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) INDICATED YES BY DATAPREP
				(-8) Don't Know
			[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) continuous answer
 		1.0010.	When did [you/(SP)] buy or repair glasses or contact lenses?	(-8) Don't Know
			When and types (or 1) buy or repair glasses or contact tenses.	(-9) Refused
			Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	( s) herasea
			(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 ANOTHER
OWADD	OWIZAA	code one	TIAVE ALE DATES BEEN ENTERED:	(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALE DONE
	BOX OM1AA	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	BOX OIVITAA	Touting	DURING THE CURRENT ROUND, GO TO OM2_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1AA2.	
NAVIGATOR	OM2_IN	instance navigator	LESE GO TO BOX OMITAA2.	(01) ITEM SELECTED IN INSTANCE NAVIGATOR
NAVIGATOR	OIVIZ_IIV	instance navigator		(02) CONTINUE INTERVIEW SELECTED
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
OIVISATTIVIO	OIVIZA	yes/110	NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(02) NO
			BELOW]?	(-8) Don't Know
			BELOWJ!	(-9) Refused
			IDDODE. This sould include howing or renairing the glasses or lenses at a plan center; at an entision	(-9) Kelused
			[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.]	
			FINICITIDE NON DESCRIPTION READING CLASSES 1	
	BOX OM1AA1	routing	[INCLUDE NON-PRESCRIPTION READING GLASSES.]  GO TO OM2 IN - NAVIGATOR.	
	BOX OM1AA1 BOX OM1AA2	routing routing	IF ADMINISTERING ST, GO TO BOX ST36.	
	BOX OWITAAZ	louting		
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
	OM2	vos/no	ELSE GO TO OM3 - OMPRHEAR.  [Since (DEEEDENICE DATE (SLIDVEY DEEEDENICE DATE (LITH DATE) / Detwood (DEEEDENICE DATE (SLIDVEY	(01) VES
OMPRHEAR	ОМ3	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)] buy,	(02) NO
			replace, or pay for repairs of a hearing aid, amplifier for a telephone, or similar device to help [you/(SP)] hear	(03) INDICATED YES BY DATAPREP
			or speak?	(-8) Don't Know
			FINALLIDE DELATED EVOENCES CUCIL AC DATTERIES FOR A LIFERDING AIR OR CREATURE DELICE.	(-9) Refused
			[INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE. DO NOT	
			INCLUDE A WARRANTY FOR A HEARING AID AS AN OM EVENT.]	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
VENT_OMHEAR	OM4	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
_			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 ANOTHER
5.V., V.D.D				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) NEE BONE
	BOX OM1BB	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	DOX OIVITBB	Touting	DURING THE CURRENT ROUND, GO TO OM4_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1BB2.	
NAVIGATOR	OM4_IN	instance pavigator	ELSE GO TO BOX OWITBBZ.	(01) ITEM SELECTED IN INSTANCE NAVIGATOR
NAVIGATOR	OIVI4_IIV	instance navigator		(02) CONTINUE INTERVIEW SELECTED
OMSATHMO	OM4A	voc/no	On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN	(01) YES
DIVISATRIVIO	OWI4A	yes/no		Tr. /
			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.	
			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 answer
				(-7) Empty
NAVIGATOR	OMS5_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
				(02) CONTINUE INTERVIEW SELECTED
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 ENTERED IN ERROR
			[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 YES BY DATAPREP
			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	

Other Medical Exp 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
KEIVII KOD	Civiori	leade one	Dia (you) (51 )] buy of repair the (office Ebic Helli), or the (you) (51 )] reme (ig them).	(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
			SAME ROOM, SELECT RENT. ]	(-8) Don't Know
				(-9) Refused
EVENT_OMORTH	OM7	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
LVLIVI_OIVIORTIT	Olvi7	lostei	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	(-9) Refused
			(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(-5) heruseu
				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	
			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
OMSATHMO	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	OM7A	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	ОМ7В	yes/no	[Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEDIC ITEM)?	(01) YES
				(02) NO
				(-8) Don't Know
		1		(-9) Refused

