Variable Name	MR Screen Name	Question type	Question text/description	Code list
OMPREYEG	OM1	yes/no	Next I'm going to ask you about other medical expenses that [you/(SP)] may have had [between (REFERENCE	(01) YES
			DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF	(02) NO
			INSTITUTIONALIZATION/ENDUTILD)].	(03) INDICAT
				(-8) Don't Kn
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(-9) Refused
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy,	
			replace, or pay for repairs of eyeglasses or contact lenses?	
			[INCLUDE NON-PRESCRIPTION READING GLASSES.]	
EVENT_OMEYEG	OM2	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuo
			When did [you/(SP)] buy or repair glasses or contact lenses?	(-8) Don't Kn
				(-9) Refused
			Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	
			(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	MM:
			INSTITUTIONALIZATION/ENDUTILD)].	DD:
				YYYY:
			[INCLUDE NON-PRESCRIPTION READING GLASSES.]	
OMADD	OM2AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(02) ALL DON
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1AA	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM2_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1AA2.	
NAVIGATOR	OM2_IN	instance navigator		(01) ITEM SE
				(02) CONTIN
OMSATHMO	OM2A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the glasses or contact lenses at [READ MANAGED CARE PLAN	(01) YES
			NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(02) NO
			BELOW]?	(-8) Don't Kn
				(-9) Refused
			[PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician,	
			optometrist or other place that honors [your/(SP's)] plan card; or through a place or service that the plan	
			referred [you/(SP)] to.]	
		routing	[INCLUDE NON-PRESCRIPTION READING GLASSES.]	
	BOX OM1AA1 BOX OM1AA2	routing routing	GO TO OM2_IN - NAVIGATOR. IF ADMINISTERING ST, GO TO BOX ST36.	
	BOX OWITAAZ		ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO OM3 - OMPRHEAR.	
OMPRHEAR	OM3	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(01) YES
		yes/110	REFERENCE DATE/SORVET REFERENCE DATE/OTILDATE/JERWeen (REFERENCE DATE/SORVET) REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy,	(01) 123 (02) NO
			replace, or pay for repairs of a hearing aid, amplifier for a telephone, or similar device to help [you/(SP)] hear	(02) NO (03) INDICAT
			or speak?	(-8) Don't Kn
				(-9) Refused
			[INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE. DO NOT	(-5) Neiuseu
			INCLUDE A WARRANTY FOR A HEARING AID AS AN OM EVENT.]	
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Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENT_OMHEAR	OM4	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous ar
			When did [you/(SP)] buy or repair a hearing or speech device?	(-8) Don't Know
				(-9) Refused
			Please tell me the dates of each purchase or repair [since (REFERENCE DATE/SURVEY REFERENCE	
			DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	MM:
			INSTITUTIONALIZATION/ENDUTILD)].	DD:
				YYYY:
OMADD	OM4AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHE
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1BB	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM4_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1BB2.	
NAVIGATOR	OM4_IN	instance navigator		(01) ITEM SELECTE
				(02) CONTINUE IN
OMSATHMO	OM4A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN	(01) YES
		-	NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(02) NO
			BELOW]?	(-8) Don't Know
				(-9) Refused
			[PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an	
			audiologist, speech pathologist, or other provider that honors [your/(SP's)] plan card; or through a place or	
			service that the plan referred [you/(SP)] to.]	
	BOX OM1BB1	routing	GO TO OM4_IN - NAVIGATOR.	
	BOX OM1BB2	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
		5	ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO BOX OMA1.	
	BOX OMA1	routing	IF SP WAS STILL RENTING AT LEAST ONE ORTHOPEDIC ITEM AT THE TIME OF THE PREVIOUS ROUND	
			INTERVIEW, GO TO OMS5INTR - ORTHINTRO.	
			ELSE GO TO OM5 - OMPRORTH.	
