p>SHOW CARD MA PLANS</p> <p>As you may know, every state now offers a health insurance marketplace, also referred to as an exchange.</p> <p>The marketplace 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.</p> <p>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?</p> <p>[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.]</p>	(01) YES (02) NO (-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	HI20 - PLAN_PRIVATE
	BOX HI13A	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI19 - GAPCOVER. ELSE GO TO HI35 - PRVOCOV.				
GAPCOVER	HI19	yes/no	<p>Some people who are eligible for Medicare have additional coverage through a private insurance carrier 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.</p> <p>At any time since (REFERENCE DATE) did [you/(SP)] have this type of health insurance coverage?</p> <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	[you] respondent is SP [(SP)] respondent is proxy	(01) HI20 - PLAN_PRIVATE (02) HI35 - PRVOCOV (-8) HI35 - PRVOCOV (-9) HI35 - PRVOCOV	
PLAN_PRIVATE	HI20	roster	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.		[other] SP already covered by private plan [provide] SP alive [provided] SP deceased [your] respondent is SP [(SP's)] respondent is proxy	HI20_IN - NAVIGATOR	
NAVIGATOR	HI20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED		(01) HI21 - COVTIME (02) HI35 - PRVOCOV	
COVTIME	HI21	code 1	[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?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused	[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	(01) BOX HI17 (02) HI22 - COVNOW (-8) HI22 - COVNOW (-9) HI22 - COVNOW	
COVNOW	HI22	yes/no	[[Are you/Is (SP)] now covered by (PRIVATE PLAN NAME)?] [Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[[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	(01) BOX HI16 (02) HI24 - COVENDMM (-8) BOX HI17 (-9) BOX HI17	
	BOX HI16	routing	IF THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO BOX HI17. ELSE GO TO HI23 - COVBEGMM.				

COVBEGMM	HI23	date	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) [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	MM	HI23 - COVBEGDD
COVBEGDD	HI23	date	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) [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	DD	HI23 - COVBEGYY
COVBEGYY	HI23	date	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) [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	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 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 - PVRXCOV.				
PPRVHMO	HI25	yes/no	CODE WITHOUT ASKING IF VOLUNTEERED. [Is/Was] this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]	(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	Who [is/was] listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? SELECT OR ADD ONLY ONE PERSON.		[is] plan still current [was] plan no longer current		HI27 - PPRVGET

PPRVGET	HI27	code 1	For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly, or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?	(01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused	[your] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP [your] respondent is SP, SP is MIP [(MIP)] respondent is SP or proxy, SP is not MIP		(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
PPRVGTOS	HI27	verbatim text	OTHER (SPECIFY)				HI29 - PRVNMCOV
PRVNMCOV	HI29	numeric	How many family members, including [yourself/(SP)], [are/were] covered by [your/(MIP's)] (PRIVATE PLAN NAME)? [INCLUDE ALL FAMILY MEMBERS COVERED BY THE PLAN REGARDLESS OF WHETHER OR NOT THEY LIVE WITH THE RESPONDENT. MAKE SURE THE RESPONDENT INCLUDES HIM/HERSELF IN THE COUNT.]	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	[yourself] respondent is SP [(SP)] respondent is proxy [are] SP alive [were] SP deceased [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP is not MIP		HI30 - PRVRXCOV
PRVRXCOV	HI30	yes/no	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PLAN NAME) coverage [includes/included]. [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally [have/has/had], not what the plan offers everyone.] [Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) plan cover prescribed medicines? [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	[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		BOX HI17AB
	BOX HI17AB	routing	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.				