Other Medical E 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) continuous answer
		0.000	(1.6.4)	(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	( 3) Herasea
EVENDDD	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	( 9, 110, 100 0
				DD:
EVENDYY	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	( 5)
				YYYY:
	BOX OM3A	routing	IF SP IS NOT DECEASED, GO TO OM7CC - RENT2BUY.	
			ELSE GO TO BOX OM1EE.	
RENT2BUY	ОМ7СС	code one	You said [you/(SP)] stopped renting the (ORTHOPEDIC ITEM). Is this because (you/he/she) no longer	(01) NO LONGER HAVE THE ITEM
			(have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHASED THROUGH RENT-TO-BUY
				(03) OTHER
				(-8) Don't Know
				(-9) Refused
REN2BVB	OM7CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEDIC ITEM).	(01) continuous answer
			RECORD VERBATIM.	
OMADD	OM7CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[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 Know
			[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.	
	2000	,	ELSE GO TO OM8 - MOREORTH.	To all viso
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 Know
OMADDDIAD	0140	vos/ns	CHOW CARD ONG	(-9) Refused
OMPRDIAB	ОМ9	yes/no	SHOW CARD OM2	(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) INDICATED YES BY DATAPREP
			diabetic equipment or supplies, such as those listed on this card?	(-8) Don't Know
			[Dishetic equipment or supplies include suries as test names test strips and blood as with the LV 1	(-9) Refused
			[Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]	
			[DO NOT INCLUDE INSULIN.]	
			[נוס מסו מכנסטב מסטבות.]	

Other Medical Exp Variable Name	MR Screen Name	Question type	Question text/description	Code list
	OM10	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
VEIVI_OIVIDIAD	CIVILO	Toster	When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE	(-8) Don't Know
			DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and	(-9) Refused
			(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(-9) Keruseu
				MM:
				DD:
				YYYY:
MADD	OM10AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(62) / 122 2 6 132
	BOX OM1FF	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	BOX OWITH	Touring .	DURING THE CURRENT ROUND, GO TO OM10_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1FF2.	
AVIGATOR	OM10 IN	instance navigator	LESE GO TO BOX OWITTE.	(01) ITEM SELECTED IN INSTANCE NAVIGATOR
AVIGATOR	OIVITO_IIV	instance navigator		(02) CONTINUE INTERVIEW SELECTED
	OM10A	voc/no	On (EVENT DATE) did (vou/(SD)) how the dishetic equipment or complice at [DEAD MANACED CARE DIAM	(01) YES
MSATHMO	OIVITUA	yes/no	On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN	
			NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(02) NO
			BELOW]?	(-8) Don't Know
				(-9) Refused
			[PROBE: This could include buying the diabetic equipment or supplies at a plan center; at a place or store that	
			honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	
	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.	
MPRAMBL	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	(02) NO
			ambulance or rescue squad service?	(03) INDICATED YES BY DATAPREP
				(-8) Don't Know
				(-9) Refused
VENT_OMAMBL	OM12	roster	SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer
_			When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY	(-8) Don't Know
			REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	(-9) Refused
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	<u> </u>
MADD	OM12AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[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.	
AVIGATOR	OM12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
/\vio/\\\O\\	OWIZZ_IIV	mstance navigator		(02) CONTINUE INTERVIEW SELECTED
MSATHMO	OM12A	yes/no	Was the ambulance on (EVENT DATE) provided by or approved by [READ_MANAGED CARE PLAN NAME(S)	(01) YES
		, 55,	BELOW]?	(02) NO
				(-8) Don't Know
			[DDODE: This could mean that the ambulance was cent by the plan, or that [yes://cn)] or compare for	1
			[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	
	224 25 25 25	<del> </del>	could have come after the use of the ambulance.]	
	BOX OM1GG1	routing	GO TO OM12_IN - NAVIGATOR.	

