

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|---|--|
| | | | <p>MEDICAL PROVIDER UTILIZATION QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after HHQ.</p> | | |
| MPPRMDOC | MP1 | yes/no | <p>(Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] [seen/see] any medical doctors? INCLUDE ANY VISITS FOR TESTS/X-RAYS. SEE SHOWCARD AC1 FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY.</p> <p>[DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP18 - MPPRPRAC (-8) MP18 - MPPRPRAC (-9) MP18 - MPPRPRAC |
| PROVIDER_MP | MP2 | roster | <p>Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.</p> | (01) [Continuous answer.] [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.] | IF EXISTING PROVIDER SELECTED, GO TO BOX MP1B. ELSE IF "ADD ANOTHER" SELECTED, GO TO MP2-PROVNAME |
| PROVNAME | MP2 | verbatim | <p>[PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p> <p>ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW.</p> <p>YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK.</p> <p>YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY.</p> <p>NAME:</p> | | MP2-GROUPNAM |
| GROUPNAM | MP2 | | GROUP: | | BOX MP1B |
| | BOX MP1B | routing | IF (PROVIDER IS A MEDICAL PLACE) OR (PROVIDER SPECIALTY HAS ALREADY BEEN COLLECTED), GO TO BOX MP1. ELSE GO TO MP2A - PROVSPEC. | | |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|---|--|--|
| PROVSPEC | MP2A | code 1 | <p>What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)?</p> <p>[SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY. IF THE RESPONDENT NAMES A MEDICAL SPECIALTY NOT LISTED BELOW, BUT LISTED ON SHOWCARD AC1, SUCH AS 'CARDIOLOGY,' SELECT 'MEDICAL DOCTOR.']</p> | (01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (42) PHARMACIST (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused | (01) BOX MP1 (02) BOX MP1 (03) BOX MP1 (04) BOX MP1 (05) BOX MP1 (06) BOX MP1 (07) BOX MP1 (08) BOX MP1 (09) BOX MP1 (10) BOX MP1 (11) BOX MP1 (12) BOX MP1 (13) BOX MP1 (14) BOX MP1 (15) BOX MP1 (16) BOX MP1 (17) BOX MP1 (18) BOX MP1 (19) BOX MP1 (20) BOX MP1 (21) BOX MP1 (22) BOX MP1 (23) BOX MP1 (24) BOX MP1 (25) BOX MP1 (26) BOX MP1 (27) BOX MP1 (28) BOX MP1 (29) BOX MP1 (30) BOX MP1 (31) BOX MP1 (32) BOX MP1 (33) BOX MP1 (34) BOX MP1 (35) BOX MP1 (42) BOX MP1 (91) MP2A - PROVSP0S (-8) BOX MP1 (-9) BOX MP1 |
| PROVSPOS | MP2A | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | BOX MP1 |
| | BOX MP1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO MP3 - VAPLACE. ELSE GO TO BOX MP2. | | |
| VAPLACE | MP3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP6-EVENT (02) BOX MP2 (-8) BOX MP2 (-9) BOX MP2 |
| | BOX MP2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO MP4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO MP5 - HMOREFER. ELSE GO TO MP6 - EVENT. | | |
| HMOASSOC | MP4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP6 - EVENT (02) MP5 - HMOREFER (-8) MP5 - HMOREFER (-9) MP5 - HMOREFER |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|--------------------|--|--|---|
| HMOREFER | MP5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | MP6 - EVENT |
| EVENT | MP6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY. | (01) [Continuous answer.] | MP6_IN - NAVIGATOR MPADD |
| MPADD | MP6 | choose one | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) MP6 -EVENT (02) MP6_IN - NAVIGATOR |
| NAVIGATOR | MP6_IN | instance navigator | YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS. [DISPLAY ALL EVENTS ADDED AT ER6] [EVENT DATE, PROVIDER] | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | (01) BOX MP2AA (02) BOX MP6AA |
| | BOX MP2AA | routing | FOR FIRST/NEXT EVENT ENTERED AT MP6, IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT), GO TO MP6B - MPSDVIS. ELSE GO TO BOX MP2C. | | |
| MPSDVIS | MP6B | yes/no | We have recorded that in (EVENT MONTH) [you were/(SP) was] also in (READ EVENT(S) LISTED BELOW). Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX MP2B (02) BOX MP2C (-8) BOX MP2C (-9) BOX MP2C |
| | BOX MP2B | routing | UPDATE EVENT TYPE TO SEPARATELY BILLING DOCTOR AND GO TO BOX MP6. | | |
| | BOX MP2C | routing | IF PROVIDER SPECIALTY = Dentist, Medical Doctor, Optometrist, Osteopath, Paramedic, PhysicianAssistant, Podiatrist, Other, DK or RF, GO TO MP7 - ANYOPERS. ELSE GO TO MP10 - SPECCOND. | | |
| ANYOPERS | MP7 | yes/no | Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX MP2D (02) MP10 - SPECCOND (-8) MP10 - SPECCOND (-9) MP10 - SPECCOND |
| SPECCOND | MP10 | yes/no | [Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX MP2D |
| | BOX MP2D | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO MP12 - PRESMDCN. | | |
| PRESMDCN | MP12 | yes/no | During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP13 - PRESFILL (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6 |
| PRESFILL | MP13 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX MP3A (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6 |
| | BOX MP3A | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO MP13A - MPPMMEDS. ELSE GO TO BOX PM2. | | |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|--|--|
| MPPMMEDS | MP13A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTILDATE), if you'd like to get those bottles, too. | (01) CONTINUE (-7) Empty | BOX PM2 |
| | BOX PM2 | routing | IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_PM1. ELSE GO TO PM2B-PMBOTTLE. | | |
| MEDICINE_PM1 | MEDICINE_PM1 | code one | What is the name of the medicine? | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. | BOX PM3 |
