No Statement Cost Series (NSQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
			NO STATEMENT COST SERIES QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: At least one event entered in the current round is not associated with charge data already entered PLACEMENT Administer after PSQ.		
	BOX NSBEG		CREATE LIST OF EVENTS ENTERED IN THE CURRENT ROUND THAT ARE NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED IF AT LEAST ONE EVENT ENTERED IN THE CURRENT ROUND IS NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED, GO TO NS1_IN - NAVIGATOR. ELSE GO TO NS81 - NSTATEMENT.		
NAVIGATOR	NS1_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) NS1 - NSINT (02) BOX NSBEG
NSINT	NS1	no entry	[Now that we're done with [your/(SP's)] statements, let's/Let's] talk about the medical services and costs for which [you/(SP)] did not have a statement.] THERE ARE (TOTAL NUMBER OF NS EVENTS) EVENTS (REMAINING) TO ASK ABOUT. (Let's start with/Next let's look at) (the/[your/(SP's)]) costs for the (EVENT).		BOX NS1
	BOX NS1	routing	IF (ST1 - MHMOSTMT = 3/Never AND ((SP HAS A MEDICARE MANAGED CARE PLAN THAT DOES NOT HAVE RX COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP HAS A PRIVATE PLAN THAT IS A MANAGED CARE PLAN ANYTIME IN THE CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE) OR (EVENT IS ASSOCIATED WITH A MANAGED CARE PLAN))) OR (EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM AND PS1 - HADPYMNT = 1/Yes) OR ((EVNTTYPE = 'DU' OR 'PM' OR 'VU' OR 'HU') AND SP DOES NOT HAVE ANY OTHER HEALTH INSURANCE PLAN BESIDES MEDICARE IN THE CURRENT ROUND) , GO TO BOX NS4. ELSE GO TO NS2 - NSEXMCMAIL.		
NSEXMCMAIL	NS2	code one	As far as you know, is anything expected in the mail from (Medicare, Insurance, and Tricare/Medicare and Tricare/Medicare and Insurance/Medicare) about [READ EVENT ABOVE]?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (04) HAVE STATEMENT FOR EVENT (05) YES, BUT CAN ANSWER QUESTIONS (09) FLAG COST FOR CPS DO NOT DISPLAY. (-8) DON'T KNOW (-9) REFUSED	(01) BOX NS4 (02) BOX NS4 (03) NS3 - EVERRVB (04) ST4 - MATCHST (05) BOX NS4 (09) DO NOT DISPLAY (-8) BOX NS4 (-9) BOX NS4
EVERRVB	NS3	verbatim text	REMINDER: "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT. IF YOU HAVE ENTERED THIS CODE IN ERROR, SELECT PREVIOUS PAGE AND ENTER THE CORRECT CODE AT NS2. OTHERWISE, EXPLAIN WHY YOU SELECTED "EVENT ENTERED IN ERROR" FOR THIS EVENT.	(01) CONTINUOUS ANSWER	BOX NS4
	BOX NS4	routing	CREATE A NEW CHARGE BUNDLE FOR THIS EVENT IF NS2 - NSEXMCMAIL = 1/Yes or 3/EventEnteredInError, GO TO BOX NS80. ELSE GO TO BOX NS4A.		
	BOX NS4A	routing	IF (EVENT TYPE IS NOT AN OTHER MEDICAL EXPENSE) AND (EVENT IS ASSOCIATED WITH A MANAGED CARE PLAN), GO TO NS6 - TOTALCHG. ELSE GO TO NS5 - TOTALCHG.		