ORTHINTRO	OMS5INTR	no entry	The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE).	(01) continuous ar
		,		(-7) Empty
NAVIGATOR	OMS5_IN	instance navigator		(01) ITEM SELECTE
	_	Ŭ		(02) CONTINUE IN
RENTSTIL	OMS5	code one	At the time of the last interview, [you were/(SP) was] renting (ORTHOPEDIC ITEM). As of (today/DATE OF	(01) YES
			DEATH/DATE OF INSTITUTIONALIZATION), (was/were/is/are) the (ORTHOPEDIC ITEM) being rented?	(02) NO
				(03) EVENT ENTER
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-8) Don't Know
				(-9) Refused
OMPRORTH	OM5	yes/no	SHOW CARD OM1	(01) YES
		, , -	(Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE	(02) NO
			DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	(03) INDICATED YE
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, repair or rent (other) orthopedic	(-8) Don't Know
			items, such as any of those listed on this card?	(-9) Refused
			Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support	
			stockings, and braces or supports.]	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
ORTHTYPE	OM6	code one	What was the item?	(01) BRACES/SUPPORTS
				(02) CANE
				(03) CORRECTIVE SHOES/INSERTS
				(04) CRUTCHES
				(05) WALKER
				(06) WHEELCHAIR/CART
				(07) STOCKINGS
				(91) OTHER
EVOSTEXT	OM6	verbatim text	OTHER (SPECIFY)	(01) continuous answer
RENTPROB	OM6A	code one	Did [you/(SP)] buy or repair the (ORTHOPEDIC ITEM), or did [you/(SP)] rent (it/them)?	(01) BUY/REPAIR
REINTPROD	UNIDA	code one		(02) RENT
			[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE	(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED
			SAME ROUND, SELECT "RENT."]	EQUIPMENT
				(-8) Don't Know
				(-9) Refused
EVENT_OMORTH	OM7	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
			When did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM)? Please tell me all the dates [since (REFERENCE	(-8) Don't Know
			DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(-9) Refused
				MM:
				DD:
				YYYY:
OMADD	OM7AAA		HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1CC	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		0	DURING THE CURRENT ROUND, GO TO OM7_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1EE1.	
NAVIGATOR	OM7_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
				(02) CONTINUE INTERVIEW SELECTED
омзатнмо	OM7AA	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN	(01) YES
		,,	NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(02) NO
			BELOW]?	(-8) Don't Know
				(-9) Refused
			[PROBE: This could include buying or repairing the (ORTHOPEDIC ITEM) at a plan center; at a place or store	
			that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
	BOX OM2A	routing	GO TO OM7 IN - NAVIGATOR.	
EVENT_OMORTHR		yes/no	ENTER ONLY ONE DATE AT THIS ROSTER.	(01) continuous answer
ENT		,	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(-8) Don't Know
			(REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF	(-9) Refused
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (ORTHOPEDIC ITEM).	
				MM:
				DD:
				YYYY:
RENTSTIL	OM7B	yes/no	[Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEDIC ITEM)?	(01) YES
		yes/10		
				(02) NO
				(-8) Don't Know
				(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENDMM	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuc
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
EVENDDD	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuc
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
				DD:
EVENDYY	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuo
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
				YYYY:
	BOX OM3A	routing	IF SP IS NOT DECEASED, GO TO OM7CC - RENT2BUY.	
RENT2BUY	OM7CC	codo opo	ELSE GO TO BOX OM1EE.	(01) NO LON
REINTZBUT	UMITCC	code one	You said [you/(SP)] stopped renting the (ORTHOPEDIC ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	
			(nave/nas) that item of because (you/ne/sne) (nave/nas) purchased it through a rent-to-buy option?	(02) PURCHA (03) OTHER
				(-8) Don't Kn
				(-9) Refused
REN2BVB	ОМ7ССУВ	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEDIC ITEM).	(01) continuo
	ONTREEVE	Verbatim text	RECORD VERBATIM.	
OMADD	OM7CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(02) ALL DON
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	,
	BOX OM1EE	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM7D - OMSATHMO.	