Other Medical Exp 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
OWIFREROS	OIVIIS	yes/110		1, ,
			[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 YES BY DATAPREP
			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 answer
			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:
014455	014444		HAVE ALL DATES DEEN ENTEDED?	YYYY:
OMADD	OM14AA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(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	
			DURING THE CURRENT ROUND, GO TO OM14_IN - NAVIGATOR.	
			ELSE GO TO BOX OM1HH2.	
NAVIGATOR	OM14_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
	_			(02) CONTINUE INTERVIEW SELECTED
OMSATHMO	OM14A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S)	(01) YES
01110711111110	0.012.07	7 657 116	BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
			below of through a service of discount offered through [READ WANAGED CARE   EAN WANGE(5) BELOW]:	(-8) Don't Know
			[DDODE. This sould include howing an appairing the presthesis at a plan content at a plane or store that he page	1
			[PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors	(-9) Kerused
			[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.	
		1.00.09	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,	
	BOX OIVIA4	louting	,	
			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	
NAV/ICATOR	ON4640 INI		DATE).	(04) ITEM CELECTED IN INICTANICE MANICATOR
NAVIGATOR	OMS19_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
DENITOTU	ON610	aada -:	At the time of the lest interview [venues-IICD] and interview at the lest interview to the lest interview [venues-IICD] and interview [venues-	(02) CONTINUE INTERVIEW SELECTED
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 ENTERED IN ERROR
				(-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
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any (other) expenses for oxygen or	(03) INDICATED YES BY DATAPREP
			supplies or oxygen-related equipment?	(-8) Don't Know
			askange of 2019en related edulations.	(-9) Refused
	L			ון-ש) ווכועטכע

Other Medical Exp 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
		l'este.	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	T'
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	( 5) Neruseu
			britersonver her energe briter and (brite of berningbrie of monrele monrele monrele).	MM:
				DD:
				YYYY:
OMADD	OM20AAA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
OWIADD	OWIZUAAA	code one	THAVE ALL DATES BLEIN EINTERED:	(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE
	BOX OM1II	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	POY OINITII	louting		
			DURING THE CURRENT ROUND, GO TO OM20_IN - NAVIGATOR. ELSE GO TO BOX OM7.	
NAVICATOR	ON420 IN	in atomon monticator	ELSE GO TO BOX OWI7.	(04) ITEM CELECTED IN INICTANICE MANUCATOR
NAVIGATOR	OM20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
ON ACATURAC	0142044	la	On (EVENIT DATE) did (con //CD)) have a magically a (OVV/CEN ITEMA) at [DEAD AAANA CED CADE DI AN NAME/C)	(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
			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 (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.]	
	DOV ON 41114	tin a	CO TO OMBO IN MANUCATOR	
	BOX OM1II1	routing	GO TO OM20_IN - NAVIGATOR.	
	BOX OM7	routing	IF OM19B - RENTPROB = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT.	
EVENT ON ACYCOL	014204		ELSE GO TO BOX OM1KK1.	(04)
_	OM20A	roster	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.	(01) continuous answer
RENT			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
DENITOTU	014200		INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	(04) VEC
RENTSTIL	OM20B	yes/no	[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
EVENDMM	OM20C	date	What was the last date the equipment was rented?	(01) continuous answer
				(02) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(03) Refused
				MM:
				DD:
				YYYY:
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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) continuous answer
				(02) Don't Know
			[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) continuous answer
				(02) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(03) Refused
	207 01404		PERIOD.]	
	BOX OM8A	routing	IF SP IS NOT DECEASED, GO TO OM20CC - RENT2BUY.	
DENTABLIV	0142000	2040.000	ELSE GO TO BOX OM1KK.	(01) NO LONGER HAVE THE ITEM
RENT2BUY	OM20CC	code one	You said [you/(SP)] stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer	(01) NO LONGER HAVE THE ITEM
			(have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER
				[` '
				(-8) Don't Know
REN2BVB	OM20CCVB	verbatim text	DDIEELY EVEL AIN WHY SO STODDED DENTING THE OVYCEN DELATED EQUIDMENT	(-9) Refused
NEINZDVĎ	OIVIZUCCVB	verbatiin text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT. RECORD VERBATIM.	(01) continuous answer
OMADD	OM20CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
OWADD	OWIZUCCI	code one	HAVE ALL DATES BELLVENTENED:	(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE
	BOX OM1KK	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
	BOX OWIKK	Touting	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
01413/11111410	OIVI20D1	y C3/110	service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO
			Service of discount offered through [NEAD WATWAGED CARE I ENVIRONME(S) BEEGW].	(-8) Don't Know
			[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.]	( s) Nerasea
	BOX OM1KK1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
			ELSE GO TO BOX OM9.	
	BOX OM9	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19_IN - NAVIGATOR.	
			ELSE GO TO BOX OM10.	
	BOX OM10	routing	IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN.	
			ELSE GO TO BOX OMA11.	
MOREOXGN	OM20D	yes/no	In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did	(01) YES
			[you/(SP)] [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?	(02) NO
				(-8) Don't Know
				(-9) Refused
	BOX OM11	routing	IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B -	
			RENTPROB.	
			ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT_OMOXGN.	
	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	
			DATE).	
NAVIGATOR	OMS21_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
				(02) CONTINUE INTERVIEW SELECTED