| | BOX PM3 | routing | IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST (PMEDID^=.), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE. | | |
| SAMEFSAM | SAMEFSAM | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE <u>EXACTLY</u> THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength was [MEDICINE STRENGTH]. The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same strength, form and amount? CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM4 |
| | BOX PM4 | routing | IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE. | | |
| PMBOTTLE | PMBOTTLE | code one | CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE. | (01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED | (01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM |
| PMEDNAME | MED | lookup | TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE PRESCRIBED MEDICINE LOOKUP BOX. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. ONCE YOU HAVE ENTERED ALL DETAILS FOR A MEDICINE, IF YOU NEED TO GO BACK AND CORRECT, USE THE GREEN "RETURN TO PRESCRIBED MEDICINE LOOKUP" BUTTON. [PRESCRIBED MEDICINE LOOKUP TOOL] | [MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED] | |
| PMBRNAME | MED | lookup | [PM BRAND NAME] | | |
| PMGNNAME | MED | lookup | [PM GENERIC NAME] | | |
| PMFORMFD | MED | lookup | Medicine Form [FDB LIST FORM NAME] | | |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|--|---|
| PMFORMMC | MED | code one | Medicine Form [MCBS FORM] | (01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know | (01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS |
| PMFORMOS | MED | verbatim | [MEDICINE FORM OTHER SPECIFY] | (01) CONTINUOUS ANSWER | |
| PMFORMFN | MED | verbatim | [FINAL CONCATENATED MEDICINE FORM] | | |
| PMSTRNFD | MED | verbatim | Medicine Strength | (01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DON'T KNOW | |
| STRNUMBB | MED | numeric | Medicine strength number | (01) CONTINUOUS ANSWER | |
| STRNUNIT | MED | code one | Medicine strength unit | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER | (01)-(08) MED-MEDID (91) MED-PMSTRNOS |
| PMSTRNOS | MED | verbatim | [MEDICINE STRENGTH UNIT OTHER SPECIFY] | | |
| PMSTRUNI | MED | lookup | [FINAL CONCATENATED MEDICINE STRENGTH] | | |
| PMEDID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| FAMILYID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| PMKNWNM | PMKNWNM | code one | DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE? | (01) YES (02) NO (-9) REFUSED | (01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|---|---|
| PMCOND | PMCOND | code one | What condition is this medicine prescribed for or what is its primary use? IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE. | (01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DON'T KNOW (-9) REFUSED | (01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM |
| PMCONDOS | PMCOND | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | |
| GETNUM | GETNUM | numeric | How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP))] obtain (MEDICINE NAME)]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.] | (01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | BOX PM5 |
| | BOX PM5 | routing | IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE- PMMORE; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTUNIT. | | |
| TABNUM | TABNUM | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | BOX PM6 |
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW | (01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6 |
| AMTUNOS | PM16 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | PM16 - AMTNUM |
| AMTNUM | PM16 | numeric | | (01) CONTINUOUS ANSWER | BOX PM6 |
| | BOX PM6 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7. | | |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|--|--------------------------------|
| TABSADAY | PM12 | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY? IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW". | (01) CONTINUOUS ANSWER | PM12 - TABSADAY95 |
| TABSADAY95 | PM12 | code one | | (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty | PM13-TABTAKE |
| TABTAKE | PM13 | numeric | How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day? [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.] IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY | BOX PM7 |
| | BOX PM7 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8. | | |
| PMSATVA | PMSATVA | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM8 |
| | BOX PM8 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE. | | |
| PMSATHMO | PMSATHMO | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | PMMORE-PMMORE |
| PMMORE | PM17 | yes/no | ([NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?] | (01) ADD ANOTHER (02) ALL DONE | (01) BOX PM2 (02) BOX MP6AA |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|--------------------|----------------|---------------|---|--|---|
| | BOX MP6AA | routing | IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP1 PROBE, GO TO MP17 - MDOCMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP18 PROBE, GO TO MP25 - PRACMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP26 PROBE, GO TO MP33 - MENTMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP34 PROBE, GO TO MP41 - THERMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP42 PROBE, GO TO MP49 - PERSMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP50 PROBE, GO TO MP56 - MPPRMORE. | | |
| MDOCMORE | MP17 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this doctor or any other medical doctor? [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) BOX MP6A (-8) BOX MP6A (-9) BOX MP6A |