			ELSE GO TO BOX OM1EE1.	
OMSATHMO	OM7D	yes/no	Did [you/(SP)] rent the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a	(01) YES
			service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
				(-8) Don't Kn
			[PROBE: This could include renting the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors	(-9) Refused
			[your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP]] to.]	
	BOX OM1EE1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO BOX OM4.	
	BOX OM4	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS5_IN - NAVIGATOR.	
	0.10		ELSE GO TO OM8 - MOREORTH.	
MOREORTH	OM8	yes/no	In addition to the orthopedic item(s) you just told me about, did [you/(SP)] buy, repair, or rent any other	(01) YES
			orthopedic items [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(02) NO
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].?	(-8) Don't Kn
	OM9	vos/no	SHOW CARD ON2	(-9) Refused
OMPRDIAB		yes/no	SHOW CARD OM2	(01) YES
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy	(02) NO (03) INDICAT
			diabetic equipment or supplies, such as those listed on this card?	(-8) Don't Kn (-9) Refused
			[Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]	(-5) Neiuseu
			[Provence equipment of supplies mendee symiges, test paper, test strips, and blood monitoring Rits.]	
			[DO NOT INCLUDE INSULIN.]	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENT_OMDIAB	OM10	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuo
_			When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE	(-8) Don't Kn
			DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and	(-9) Refused
			(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	( 0)
				MM:
				DD:
				YYYY:
OMADD	OM10AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(01) ADD AN
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1FF	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		louting	DURING THE CURRENT ROUND, GO TO OM10_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1FF2.	
NAVIGATOR	OM10 IN	instance navigator		(01) ITEM SE
NAVIGATOR		instance navigator		. ,
OMSATHMO	OM10A	vos/no	On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN	(02) CONTIN (01) YES
		yes/no		(01) YES (02) NO
			NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	. ,
			BELOW]?	(-8) Don't Kn
				(-9) Refused
			[PROBE: This could include buying the diabetic equipment or supplies at a plan center; at a place or store that	Γ.
			honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
	BOX OM1FF1	routing	GO TO OM10_IN - NAVIGATOR.	
	BOX OM1FF2	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
		,	ELSE GO TO OM11 - OMPRAMBL.	(0.1) 1/50
OMPRAMBL	OM11	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(01) YES
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] use any	
			ambulance or rescue squad service?	(03) INDICAT
				(-8) Don't Kn
				(-9) Refused
EVENT_OMAMBL	OM12	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuo
			When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY	(-8) Don't Kn
			REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	(-9) Refused
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	
OMADD	OM12AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(02) ALL DOM
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1GG	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM12_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1GG2.	
NAVIGATOR	OM12_IN	instance navigator		(01) ITEM SE
				(02) CONTIN
OMSATHMO	OM12A	yes/no	Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S)	(01) YES
			BELOW]?	(02) NO
				(-8) Don't Kn
			[PROBE: This could mean that the ambulance was sent by the plan, or that [you/(SP)] or someone for	(-9) Refused
			[you/(SP)] contacted the plan for them to authorize or approve the use of the ambulance. This approval	
			could have come after the use of the ambulance.]	
	BOX OM1GG1	routing	GO TO OM12_IN - NAVIGATOR.	
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Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX OM1GG2	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
		-	ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO OM13 - OMPRPROS.	
OMPRPROS	OM13	yes/no	SHOW CARD OM3	(01) YES
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(02) NO
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy or	(03) INDICATED
			pay for repairs of any prostheses, such as those on the card?	(-8) Don't Know
				(-9) Refused
			[Prostheses include artificial leg or arm, mastectomy prosthesis, and artificial or glass eye.]	
EVENT_OMPROS	OM14	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous
—			When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE	(-8) Don't Know
			DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and	(-9) Refused
			(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	
				MM:
				DD:
				YYYY:
OMADD	OM14AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOT
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1HH	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		Ŭ	DURING THE CURRENT ROUND, GO TO OM14_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1HH2.	