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
		7 6 5 7 11 6	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
			or buy, reint, or repair any related equipment.	(-9) Refused
KDNYTYPE	OM21A	code one	What was that?	(01) KIDNEY DIALYSIS SUPPLIES
KDIVITILE	OWIZIA	code one	what was that:	(02) KIDNEY DIALYSIS EQUIPMENT
RENTPROB	OM21B	code one	Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it?	(01) BUY/REPAIR
KLINIFROD	OWIZIB	code one	bid [you/(3F)] buy of repair the diarysis equipment, of did [you/(3F)] rent it:	(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
			SAINE ROUND, SELECT REINT. ]	
				(-8) Don't Know
EVENIT ON ALCONIV	01422		SELECT OR ADD ALL DATES AT THIS ROSTER.	(-9) Refused
EVENT_OMKDNY	OM22	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
				(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	OM22A	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
		ľ		(02) NO
				(03) EVENT ENTERED IN ERROR
				(-8) Don't Know
	I			(-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) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	, ,
				MM:
				DD:
				YYYY:
EVENDDD	OM22C	date	What was the last date the equipment was rented?	(01) continuous answer
LVLINDDD	OIVIZZC	uate	what was the last date the equipment was rented:	(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	(-3) Keruseu
	0.4220	data	•	(01) continuous answer
EVENDYY	OM22C	date	What was the last date the equipment was rented?	(01) continuous answer
				(-8) Don't Know
			[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 LONGER HAVE THE ITEM
			(have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHASED THROUGH RENT-TO-BUY
				(03) OTHER
				(-8) Don't Know
				(-9) Refused
REN2BVB	OM22CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.	(01) continuous answer
			RECORD VERBATIM.	
OMADD	OM22CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[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
			through a service of discount offered through [NE/15 White OES CHIEF EXILTION [1]]	(-8) Don't Know
			[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.]	(-3) Neruseu
	BOX OM1NN1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
	POY OINITININI	routing		
			ELSE IF ADMINISTERING NS, GO TO BOX NS36.	
	DOV ON 11 C	un.utima	ELSE GO TO BOX OM16.	
	BOX OM16	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21_IN - NAVIGATOR.	
	207.0142	<u>.</u>	ELSE GO TO BOX OM17.	
	BOX OM17	routing	IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY.	
MODEKSANI	014225		ELSE GO TO BOX OMA18.	(04) VEC
MOREKDNY	OM22D	yes/no	In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did	(01) YES
			[you/(SP)] [(obtain any kidney dialysis equipment)/(buy any kidney dialysis supplies)]?	(02) NO
i				(-8) Don't Know
				I/ O) Defused
				(-9) Refused
	BOX OM18	routing	IF OM21A - KDNYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB.	