PRVMSCOV	HI31A	list	[Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) cover... doctor visits to a doctor or other health professional 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	[Does] SP alive [Did] SP deceased [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP not MIP [you] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy, SP alive [had] respondent is proxy, SP deceased		HI31A - PRVIPCOV
PRVIPCOV	HI31A	list	[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	[Does] SP alive [Did] SP deceased [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP not MIP [you] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy, SP alive [had] respondent is proxy, SP deceased		HI31A - PRVNHCOV
PRVNHCOV	HI31A	list	[Does/Did] [your/(MIP's)] (PRIVATE PLAN NAME) cover... 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	[Does] SP alive [Did] SP deceased [your] respondent is SP, SP is MIP [(MIP's)] respondent is SP or proxy, SP not MIP [you] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy, SP alive [had] respondent is proxy, SP deceased		HI31A - MHMODENT

MHMODENT	HI31A	list	[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	[Does] SP alive [Did] SP deceased [your] respondent is SP, SP is MIP [[MIP's]] respondent is SP or proxy, SP not MIP [you] respondent is SP [(SP)] respondent is proxy [have] respondent is SP [has] respondent is proxy, SP alive [had] respondent is proxy, SP deceased		HI32 - MIPPINS
MIPPINS	HI32	yes/no	[Do/Does/Did] [you/(MIP)] pay any or all of the premium or cost for the (PRIVATE PLAN NAME) coverage? [Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may [have/have had] to pay.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Do] respondent is SP, SP is MIP; or respondent is proxy, proxy is MIP [Does] respondent is SP, SP is not MIP; or respondent is proxy, SP is MIP [Did] respondent is proxy, SP deceased; or plan is no longer current [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 [your] respondent is SP [(SP's)] respondent is proxy [have] SP alive [have had] SP deceased		(01) HI33 - MIPPAMT (02) HI33A - MHMOCOST (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST
MIPPAMT	HI33	quantity unit hybrid	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	[Do] respondent is SP, SP is MIP; or respondent is proxy, proxy is MIP [Does] respondent is SP, SP is not MIP; or respondent is proxy, SP is MIP [Did] respondent is proxy, SP deceased; or plan is no longer current [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		(01) HI33 - MIPPUNIT (-8) HI33A - MHMOCOST (-9) HI33A - MHMOCOST
MIPPUNIT	HI33	quantity unit hybrid	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) 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 (-8) Don't Know (-9) Refused	[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		(01) HI33A - MHMOCOST (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
MIPPUNOS	HI33	verbatim text	OTHER (SPECIFY)				HI33A - MHMOCOST
MHMOCOST	HI33A	yes/no	[Does/Did] anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	(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		(01) HI33B - MHMOWHO (02) BOX HI17B (-8) BOX HI17B (-9) BOX HI17B
MHMOWHO	HI33B	code 1	Who else [pays/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 (91) OTHER (-8) Don't Know (-9) Refused	[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
MHMOWHOS	HI33B	verbatim text	OTHER (SPECIFY)				BOX HI17B
	BOX HI17B	routing	IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HI33C - MHMOPOS. ELSE GO TO BOX HI19.				

MHMOPOS	HI33C	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. [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.]	(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
	BOX HI19	routing	IF ADMINISTERING ST, GO TO BOX ST69A. ELSE IF ADMINISTERING NS, GO TO BOX NS69A. ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A. ELSE IF 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.				
PRVOCOV	HI35	yes/no	We've talked about [READ PLAN(S) LISTED ABOVE]. [Do you/Does (SP)/Did (SP)] have medical coverage under any (other) private insurance plans we haven't talked about?	(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) HI20 - PLAN_PRIVATE (02) BOX HI19B (-8) BOX HI19B (-9) BOX HI19B
	BOX HI19B	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI34 - OTHNHCOV. ELSE GO TO BOX HI21A.				
OTHNHCOV	HI34	yes/no	[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?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Other than the plans you have already told me about, [do 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
	BOX HI21A	routing	GO TO NEXT SECTION IF SAMPLE TYPE IS SUPPLEMENTAL (C003) NEXT SECTION IS MBQ. ELSE IF SAMPLE TYPE IS CONTINUING, NEXT SECTION IS DUQ.				