NAVIGATOR	OM14_IN	instance navigator		(01) ITEM SELEC
	_	Ŭ		(02) CONTINUE
OMSATHMO	OM14A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S)	(01) YES
		, .	BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
				(-8) Don't Know
			[PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors	(-9) Refused
			[your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
	BOX OM1HH1	routing	GO TO OM14_IN - NAVIGATOR.	
	BOX OM1HH2	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO BOX OMA4.	
	BOX OMA4	routing	IF SP WAS STILL RENTING OXYGEN-RELATED EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW,	
			GO TO OMS19INTR - OXGNINTRO.	
			ELSE GO TO OM19 - OMPROXGN.	
OXGNINTRO	OMS19INTR	no entry	The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE	
			DATE).	
NAVIGATOR	OMS19_IN	instance navigator		(01) ITEM SELEC
				(02) CONTINUE
RENTSTIL	OMS19	code one	At the time of the last interview, [you were/(SP) was] renting oxygen-related equipment. As of [today/(DATE	(01) YES
			OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] (is/was) the oxygen-related equipment being	(02) NO
			rented?	(03) EVENT ENT
				(-8) Don't Know
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-9) Refused
OMPROXGN	OM19	yes/no	(Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE	(01) YES
			DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	(02) NO
	1		DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any (other) expenses for oxygen or	(03) INDICATED
			[DEATH/DATE OF INSTITUTIONALIZATION/ENDOTIED]], ulu [you/(SP)] have any (other) expenses for oxygen of	I(05) INDICATED
			supplies or oxygen-related equipment?	(-8) Don't Know

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
OXGNTYPE	OM19A	code one	What was that?	(01) OXYGEN/SUPPLIES
				(02) OXYGEN-RELATED EQUIPMENT
RENTPROB	OM19B	code one	Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it?	(01) BUY/REPAIR
				(02) RENT
			[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE	(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED
			SAME ROUND, SELECT "RENT."]	EQUIPMENT
				(-8) Don't Know
				(-9) Refused
EVENT_OMOXGN	OM20	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
-			When did (you/(SP)] purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the	(-8) Don't Know
			dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	
				MM:
				DD:
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OMADD	OM20AAA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
01111100				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1II	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	BOX OWITH	Touting	DURING THE CURRENT ROUND, GO TO OM20_IN - NAVIGATOR.	
			ELSE GO TO BOX OM7.	
NAVIGATOR	OM20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
NAVIGATOR		instance navigator		(02) CONTINUE INTERVIEW SELECTED
OMSATHMO	OM20AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S)	(01) YES
OWSATHINO	OIVIZUAA	yes/110	BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	
			BELOW OF THOUGH & SERVICE OF DISCOUNT ONE FED THOUGH [READ MANAGED CARE PLAN NAME(S) BELOW ]?	(02) NO
			[DDODE. This could include huving or repairing the (OV/CEN ITEM) at a plan context at a place or store that	(-8) Don't Know
			[PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center; at a place or store that	(-9) Refused
			honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
	BOX OM1II1	routing	GO TO OM20 IN - NAVIGATOR.	
	BOX OMTIN	routing	IF OM19B - RENTPROB = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT.	
		routing	ELSE GO TO BOX OM1KK1.	