Other Medical Ex Variable Name	MR Screen Name	Question type	Question text/description	Code list
Variable Name	BOX OMA18		IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS	Code list
	POY OIMINIO	routing	·	
			ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO. ELSE GO TO OM23 - OMPROTHR.	
OTHRINTRO	OMS23INTR	no ontru	The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE	
OTHKINTKO	OIVISZSIIVIK	no entry	DATE).	
NAVIGATOR	OMS23_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR
				(02) CONTINUE INTERVIEW SELECTED
RENTSTIL	OMS23	code one	At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of	(01) YES
			(today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD), (is/was) the (OTHER MEDICAL	(02) NO
			EXPENSE ITEM) being 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
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) INDICATED YES BY DATAPREP
			rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked	(-8) Don't Know
			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.]	
OTHRTYPE	OM24	code one	What kind of equipment was the item?	(01) PORTABLE COMMODE OR RAISED TOILET SEAT
	011121	code one	What kind of equipment was the item.	(02) PORTABLE TUB SEAT
				(03) SPECIAL CHAIR/CUSHION/MATTRESS
				(04) HOSPITAL BED/BED SIDES
				(05) OSTOMY SUPPLIES
				(06) INCONTINENCE SUPPLIES (I.E. DEPENDS,
				SERENITY DISPOSABLE DIAPERS OR PADS)
				(07) BANDAGES, DRESSINGS, TAPE SUPPLIES
				(08) PULMONARY EQUIPMENT
				(09) BLOOD PRESSURE EQUIPMENT
				(91) OTHER
				,
EVOSTEXT	OM24	verbatim text	OTHER (SPECIFY)	(01) continuous answer
RENTPROB	OM24A	code one	Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), 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
	DOV ON 110D	un untin n	IF NOT ADMINISTEDING OF AND NOT ADMINISTEDING NG CO TO OMASE. CETALLINA	(-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) continuous answer
			THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE	(-8) Don't Know
			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)?	
			1 ''	I .

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) continuous answer
			When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since	(-8) Don't Know
			(REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE	(-9) Refused
			DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]	( 5) Neruseu
			briter and (brite of berning brite of institution/endoneby)	MM:
				DD:
014400	01426444		HAVE ALL DATES DEEN ENTEDED?	YYYY:
OMADD	OM26AAA	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[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 SELECTED IN INSTANCE NAVIGATOR
				(02) CONTINUE INTERVIEW SELECTED
OMSATHMO	OM26AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED	(01) YES
			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 Know
				(-9) Refused
			[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.]	1
NAVIGATOR	BOX OM21	instance navigator	GO TO OM26 IN - NAVIGATOR.	
EVENT_OMOTHRR	OM26A	roster	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 (OTHER MEDICAL EXPENSE ITEM).	( 5)
RENTSTIL	OM26A1	yes/no	[Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?	(01) YES
NEIVISITE	O I VI Z O / C I	703/110	[ATE YOU/13 (ST )] SUIT TENTING THE (OTTIEN WEDICALE EXILENCE).	(02) NO
				(03) EVENT ENTERED IN ERROR
				(-8) Don't Know
				(-9) Refused
EVENIDAMA	ON42CD	data	What was the last data (var.//CD)] restand the (OTUED MEDICAL EVDENICE ITEM)?	· /
EVENDMM	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
		1		MM:
EVENDDD	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
				DD:
EVENDYY	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer
				(-8) Don't Know
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused
			PERIOD.]	
				YYYY:
	BOX OM22A	routing	IF SP IS NOT DECEASED, GO TO OM26BB - RENT2BUY.	
			ELSE GO TO BOX OM1QQ.	
			-	•