Beneficiary Knowledge and Information Needs (KNQ): Updated medical provider terminology highlighted in green

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Text Fill Logic	Input mask	Routing
KNINTR	KNINTRO	no entry	Now I have some questions that ask how you get information about the Medicare program [for (SP)]. Your answers will help Medicare provide the information that people need. Keep in mind that, generally, there are no right or wrong answers to these questions. Your opinions and experiences are important to us.	(01) CONTINUE (-7) Empty	[for(SP)] respondent is proxy		KN1 - KNOWMC
KNOWMC	KN1	code 1	SHOW CARD KN1 Overall, how easy or difficult do you think the Medicare program is to understand? [PROBE IF NECESSARY: Would you say it is very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?]	(01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused			KN2 - KCARKNOW
KCARKNOW	KN2	code 1	SHOW CARD KN2 How much do you think you know about the Medicare program? Do you know just about everything you need to know, most of what you need to know, some of what you need to know, a little of what you need to know or almost none of what you need to know about the Medicare program?	(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 (05) ALMOST NONE OF WHAT YOU NEED TO KNOW (-8) Don't Know (-9) Refused			BOX KN1 -KN25B1 - KNINFMCR.
KNINFMCR	KN25B1	yes/no	In the past year, have you tried to find any information [for (SP)] about Medicare?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[for(SP)] respondent is proxy		KN25C - KNINTMCR
KNINTMCR	KN25C	code 1	SHOW CARD KN7 How interested are you in getting (more) information [for (SP)] about Medicare?	(01) VERY INTERESTED (02) SOMEWHAT INTERESTED (03) NOT VERY INTERESTED (04) NOT AT ALL INTERESTED (-8) Don't Know (-9) Refused	[for(SP)] respondent is proxy		KN26 - KNFOSATI-KN25D-KNCOVOPT
KNCOVOPT	KN25D	code 1	How easy or difficult would you say it is for [you/(SP)] to review and compare [your/his/her] Medicare coverage options? Would you say it is ...	(01) Very easy (02) Somewhat easy (03) Somewhat difficult (04) Very difficult (05) DOES NOT MAKE DECISIONS ON HEALTH INSURANCE (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP is male [her] respondent is proxy, SP is female		KN25E-KNCOVREV
KNCOVREV	KN25E	code 1	SHOW CARD KNX How often [do you/does (SP)] review or compare [your/his/her] Medicare coverage options? Would that be at least once every year, once every few years, rarely, or never?	(01) AT LEAST ONCE EVERY YEAR (02) ONCE EVERY FEW YEARS (03) RARELY (04) NEVER (05) ONLY ONCE WHEN FIRST SIGNED UP FOR DRUG PLAN (06) ONLY ONCE WHEN FIRST SIGNED UP FOR MEDICARE (07) JUST SIGNED UP FOR MEDICARE (-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 is male [her] respondent is proxy, SP is female		KN35F-KNCOVINP
KNCOVINP	KN25F	code 1	SHOW CARD KNX To what extent do you agree or disagree with the following statement: [I have/(SP) has] the information [I need/he needs/she needs] to make an informed comparison among different health insurance choices. Would you say you ...	(01) Completely agree (02) Somewhat agree (03) Somewhat disagree (04) Completely disagree (05) DOES NOT MAKE DECISIONS ON HEALTH INSURANCE (-8) Don't Know (-9) Refused	[I have] respondent is SP [(SP) has] respondent is proxy [I need] respondent is SP [he needs] respondent is proxy, SP is male [she needs] respondent is proxy, SP is female		KN26 - KNFOSATI
KNFOSATI	KN26	code 1	SHOW CARD KN4 How satisfied are you in general with the availability of information about the Medicare program when you need it [for (SP)]?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	[for(SP)] respondent is proxy		KN27INT - KN27IN
KN27IN	KN27INT	no entry	Now I would like to ask you about publications that are available to you [and (SP)] about the Medicare program.	(01) CONTINUE (-7) Empty	[and (SP)] respondent is proxy		KN27 - KBOKRECD
KBOKRECD	KN27	yes/no	SHOW CARD KN5 Did [you/(SP)] receive in the mail or view on the Medicare website a book called "Medicare and You 2015[CURRENT YEAR]" This book gives an overview of the Medicare program and is sent to Medicare beneficiaries every fall. The cover looks like this.	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(01) KN28 - KBOKREAD (02) BOX KN1A (-8) BOX KN1A (-9) BOX KN1A
