End (END)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
SUMINTRO	SUM1	code one	ARE THERE ANY MEDICAL EVENTS, HEALTH INSURANCE PLANS, OR PRESCRIPTION MEDICINES THAT NEED TO BE ADDED OR DELETED FOR THE CURRENT ROUND? PROBE FOR DETAILS IF NECESSARY.	(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED
SUMEDITTYPE	SUM2	code one	DOES AN ITEM NEED TO BE ADDED OR DELETED?	(1) ADD AN ITEM (2) DELETE AN ITEM
SUMITEMTYPE	SUM3	code one	WHAT TYPE OF ITEM NEEDS TO BE [ADDED/DELETED]?	(1) A MEDICAL EVENT (2) A PRECRIPTION DRUG (3) A HEALTH INSURANCE
SUMMETYPE	SUM4	code one	WHAT TYPE OF MEDICAL EVENT WAS IT?	(1) DENTAL EVENT (2) INPATIENT EVENT (3) OUTPATIENT EVENT (4) MEDICAL PROVIDER EVENT (5) OTHER MEDICAL EVENT (6) INSTITUTIONAL EVENT (7) HOME HEALTH EVENT (8) EMERGENCY ROOM EVENT
SUMDOCLIST	SUM5	code one	DOES THE DOCTOR OR HOSPITAL NAME ASSOCIATED WITH THIS EVENT APPEAR ON THE LIST BELOW? [DISPLAY LIST OF ALL HOSPITALS/DOCTORS FOR THIS SP]	(1) YES (2) NO
SUMDOCSELECT	SUM6	code one	SELECT THE DOCTOR OR HOSPITAL NAME ASSOCIATED WITH THIS EVENT FROM THE LIST BELOW.	SEE NOTES
SUMDOCNAME	SUM7	verbatim	TYPE THE NAME OF THE DOCTOR OR HOSPITAL.	(1) CONTINUOUS ANSWER
SUMRXLIST	SUM8	code one	DOES THE PRESCRIPTION MEDICINE APPEAR ON THE LIST BELOW? [DISPLAY LIST OF ALL PRESCRIPTION MEDICINE NAMES FOR THIS SP]	(1) YES (2) NO
SUMRXSELECT	SUM9	code one	SELECT THE PRESCRIPTION MEDICINE FROM THE LIST BELOW.	SEE NOTES
SUMRXNAME	SUM10	verbatim	TYPE THE NAME OF THE PRESCRIPTION MEDICINE.	(1) CONTINUOUS ANSWER
SUMRXFORM	SUM11	code one	IN WHAT FORM IS THE MEDICINE?	(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
SUMRXFORMOTH	SUM12	verbatim	OTHER (SPECIFY)	(1) CONTINUOUS ANSWER

End (END)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
SUMSTRUNIT	SUM13	code one	WHAT WAS THE UNIT OF THE STRENGTH OF THE MEDICINE?	(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
SUMSTRUNITOTH	SUM14	verbatim	OTHER (SPECIFY)	(1) CONTINUOUS ANSWER
SUMTABTAKE	SUM15	numeric	HOW MANY [PILLS/SUPPOSITORIES] ARE TO BE TAKEN IN A DAY?	(1) CONTINUOUS ANSWER
SUMHITYPE	SUM16	code one	WHAT TYPE OF HEALTH INSURANCE PLAN NEEDS TO BE [ADDED/DELETED]?	(1) MEDICARE (2) MEDICARE MANAGED CARE PLAN (3) MEDICAID (4) TRICARE (5) PRIVATE PLAN (6) PUBLIC PLAN (OTHER THAN MEDICAID) (7) MEDICARE PRESCRIPTION DRUG PLAN
SUMHINAME	SUM17	verbatim	WHAT IS THE NAME OF THE HEALTH INSURANCE PLAN?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMHIPLANSTART	SUM18	date	ON WHAT DATE DID COVERAGE BEGIN FOR THIS HEALTH INSURANCE PLAN?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMHIPLANCOVER	SUM19	code one	IS THE SP STILL COVERED BY THIS HEALTH INSURANCE PLAN AS OF THE DATE OF THIS INTERVIEW?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
SUMHIPLANEND	SUM20	date	ON WHAT DATE DID COVERAGE STOP?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMDATEMM	SUM21	date	WHAT WAS THE DATE [OF THE MEDICAL EVENT/THE PRESCRIPTION WAS FILLED]?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMDATEDD	SUM21	date	WHAT WAS THE DATE [OF THE MEDICAL EVENT/THE PRESCRIPTION WAS FILLED]?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMDATEYY	SUM21	date	WHAT WAS THE DATE [OF THE MEDICAL EVENT/THE PRESCRIPTION WAS FILLED]?	(1) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
SUMENDLOOP	SUM22	code one	ARE THERE ANY MORE MEDICAL EVENTS, HEALTH INSURANCE PLANS, OR PRESCRIPTION MEDICINES THAT NEED TO BE ADDED OR DELETED FOR THIS ROUND?	(1) YES (2) NO
INTLANG	END1	code 1	WAS THIS INTERVIEW CONDUCTED MOSTLY IN ENGLISH OR SPANISH?	(02) ENGLISH (03) SPANISH (91) OTHER

End (END)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
SAVECASE	END2	no entry	(Someone from the home office may be calling to verify that I was here to conduct this interview.) THIS CASE IS CODED (CASE RESULT CODE) (CASE DISPOSITION) (CASE EXPLAINATION). PRESS ENTER TO COMPLETE THE INTERVIEW.	(01) CONTINUE (-7) Empty
	BOX END	routing	CASE IS COMPLETE. RETURN TO IMS	