| | BOX MP6A | routing | IF WINTER ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP REPORTED A MEDICAL PROVIDER VISIT AT MP6 AND MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR), GO TO AC20 - MDSPCLTY. ELSE GO TO MP18 - MPPRRAC. | | |
| MPPRRAC MPHPRAC | MP18 | yes/no | SHOW CARD MP1 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] [seen/see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.] INCLUDE ANY VISITS FOR TESTS/X-RAYS. [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP26 - MPPRMMENT (-8) MP26 - MPPRMMENT (-9) MP26 - MPPRMMENT |
| PRACMORE | MP25 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this practitioner or any other health practitioner? [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP26 - MPPRMMENT (-8) MP26 - MPPRMMENT (-9) MP26 - MPPRMMENT |
| MPPRMMENT | MP26 | yes/no | SHOW CARD MP2 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] [seen/see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.] [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP34 - MPPRTHERR (-8) MP34 - MPPRTHERR (-9) MP34 - MPPRTHERR |
| MENTMORE | MP33 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this professional or any other mental health professional? [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) BOX MP7 (-8) BOX MP7 (-9) BOX MP7 |
| | BOX MP7 | routing | IF SPALIVE=1 (ALIVE) GO TO MP33B- AFRDMT. ELSE GO TO MP34- MPPRTHERR. | | |
| AFRDMT | MP33B | yes/no | Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION/ENDUTILD)], was there any time when [you/(SP)] needed mental health care or counseling, but [you/he/she] didn't get mental health care because [you/he/she] couldn't afford it? | (01) YES (02) NO (-8) Don't Know (-9) Refused | MP34-MPPRTHERR |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|--|---|
| MPPRTHER | MP34 | yes/no | SHOW CARD MP3 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.] [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS. (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS |
| THERMORE | MP41 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this therapist or any other therapist? [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS |
| MPPRPERS | MP42 | yes/no | SHOW CARD MP4 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.] [INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY. DO NOT INCLUDE PARAMEDIC IF THE AMBULANCE WAS ONLY USED FOR TRANSPORTATION SERVICES. | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC |
| PERSMORE | MP49 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this person or any other medical person? [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC |
| MPPRPLAC | MP50 | yes/no | SHOW CARD MP5 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UNTILDATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.] [DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) BOX MP8 (-8) BOX MP8 (-9) BOX MP8 |
| MPPRMORE | MP56 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this place or any other type of medical place? [DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) MP2 - PROVIDER_MP (02) BOX MP8 (-8) BOX MP8 (-9) BOX MP8 |
| | BOX MP8 | routing | IF SPALIVE=1 (ALIVE) AND SEASON=FALL GO TO SC11- MCDRNSEE. ELSE GO TO BOX MP22. | | |
| MCDRNSEE | SC11 | yes/no | During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think [you/he/she] should have seen a doctor or other health professional, but did not? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) SC12AA - TEMPCOND1 (02) SC15 - PMNOTGET (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET |
| TEMPCOND1 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] | SC12AA - TEMPCOND2 |
| TEMPCOND2 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] (-7) Empty | (01) SC12AA - TEMPCOND3 (-7) SC12A - MCDRATMP |
| TEMPCOND3 | SC12AA | text | What was the health problem or condition? ENTER ALL CONDITIONS. | (01) [Continuous answer.] (-7) Empty | SC12A - MCDRATMP |

| Variable Name | MR Screen Name | Question type | Question text/description | Code list | Routing |
|---------------|----------------|---------------|--|--|---|
| MCDRATMP | SC12A | yes/no | Did [you/(SP)] attempt to see a doctor or other health professional about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?] | (01) YES (02) NO (-8) Don't Know (-9) Refused | SC13A - SCRCODES |
| SCRCODES | SC13A | code all | SHOW CARD MP6 This card lists some reasons people have given for not seeing a doctor or other health professional about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor or other health professional about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | (01) BOX SC1B (02) BOX SC1B (03) BOX SC1B (04) BOX SC1B (05) BOX SC1B (06) BOX SC1B (07) BOX SC1B (91) SC13A - SCROTOS (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET |
| SCROTOS | SC13A | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | BOX SC1B |
| | BOX SC1B | routing | IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO BOX MP22. | | |
| SCRMAIN | SC14A | code 1 | Which of these was the main reason [you/(SP)] did not see a doctor or other health professional about (this condition/these conditions) during (CURRENT YEAR) ? [READ REASONS BELOW IF NECESSARY.] (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) | (01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused | BOX MP22 |
| | BOX MP22 | routing | If SEASON=WINTER, GO TO ACQ. If (SEASON=FALL or SUMMER) AND (INTTYPE in (C001, C002, C004,C005, C006, C007,C010), GO TO PMQ. | | |