KBOKREAD	KN28	code 1	Would you say you have read this book thoroughly, that you have read parts of it, or that you haven't read it at all?	(01) READ IT THOROUGHLY (02) READ PARTS OF IT (03) HAVEN'T READ IT AT ALL (-8) Don't Know (-9) Refused			(01) KN29 - KBOKUNDR (02) KN29 - KBOKUNDR (03) BOX KN1A (-8) BOX KN1A (-9) BOX KN1A

KBOKUNDR	KN29	code 1	SHOW CARD KN1 How easy or difficult did you find (the parts you read/this book) to understand? [PROBE IF NECESSARY: Would you say (they were/it was) very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?]	(01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused	[the parts you read] respondent only read parts of book [this book] respondent read entire book [they were] respondent only read parts of book [it was] respondent read entire book		BOX KN1A - KN50 - KNHAVCOM
KNHAVCOM	KN50	yes/no	Next, I'd like to ask about [your/(SP's)] use of computers. [Do you/Does (SP)] have a personal computer in (your/his/her) home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy [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		KN51INT - KN51IN
KN51IN	KN51INT	no entry	Some people use the Internet to get different kinds of information. The next questions ask about the Internet. [EXPLAIN IF NECESSARY: The Internet includes web sites, e-mail, newsgroups, and other forums.]	(01) CONTINUE (-7) Empty			KN51A - KNETPERS
KNETPERS	KN51A	code 1	[Do you/Does (SP)] personally ever use the Internet to get information of any kind?	(01) YES (02) NO (03) NEVER HEARD OF THE INTERNET (-8) Don't Know (-9) Refused	[Do you] respondent is SP [Does (SP)] respondent is proxy		(01) KN51C - KNETOFTN (02) KN51B - KNETFRND (03) BOX KN8 (-8) BOX KN8 (-9) BOX KN8
KNETFRND	KN51B	yes/no	[Do you/Does(SP)] have someone else, such as a friend, relative, or anyone else, get information for (you/him/her) on the Internet?	(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		(01) KN51C - KNETOFTN (02) BOX KN8 (-8) BOX KN8 (-9) BOX KN8
KNETOFTN	KN51C	code 1	How often [do you/does (SP)] access the Internet to seek information, either on (your/his/her) own or with someone else's help? Please do not include any time spent reading or sending e-mail.	(01) EVERY DAY (02) A FEW TIMES A WEEK (03) A FEW TIMES PER MONTH (04) A FEW TIMES PER YEAR OR LESS (-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 KN7
	BOX KN7	routing	IF SP DID NOT REPORT VISITING OR ACCESSING THE OFFICAL WEBSITE FOR MEDICARE INFORMATION IN ANY PREVIOUS ROUND (SAMPLE_PERSON.P_KVISITWEB ^=1) GO TO KN53 - KVISITWEB. ELSE GO TO BOX KN7A.				
KVISITWEB	KN53	yes/no	(Has anyone/[Have you/Has (SP)]) ever visited or ever accessed the official website for Medicare information - www.medicare.gov (- for [you/(SP)])?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Has anyone] respondent is SP or proxy, used if (for [you/SP]) used If KN51B - KNETFRND = 1/YES, display "Has anyone". Else display {Have you/Has (SP)} where [Have you] respondent is SP [Has (SP)] respondent is proxy [for you] respondent is SP, used if [Has anyone] used [for (SP)] respondent is proxy, used if [Has anyone] used If KN51B - KNETFRND = 1/YES, display " - for [you/SP]", else do not display.		BOX KN7A - KN53D - KNDOCREC
KNDOCREC	KN53D	yes/no	Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When [you/(SP)] (visit/visits) (your/his/her) usual doctor, does the doctor generally enter [your/(SP's)] health information into a computer while (you are/he is/she is) present? [EXPLAIN IF NECESSARY: "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [visit] respondent is SP [visits] respondent is proxy [your] respondent is SP [his] respondent is proxy, SP male [her] respondent is proxy, SP female [your] respondent is SP [(SP's)] respondent is proxy [you are] respondent is SP [he is] respondent is proxy, SP male [she is] respondent is proxy, SP female		BOX KN8
	BOX KN8	routing	IF PROXY IS RESPONDENT, GO TO BOX KN9. ELSE GO TO KN54 - KCHIHELP.				