	014204	ractor	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.	(01) continuous answer
EVENT_OMOXGN	UNIZUA	roster		(01) continuous answer
RENT			Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-8) Don't Know
			I (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-9) Refused
	014202		INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	
RENTSTIL	ОМ20В	yes/no		(01) YES
RENTSTIL	ОМ20В	yes/no	INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	(01) YES (02) NO
RENTSTIL	OM20B	yes/no	INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	(01) YES (02) NO (03) EVENT ENTERED IN ERROR
RENTSTIL	OM20B	yes/no	INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment. [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused
RENTSTIL	ОМ20B ОМ20C	yes/no date	INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	<ul> <li>(01) YES</li> <li>(02) NO</li> <li>(03) EVENT ENTERED IN ERROR</li> <li>(-8) Don't Know</li> <li>(-9) Refused</li> <li>(01) continuous answer</li> </ul>
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment. [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment? What was the last date the equipment was rented?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused (01) continuous answer (02) Don't Know
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment. [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment? What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	<ul> <li>(01) YES</li> <li>(02) NO</li> <li>(03) EVENT ENTERED IN ERROR</li> <li>(-8) Don't Know</li> <li>(-9) Refused</li> <li>(01) continuous answer</li> </ul>
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment. [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment? What was the last date the equipment was rented?	<ul> <li>(01) YES</li> <li>(02) NO</li> <li>(03) EVENT ENTERED IN ERROR</li> <li>(-8) Don't Know</li> <li>(-9) Refused</li> <li>(01) continuous answer</li> <li>(02) Don't Know</li> <li>(03) Refused</li> </ul>
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment. [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment? What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused (01) continuous answer (02) Don't Know

Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENDDD	OM20C	date	What was the last date the equipment was rented?	(01) continuo
				(02) Don't Kr
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(03) Refused
			PERIOD.]	
EVENDYY	OM20C	date	What was the last date the equipment was rented?	(01) continue
				(02) Don't Kr
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(03) Refused
			PERIOD.]	
	BOX OM8A	routing	IF SP IS NOT DECEASED, GO TO OM20CC - RENT2BUY.	
		-	ELSE GO TO BOX OM1KK.	
RENT2BUY	OM20CC	code one	You said [you/(SP)] stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer	(01) NO LON
			(have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHA
				(03) OTHER
				(-8) Don't Kn
				(-9) Refused
REN2BVB	OM20CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.	(01) continue
			RECORD VERBATIM.	
OMADD	OM20CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(02) ALL DOM
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1KK	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		Ŭ	DURING THE CURRENT ROUND, GO TO OM20D1 - OMSATHMO.	
			ELSE GO TO BOX OM1KK1.	
OMSATHMO	OM20D1	yes/no	Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a	(01) YES
		, .	service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
				(-8) Don't Kn
			[PROBE: This could include renting the oxygen equipment at a plan center; at a place or store that honors	(-9) Refused
			[your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	( - )
	BOX OM1KK1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
		0	ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO BOX OM9.	
	BOX OM9	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19 IN - NAVIGATOR.	
		0	ELSE GO TO BOX OM10.	
	BOX OM10	routing	IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN.	
		0	ELSE GO TO BOX OMA11.	
MOREOXGN	OM20D	yes/no	In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did	(01) YES
		, .	[you/(SP)] [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?	(02) NO
				(-8) Don't Kn
				(-9) Refused
	BOX OM11	routing	IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B -	
		Ŭ	RENTPROB.	
			ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT OMOXGN.	
	BOXOMA11	routing	IF SP WAS RENTING AT LEAST ONE KIDNEY DIALYSIS EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND	
			INTERVIEW, GO TO OMS21INTR - KDNYINTRO.	
			ELSE GO TO OM21 - OMPRKDNY.	
KDNYINTRO	OMS21INTR	no entry	The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE	1
UNTINTRO			DATE).	
			'	
NAVIGATOR	OMS21_IN	instance navigator		(01) ITEM SE

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
RENTSTIL	OMS21	code one	At the time of the last interview, [you were/(SP) was] renting equipment for kidney dialysis. As of	(01) YES
			(today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)], (is/was) the equipment being	(02) NO
			rented?	(03) EVENT ENTERED IN ERROR
				(-8) Don't Know
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-9) Refused
OMPRKDNY	OM21	yes/no	(Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE	(01) YES
	011121	yes/110	DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	(02) NO
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy any (other) kidney dialysis supplies	(03) INDICATED YES BY DATAPREP