Other Medical Ex 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	(01) NO LONGER HAVE THE ITEM
ILLIVIZBOT	CIVIZODD	code one	longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(02) PURCHASED THROUGH RENT-TO-BUY
			longer (nave/has/ the item of because (you/he/she/ (have/has/ parehasea it through a tent to buy option.	(03) OTHER
				(-8) Don't Know
				(-9) Refused
REN2BVB	OM26BBVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM).	(01) continuous answer
	OIVIZOBBVB	verbatim text	RECORD VERBATIM.	
OMADD	OM26BB1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM1QQ	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME	
			DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO.	
			ELSE GO TO BOX OM1QQ1.	
OMSATHMO	OM26C	yes/no	Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW]	(01) YES
		, .	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 renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store	(-9) Refused
			that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	( 5)
			that honors (your, (5) 3), plan card, or through a place of service that the plan referred (you, (5) ), to.,	
	BOX OM1QQ1	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
	BOX OMIQQI	Touring .	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.	
_	BOX OIVIZS	Touting	ELSE GO TO OM27 - MOREOTHR.	
MOREOTHR	OM27	yes/no	In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other	(01) YES
			medical equipment [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 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	-7.	(01) ITEM SELECTED IN INSTANCE NAVIGATOR
	_			(02) CONTINUE INTERVIEW SELECTED
EVBEGMM	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of	(01) continuous answer
EVBEGIVIIVI			(REFERENCE DATE/SURVEY REFERENCE DATE).	(-7) Empty
			(NEI ENERGE BATTE/SORVET REFERENCE BATTE).	(-8) Don't Know
			On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY	(-9) Refused
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration	(-5) Refused
EVIDE COO	OMC30	data	completed?	(01) continuous answer
EVBEGDD	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of	(01) continuous answer
			(REFERENCE DATE/SURVEY REFERENCE DATE).	(-7) Empty
				(-8) Don't Know
			On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY	(-9) Refused
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration	
			completed?	

Other Medical Ex 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	(01) continuous answer
			(REFERENCE DATE/SURVEY REFERENCE DATE).	(-7) Empty
			(	(-8) Don't Know
			On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY	(-9) Refused
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration	( 5) Nerasea
			completed?	
OMNOTDONE	OMS28	code one	completed.	(01) ALTERATION NOT YET COMPLETED
CIVIIVOTBOILE	0111320	code one		(-7) Empty
	BOX OM25	routing	GO TO OMS28 IN - NAVIGATOR.	( 7) Empty
OMPRALTR	OM28	yes/no	SHOW CARD OM5	(01) YES
O	020	7007110	[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)] make	(03) INDICATED YES BY DATAPREP
			any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or	(-8) Don't Know
			injury? This card lists some examples.	(-9) Refused
			[Alteretions include remains bounderile playeter or incline about two scate two bounderile and any seri	
			[Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]	
ALTRTYPE	OM29	code one	What was the alteration?	(01) ELEVATOR OR INCLINE CHAIR
ALINITE	OIVIZ 9	code one	יייומנ שמא נוופ מונפומנוטוו:	(02) HANDRAILS (OTHER THAN TUB)
				(03) RAMPS
				(04) TUB HANDRAILS
				(05) TUB SEAT
				(06) ANY CAR ALTERATION
				(91) OTHER
EVOSTEXT	OM29	verbatim text	OTHER (SPECIFY)	(01) continuous answer
EVBEGMM	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(01) continuous answer
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was	(-7) Empty
			this alteration completed?	(-8) Don't Know
				(-9) Refused
				MM:
EVBEGDD	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(01) continuous answer
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was	(-7) Empty
			this alteration completed?	(-8) Don't Know
				(-9) Refused
				DD:
EVBEGYY	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(01) continuous answer
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was	(-7) Empty
			this alteration completed?	(-8) Don't Know
				(-9) Refused
				YYYY:
OMNOTDONE	OM30	code one		(01) ALTERATION NOT YET COMPLETED
				(-7) Empty
OMADD	OM30B		HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER
				(02) ALL DONE
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	
	BOX OM25A	routing	IF ADMINISTERING ST, GO TO BOX ST36.	
	BOX OM25A	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36.	

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	