KCHIHELP	KN54	code 1	Most of the time, do you make decisions about Medicare health insurance on your own, do you get help from someone in making these decisions, or do you rely on someone else to make decisions about health insurance for you?	(01) MAKES DECISIONS ON OWN (02) GETS HELP ON DECISIONS (03) SOMEONE ELSE MAKES DECISIONS (-8) Don't Know (-9) Refused			BOX KN9
	BOX KN9	routing	IF IT IS UNKNOWN WHETHER OR NOT THIS SP IS AWARE OF THE 1-800 MEDICARE LINE (SAMPLE_PERSON.P_KREELINE = .), GO TO KN56 - KREELINE. ELSE GO TO BOX KN10.				

KREELINE	KN56	yes/no	Before today, were you aware of the 1-800-MEDICARE toll-free line?	(01) YES (02) NO (-8) Don't Know (-9) Refused			(01) KN57 - KCPHINFO (02) KN58 - KCSUGGST (-8) KN58 - KCSUGGST (-9) KN58 - KCSUGGST
	BOX KN10	routing	IF SP DID NOT REPORT CALLING 1-800-MEDICARE TO GET INFORMATION ABOUT MEDICARE IN ANY PREVIOUS ROUND (SAMPLE_PERSON.P_KREELINE ^= 1) GO TO KN57 - KCPHINFO. ELSE GO TO KN58 - KCSUGGST.				
KCPHINFO	KN57	yes/no	Have you ever called 1-800-MEDICARE to get information about Medicare?	(01) YES (02) NO (-8) Don't Know (-9) Refused			KN58 - KCSUGGST
KCSUGGST	KN58	verbatim text	As you know, this survey is sponsored by the Centers for Medicare and Medicaid Services, which is the government agency that runs Medicare. What are your suggestions or concerns about Medicare? RECORD VERBATIM.	(01) R DOES NOT HAVE SUGGESTIONS OR CONCERNS (02) RECORD ALL OTHER RESPONSES VERBATIM (-8) Don't Know (-9) Refused			(01) BOX KNEND KNEND — KNENDSCR (02) KN58 - KCSUGGVB (-8) BOX KNEND KNEND — KNENDSCR (-9) BOX KNEND KNEND — KNENDSCR
	BOX KNEND	routing	GO TO NEXT SECTION				

Prescription Medicine (PMQ): Updated medical provider terminology highlighted in green

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/UTILDATE).] [While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]] [Now I'd like to talk about prescribed medicines.]		If UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill [UTILDATE]. Else fill [REFERENCE DATE]. [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/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] [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) DONT KNOW (-9) REFUSED	If only one PM reported during current round utilization, fill "[Besides that medicine,]" Else if more than one PM reported during the current round utilization fill, "[Besides those medicines,]" Else fill nothing. If SP is deceased, fill "[Between/between) (REFERENCE DATE) and (DATE OF DEATH)]", Else if SP is institutionalized "[Between/between) (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]", Else if ENDUTILD<today then fill "[Between/between) (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "(Since/since) (UTILDATE)" Else fill "(Since/since) (SURVEY REFERENCE DATE/REFERENCE DATE)". Logic to determine (Between/between) in above fills: If first loop, then fill "(between)". Else fill "(Between)". Logic to determine (Since/since) in above fills: If first loop, then fill "(since)". Else fill "(Since)". [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 [other] one or more PM's reported during the current round utilization [] no PM's reported during the current round utilization		(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. [AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE="PM" AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PMSTRUNI)	(01) CONTINUOUS ANSWER [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]			PM3 - PMREFILL PM2-PMEDNAME
PMEDNAME	PM2	verbatim	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.				PM2-PMSTRUNI
PMSTRUNI	PM2	verbatim	[PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN] STRENGTH:				PM2B-ADDP
ADDP	PM2B	roster	[DISPLAY MEDICINE ROSTER]	(01) ADD ANOTHER (02) ALL DONE			(01)PM2- PMEDNAME (02) 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/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [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) DONT 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 If SP is deceased, fill "[between (REFERENCE DATE) and (DATE OF DEATH)]", Else if SP is institutionalized, fill "[between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]", Else if ENDUTILD<today then fill "[between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)".		(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	[AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me all the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE="PM" AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	(01) CONTINUOUS ANSWER [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]		PM5 - PMDRPHON