			or buy, rent, or repair any related equipment?	(-8) Don't Know
				(-9) Refused
KDNYTYPE	OM21A	code one	What was that?	(01) KIDNEY DIALYSIS SUPPLIES
KUNTITE	UNIZIA			(02) KIDNEY DIALYSIS SOFFLIES
	014210		Did [usu/(CD)] huw an manaim the dislusis equipment, an did [usu/(CD)] rest it?	
RENTPROB	OM21B	code one	Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it?	(01) BUY/REPAIR
			[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE	(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED
			SAME ROUND, SELECT "RENT."]	EQUIPMENT
				(-8) Don't Know
				(-9) Refused
EVENT_OMKDNY	OM22	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
			When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please	
			tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(-9) Refused
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	
				MM:
				DD:
				YYYY:
OMADD	OM22AAA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1LL	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		_	DURING THE CURRENT ROUND, GO TO OM22_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1NN1.	
NAVIGATOR	OM22_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
	_	Ŭ		(02) CONTINUE INTERVIEW SELECTED
OMSATHMO	OM22AA	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S)	(01) YES
		, ,	BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
				(-8) Don't Know
			[PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that	(-9) Refused
			honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
	BOX OM14	routing	GO TO OM22 IN - NAVIGATOR.	
EVENT_OMKDNYR		roster	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.	(01) continuous answer
ENT			Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(-8) Don't Know
			(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-9) Refused
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the kidney dialysis equipment.	
RENTSTIL	OM22B	yes/no	[Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment?	(01) YES
		yes/10		(01) YES (02) NO
				(02) NO (03) EVENT ENTERED IN ERROR
				(-8) Don't Know
				(-9) Refused

Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENDMM	OM22C	date	What was the last date the equipment was rented?	(01) continuo
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-9) Refused
				MM:
				DD:
				YYYY:
EVENDDD	OM22C	date	What was the last date the equipment was rented?	(01) continuo
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-9) Refused
EVENDYY	OM22C	date	What was the last date the equipment was rented?	(01) continuo
				(-8) Don't Kn
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
	BOX OM15A	routing	IF SP IS NOT DECEASED, GO TO OM22CC - RENT2BUY.	
			ELSE GO TO BOX OM1NN.	
RENT2BUY	OM22CC	code one	You said [you/(SP)] stopped renting the dialysis equipment. Is this because (you/he/she) no longer	(01) NO LON
			(have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHA
				(03) OTHER
				(-8) Don't Kn
				(-9) Refused
REN2BVB	OM22CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.	(01) continuo
			RECORD VERBATIM.	
OMADD	OM22CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN
				(02) ALL DON
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1NN	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM22D1 - OMSATHMO.	
			ELSE GO TO BOX OM1NN1.	(
OMSATHMO	OM22D1	yes/no	Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or	(01) YES
			through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
				(-8) Don't Kn
			[PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that	(-9) Refused
			honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	
	BOX OM1NN1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
	BOX OM16	routing	ELSE GO TO BOX OM16.	
	BOX OIVI10	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21_IN - NAVIGATOR.	
	BOX OM17	routing	ELSE GO TO BOX OM17.	-
	BOX OIVI17	routing	IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY.	
MOREKDNY	OM22D	yes/no	ELSE GO TO BOX OMA18. In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did	(01) YES
		yes/110	[you/(SP)] [(obtain any kidney dialysis equipment)/(kidney dialysis equipment)] that you just told me about, did	(01) YES (02) NO
			[[you/(sr /] [(obtain any kinney dialysis equipment/(buy any kinney dialysis supplies/]:	(02) NO (-8) Don't Kn
				(-9) Refused
	BOX OM18	routing	IF OM21A - KDNYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB.	I(-5) Refused
	DOV OINITO	routing	I OWZIA - REMITTE - 1/30000000, SET MEAT REMITTE TO EQUIPMENT AND GO TO OWZIB - REMITROB.	1
			ELSE SET NEXT KIDNEY TYPE TO SUPPLIES AND GO TO OM22 - EVENT OMKDNY.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX OMA18	routing	IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS	
			ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO.	