TOTALCHG	NS5	dollar	Including any amounts that may be paid by Medicare or anyone else, what [was the charge for the (OME ITEM TYPE) rented (with the option to buy) for the time period between (REFERENCE DATE/UTILDATE) and (TODAY/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/was the total charge (that is, the total amount billed)]? IF CHARGE REPORTED AS HOURLY RATE, CALCULATE AND ENTER THE TOTAL CHARGE FOR THE ENTIRE ROUND. [PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE. IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.]	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS5
	BOX NS5	routing	IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80. ELSE IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO NS7 - MONTHCOV. ELSE IF (EVENT TYPE = 'PM' OR 'OM') AND NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS. ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS. ELSE GO TO BOX NS9.		
TOTALCHG	NS6	dollar	What was the copayment amount for the [READ EVENT ABOVE]? [EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, each time health services are provided. For example, the person may pay $20 for each office visit and $10 for each drug prescription.] ENTER 0 IF NO COPAYMENT FOR THE EVENT.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS6
	BOX NS6	routing	IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80. IF EVENT TYPE = 'PM' AND THE TOTAL OF NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS. ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS. ELSE GO TO BOX NS9.		
MONTHCOV	NS7	numeric	How many months are covered by the charge for the period of time [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)]	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED	NS7 - MONCOV96
MONCOV96	NS7	code one		(01) LESS THAN 1 MONTH (-7) EMPTY	BOX NS9
NUMLINKS	NS8	numeric	How many of the times [you/(SP)] obtained [READ EVENT ABOVE] since (REFERENCE DATE/UTILDATE) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS9
RVLINKS	NS9	numeric	How many of the (NUMBER OF VISITS) (visits to the OPD at/lab services provided by/visits to) (PROVIDER NAME) during the month of (EVENT MONTH) [were covered by the total charge/was there no charge/were covered by the (TOTAL CHARGE)/were covered by the copayment/was there no copayment/were covered by the (COPAYMENT)]?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS9
	BOX NS9	routing	IF (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE INSTEAD OF A TOTAL CHARGE), GO TO BOX NS45. ELSE GO TO NS10 - INCOTHER.		
INCOTHER	NS10	code one	[READ IF NECESSARY: Does [the total charge/TOTAL CHARGE]] cover this (medicine/item/event) only or does it include other (medicine/item/event)s.]	(01) ONLY THIS EVENT/ITEM/MEDICINE (02) OTHER EVENTS/ITEMS/MEDICINES (03) CAN'T TELL	(01) BOX NS45 (02) NS12 - INCTYPE (03) BOX NS45
INCTYPE	NS12	code all	What else was included? CHECK ALL THAT APPLY.	(01) PROVIDER SERVICE DATES (02) HOME HEALTH VISITS (03) OTHER MEDICAL EXPENSES (04) PRESCRIBED MEDICINES	BOX NS12
	BOX NS12	routing	IF THE RESPONSE TO NS12 - INCTYPE INCLUDES 1/ProvDates, GO TO NS13 - PROVIDER_NSDATE. ELSE GO TO BOX NS26.		

PROVIDER_NSDATE	NS13	roster	WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	[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 DU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO PROV
PROVNAME	NS13	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. 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. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. NAME:		NS13-GROUPNAM
GROUPNAM	NS13	verbatim	GROUP:		NS14- NSDATEUPD
NSDATEUPD	NS14	code one	THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER. DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?	(01) NO, DO NOT NEED TO ADD OR EDIT EVENT DATES (02) YES, NEED TO ADD EVENT DATE (03) YES, NEED TO EDIT EVENT DATE	(01) NS24 - EVENT_NSDATE (02) NS16 - EVENT_NSDATEADD (03) NS15 - EVENT_NSDATEDIT
EVENT_NSDATEDIT	NS15	roster	SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.	(01) CONTINUOUS ANSWER	NS14 - NSDATEUPD
VISITYPE	VISTYPE	select one	SELECT TYPE OF VISIT TO ADD:	(01) Separately Billing Lab (SL) (02) Separately Billing Doctor (SD) (03) Dental (DU) (09) Vision (VU) (10) Hearing (HU) (04) Hospital Emergency Room (ER) (05) Hospital Inpatient Saty (IP) (06) Hospital Outpatient Visit (OP) (07) Institutional Stay (IU) (08) All other visits to Medical Provider (MP)	EVENT
EVENT	NS16	verbatim	[When did [you/(SP)] see (PROVIDER NAME)?/When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)?] Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE. ADD ALL EVENT DATES FOR THIS PROVIDER. [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.]	MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS	BOX NS16A
	BOX NS16A	routing	IF AT LEAST ONE EVENT DATE ADDED AT NS16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX NS16B. ELSE GO TO NS14 - NSDATEUPD.		
	BOX NS16B	routing	GO TO BOX NS17.		
NSDATEINTRO	NS17	no entry	Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.		BOX NS17