PMEDNAME	PM4	verbatim	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.			PM4-PMSTRUNI
PMSTRUNI	PM4	verbatim	[PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN] STRENGTH:			PM4B-ADDP
ADDP	PM4B	roster	[DISPLAY MEDICINE ROSTER]	(01) ADD ANOTHER (02) ALL DONE		(01)PM4- PMEDNAME (02) PM5- PMDRPHON
PMDRPHON	PM5	yes/no	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 or other health professional in a telephone call to a drugstore or pharmacy (since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [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.]	(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 If SP is deceased, fill "[between (REFERENCE DATE) and (DATE OF DEATH)]", Else if SP is institutionalized, fill "[between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]", Else if ENDUTILD<today then fill "[between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)".	(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	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 [] 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 [your] respondent is SP [(SP)'s] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy	PM6 - MEDICINE_PM3
MEDICINE_PM3	PM6	roster	[AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] 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. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE="PM" AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	(01) CONTINUOUS ANSWER [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]		BOX PM1
PMEDNAME	PM6	verbatim	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.			PM6-PMSTRUNI
PMSTRUNI	PM6	verbatim	[PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN] STRENGTH:			PM6B-ADDP
ADDP	PM6AA	roster	[DISPLAY MEDICINE ROSTER]	(01) ADD ANOTHER (02) ALL DONE		(01)PM6- PMEDNAME (02) 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.			

RXNOFILL	PM6AB	list	SHOW CARD PM1 Please think about the medicines you have obtained [since (REFERENCE DATE)/UTILDATE]/between (REFERENCE DATE) and (ENDUTILD), including [READ MEDICINE NAME(S) BELOW.] [Since (REFERENCE DATE)/UTILDATE]/Between (REFERENCE DATE) and ENDUTILD, how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never... decide not to fill or refill a prescription because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DONT KNOW (-9) REFUSED	If SP is deceased, fill "[Between (REFERENCE DATE) and (DATE OF DEATH)]". Else if SP is institutionalized, fill "[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]". Else if ENDUTILD<today then fill "[Between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)". If SP is deceased, fill "[Between (REFERENCE DATE) and (DATE OF DEATH)]". Else if SP is institutionalized, fill "[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]". Else if ENDUTILD<today then fill "[Between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)". [you] respondent is SP [(SP)] respondent is proxy	PM6AB - RXDELAY
RXDELAY	PM6AB	list	[[Since (REFERENCE DATE)/UTILDATE]/Between (REFERENCE DATE) and ENDUTILD, how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never...] delay getting a prescription filled or refilled because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DONT KNOW (-9) REFUSED	If SP is deceased, fill "[Between (REFERENCE DATE) and (DATE OF DEATH)]". Else if SP is institutionalized, fill "[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]". Else if ENDUTILD<today then fill "[Between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)". [you] respondent is SP [(SP)] respondent is proxy	PM6AB - RXSKIP
RXSKIP	PM6AB	list	[[Since (REFERENCE DATE)/UTILDATE]/Between (REFERENCE DATE) and ENDUTILD, how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never...] skip doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DONT KNOW (-9) REFUSED	If SP is deceased, fill "[Between (REFERENCE DATE) and (DATE OF DEATH)]". Else if SP is institutionalized, fill "[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]". Else if ENDUTILD<today then fill "[Between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)". [you] respondent is SP [(SP)] respondent is proxy	PM6AB - RXDOSE