			ELSE GO TO OM23 - OMPROTHR.	
OTHRINTRO	OMS23INTR	no entry	The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE	
			DATE).	
NAVIGATOR	OMS23_IN	instance navigator		(01) ITEM SE
				(02) CONTIN
RENTSTIL	OMS23	code one	At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of	(01) YES
			(today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD), (is/was) the (OTHER MEDICAL	(02) NO
			EXPENSE ITEM) being rented?	(03) EVENT E
				(-8) Don't Kn
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-9) Refused
OMPROTHR	OM23	yes/no	SHOW CARD OM4	(01) YES
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(02) NO
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy,	(03) INDICAT
			rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked	(-8) Don't Kn
			about?	(-9) Refused
			Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats,	
			special chairs or cushions, hospital beds, ostomy supplies, incontenence supplies such as Depends, Serenity or	
			other brands of disposable undergarments, pads or briefs, bandages, dressings, tape supplies, pulmonary	
			equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors, etc.]	
			equipment such as a Nebulizer of CFAF, and blobd pressure equipment such as currs of monitors, etc.]	
OTHRTYPE	OM24	code one	What kind of equipment was the item?	(01) PORTAB
				(02) PORTAB
				(03) SPECIAL
				(04) HOSPITA
				(05) OSTOM
				(06) INCONT
				SERENITY DIS
				(07) BANDAG
				(08) PULMO
				(09) BLOOD F
				(91) OTHER
EVOSTEXT	OM24	verbatim text	OTHER (SPECIFY)	(01) continuo
RENTPROB	OM24A	code one	Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it?	(01) BUY/REF
				(02) RENT
			[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE	(03) BOUGHT
			SAME ROUND, SELECT "RENT."]	EQUIPMENT
				(-8) Don't Kn
				(-9) Refused
	BOX OM18B	routing	IF NOT ADMINISTERING ST AND NOT ADMINISTERING NS, GO TO OM25 - GETNUM.	
			ELSE GO TO BOX OM1QQ1.	
GETNUM	OM25	numeric	THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT	(01) continuo
			THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE	(-8) Don't Kn
			DATE/UTILDATE).	(-9) Refused
			How many times [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF	
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] [[have you/has (SP)] bought or obtained/did (SP) buy or	
			obtain] (OTHER MEDICAL EXPENSE ITEM)?	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVENT_OMOTHR	OM26	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuo
_			When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since	(-8) Don't Kno
			(REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE	(-9) Refused
			DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]	
				MM:
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OMADD	OM26AAA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN(
				(02) ALL DON
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM100	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
		-	DURING THE CURRENT ROUND, GO TO OM26_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1QQ1.	
NAVIGATOR	OM26_IN	instance navigator		(01) ITEM SEI
				(02) CONTINU
омѕатнмо	OM26AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED	(01) YES
		, co, no	CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN	(02) NO
			NAME(S) BELOW]?	(-8) Don't Kno
				(-9) Refused
			[DDODE: This could include huwing or repairing the (OTUED MEDICAL EXPENSE ITEM) at a plan contervation	(-9) Keluseu
			[PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a	
			place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)]	
			to.]	
NAVIGATOR	BOX OM21	instance navigator	GO TO OM26_IN - NAVIGATOR.	
EVENT_OMOTHRR	OM26A	roster	ADD ONLY ONE DATE AT THIS ROSTER.	(01) continuo
ENT			Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(-8) Don't Kno
			(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-9) Refused
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM).	