RXDOSE	PM6AB	list	[[Since (REFERENCE DATE)/UTILDATE]/Between (REFERENCE DATE) and ENDUTILD, how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never...] take smaller doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DONT KNOW (-9) REFUSED	If SP is deceased, fill "[Between (REFERENCE DATE) and (DATE OF DEATH)]". Else if SP is institutionalized, fill "[Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)]". Else if ENDUTILD<today then fill "[Between (REFERENCE DATE) and (ENDUTILD)]" Else if UTILDATE^=MREFDATE and OPTION64_FLAG^=1, fill "since (UTILDATE)" Else fill "since (REFERENCE DATE)". [you] respondent is SP [(SP)] respondent is proxy	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) DONT 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	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) DONT 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 1 [your] respondent is SP [(SP's)] respondent is proxy	PMINTROB - PMINTB
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).		[Now] SP was not covered by a Medicare managed care plan or a private managed care plan anytime during the current round [] SP was covered by a Medicare managed care plan or a private managed care plan anytime during the current round [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	
	BOX PM1B		GO TO PM8 - PMBOTTLE.			
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) DONT 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/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) DONT 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) DONT 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) 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)	(01) CONTINUOUS ANSWER		PM10 - STRNUNIT
SAMESTRN	PM9A	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the strength of [each pill/each suppository/each patch/the (MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) Is this medicine in the same strength?	(01) YES (02) NO (-8) DONT 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 (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	[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		ENTER THE NAME OF THE 2ND MEDICINE IN THE COMPOUND IN THE BOX BELOW	(01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) EMPTY		BOX PM1B-3
	BOX PM1B-3	routing	IF PM10 - STRNUNIT96 = 1/Compound, GO TO PM10B - STRNUNI2. ELSE GO TO BOX PM1B-4.			
STRNUNI2	PM10B	quantity unit	WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND?	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED DO NOT DISPLAY. (-8) Don't Know		(01) PM10B - STRNNUM2 (02) PM10B - STRNNUM2 (03) PM10B - STRNNUM2 (04) PM10B - STRNNUM2 (05) PM10B - STRNNUM2 (06) PM10B - STRNPER2 (07) PM10B - STRNNUM2 (08) PM10B - STRNNUM2 (91) PM10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PM1B-4
STRUNO2	PM10B	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER		PM10B - STRNNUM2
STRNNUM2	PM10B	numeric		(01) CONTINUOUS ANSWER		BOX PM1B-4
STRNPER2	PM10B	numeric	PERCENT?	(01) CONTINUOUS ANSWER		BOX PM1B-4
	BOX PM1B-4	routing	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.			
TABNUM	PM11	numeric	HOW MANY [PILLS/SUPPOSITORIES/PATCHES] WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) CONTINUOUS ANSWER (-8) DONT 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) DONT 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/Don'tTakeEveryDay, 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) DONT KNOW		(01) PM14 - TAKENUM (02) PM14 - TAKENUM (03) BOX PM2 (04) BOX PM2 (05) BOX PM2 (-8) 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) DONT 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) DONT KNOW		(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
AMTUNOS	PM16	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER		PM16 - AMTNUM
AMTNUM	PM16	numeric		(01) CONTINUOUS ANSWER		BOX PM2
	BOX PM2	routing	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) DONT 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) DONT 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) DONT 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 THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTLDATE) 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. If UTLDATE^=MREFDATE and OPTION64_FLAG^=1, fill "(UTLDATE)" Else fill "(REFERENCE DATE)".	(01) PM6 - MEDICINE_PM3 (02) BOX PMEND
	BOX PMEND	routing	GO TO NEXT SECTION			