RENTSTIL	OM26A1	yes/no	[Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?	(01) YES
				(02) NO
				(03) EVENT E
				(-8) Don't Kno
				(-9) Refused
EVENDMM	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuo
				(-8) Don't Kno
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	. ,
				MM:
EVENDDD	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuo
				(-8) Don't Kno
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	( S) herused
EVENDYY	OM26B	date	What was the last date [you /(SD)] repted the (OTHER MEDICAL EXPENSE ITEM)?	DD:
		uate	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuo
				(-8) Don't Kno
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
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	BOX OM22A	routing	IF SP IS NOT DECEASED, GO TO OM26BB - RENT2BUY.	
	1		ELSE GO TO BOX OM1QQ.	

nuous answer Know ed ANOTHER ONE SELECTED IN INSTANCE NAVIGATOR INUE INTERVIEW SELECTED Know ed nuous answer Know ed ENTERED IN ERROR Know ed nuous answer Know ed nuous answer Know ed nuous answer Know ed

Variable Name	MR Screen Name	Question type	Question text/description	Code list
RENT2BUY	OM26BB	code one	You said [you/(SP)] stopped renting the (OTHER MEDICAL EXPENSE ITEM). Is this because (you/he/she) no longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LON (02) PURCHA (03) OTHER (-8) Don't Kn (-9) Refused
REN2BVB	OM26BBVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM). RECORD VERBATIM.	(01) continue
OMADD	OM26BB1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD AN (02) ALL DOM
	BOX OM1QQ	routing	[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO. ELSE GO TO BOX OM1QQ1.	
OMSATHMO	OM26C	yes/no	Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Kn (-9) Refused
	BOX OM1QQ1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM23.	
	BOX OM23	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS23_IN - NAVIGATOR. ELSE GO TO OM27 - MOREOTHR.	
MOREOTHR	ОМ27	yes/no	In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other medical equipment [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?	(01) YES (02) NO (-8) Don't Kn (-9) Refused
	BOX OM24	routing	IF SP HAD AT LEAST ONE ALTERATION THAT WAS NOT COMPLETE AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS28INTR - ALTRINTRO. ELSE GO TO OM28 - OMPRALTR.	
ALTRINTRO	OMS28INTR	no entry	The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE).	
NAVIGATOR	OMS28_IN	instance navigator		(01) ITEM SE (02) CONTIN
EVBEGMM	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?	(01) continue (-7) Empty (-8) Don't Kn (-9) Refused
EVBEGDD	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?	(01) continue (-7) Empty (-8) Don't Kn (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
EVBEGYY	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?	(01) continuo (-7) Empty (-8) Don't Kn (-9) Refused
OMNOTDONE	OMS28	code one		(01) ALTERAT
	BOX OM25	routing	GO TO OMS28_IN - NAVIGATOR.	
OMPRALTR	OM28	yes/no	SHOW CARD OM5 [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples.	(01) YES (02) NO (03) INDICAT (-8) Don't Kn (-9) Refused
			[Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]	
ALTRTYPE	ОМ29	code one	What was the alteration?	(01) ELEVATO (02) HANDRA (03) RAMPS (04) TUB HAN (05) TUB SEA (06) ANY CAP (91) OTHER
EVOSTEXT	OM29	verbatim text	OTHER (SPECIFY)	(01) continuo
EVBEGMM	ОМ30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuo (-7) Empty (-8) Don't Kn (-9) Refused
				MM:
EVBEGDD	ОМ30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuo (-7) Empty (-8) Don't Kn (-9) Refused
	_			DD:
EVBEGYY	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuo (-7) Empty (-8) Don't Kn (-9) Refused
				YYYY:
OMNOTDONE	OM30	code one		(01) ALTERAT (-7) Empty
OMADD	OM30B		HAVE ALL DATES BEEN ENTERED?	(01) ADD AN (02) ALL DON
	BOX OM25A	routing	[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM31 - MOREALTR.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
MOREALTR	OM31	yes/no	In addition to the alteration(s) you just told me about, did [you/(SP)] make any other alterations because of	(01) YES
			some illness or injury [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(02) NO
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?	(-8) Don't Know
				(-9) Refused
	BOX OM26	routing	GO TO NEXT SECTION	