	BOX NS17	routing	IF AT LEAST ONE EVENT ADDED AT NS16 IS AN 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO NS18 - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO NS18A - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT NS16 IS A 'VU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO NS18B - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT NS16 IS A 'HU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO NS18C - PROVSPEC. ELSE GO TO BOX NS18.		
PROVSPEC	NS18	code one	What kind of medical person is (PROVIDER NAME)? [SELECT THE 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.']	(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)-(34), (42), (-8), (-9) BOX NS18 (91) NS18 - PROVSPOS
PROVSPOS	NS18	text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX NS18
PROVSPEC	NS18A	code one	What kind of dental provider is [PROVNAME]?	(01) GENERAL DENTIST (35) DENTAL HYGIENIST (36) DENTAL TECHNICIAN (37) DENTAL/ORAL SURGEON (38) ORTHODONTIST (39) ENDODONTIST (40) PERIODONTIST (41) PROSTHODONTIST (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX NS18 (35) BOX NS18 (36) BOX NS18 (37) BOX NS18 (38) BOX NS18 (39) BOX NS18 (40) BOX NS18 (41) BOX NS18 (91) NS18A - PROVSPOS (-8) BOX NS18 (-9) BOX NS18

PROVSPECOTH	NS18A	code one	What kind of dental provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (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 (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	
PROVSPECOTH	NS18A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX NS18
PROVSPEC	NS18B	code one	What kind of eye care provider is [PROVNAME]?	(02) MEDICAL DOCTOR, INCLUDING OPHTHALMOLOGIST (16) OPTOMETRIST (OD) (42) OPTICIAN (09) OTHER (-8) DON'T KNOW (-9) REFUSED	(02) BOX NS18 (16) BOX NS18 (42) BOX NS18 (91) NS18B- PROVSPECOTH (-8) BOX NS18 (-9) BOX NS18

PROVSPECOTH	NS18B	code one	What kind of eye care provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (DO NOT DISPLAY) (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) (DO NOT DISPLAY) (17) OSTEOPATH (DO) (18) PARAMEDIC (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)-(34), (-8), (-9) BOX NS18 (91) NS18B - PROVSPOS
PROVSPECOTH	NS18B	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX NT18
PROVSPEC	NS18C	code one	What kind of hearing care provider is [PROVNAME]?	(02) MEDICAL DOCTOR, INCLUDING OTOLARYNGOLOGIST (ENT), OTOLOGIST, NEUROTOLOGIST (03) AUDIOLOGIST (43) AUDIOMETRIST (44) HEARING INSTRUMENT SPECIALIST (09) OTHER (-8) Don't Know (-9) Refused	(02) BOX NS18 (03) BOX NS18 (43) BOX NS18 (44) BOX NS18 (91) NS18C- PROVSPECOTH (-8) BOX NS18 (-9) BOX NS18

PROVSPECOTH	NS18C	code one	What kind of hearing care provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (DO NOT DISPLAY) (03) AUDIOLOGIST (DO NOT DISPLAY) (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 (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)-(34), (-8), (-9) BOX NS18 (91) NS18C - PROVSPOS
PROVSPECOTH	NS18C	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX NS18
	BOX NS18	routing	IF (AT LEAST ONE EVENT ADDED AT NS16 IS A 'DU', 'VU', 'HU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (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 NS19 - VAPLACE. ELSE GO TO BOX NS19.		
VAPLACE	NS19	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	BOX NS19
	BOX NS19	routing	GO TO NS22A_IN - NAVIGATOR.		
HMOASSOC	NS20	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) NS22A_IN - NAVIGATOR (02) NS21 - HMOREFER (-8) NS21 - HMOREFER (-9) NS21 - HMOREFER

HMOREFER	NS21	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	NS22A_IN - NAVIGATOR
NAVIGATOR	NS22A_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) BOX NS22A (02) NS14 - NSDATEUPD
	BOX NS22A	routing	IF TYPE OF EVENT = 'MP', GO TO BOX NS22B. ELSE GO TO BOX NS23B.		
	BOX NS22B	routing	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 NS23 - MPSDVIS. ELSE GO TO BOX NS23A		
MPSDVIS	NS23	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	BOX NS23A
	BOX NS23A	routing	GO TO BOX NS23B.		
	BOX NS23B	routing	GO TO NS22A_IN - NAVIGATOR.		
EVENT_NSDATE	NS24	check all	SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	BOX NS24
	BOX NS24	routing	IF AT LEAST ONE EVENT SELECTED AT NS24 IS A REPEAT VISIT, GO TO NS24A - RVLINKS. ELSE GO TO NS25 - NSDATEMTCH.		
RVLINKS	NS24A	numeric	ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE. [A REPEAT VISIT MEANS THAT THE RESPONDENT HAD AT LEAST 5 VISITS TO THE PROVIDER DURING THE CURRENT ROUND REFERENCE PERIOD.]	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS24A
	BOX NS24A	routing	IF ANOTHER EVENT SELECTED AT NS24 IS A REPEAT VISIT, GO TO NS24A - RVLINKS. ELSE GO TO NS25 - NSDATEMTCH.		
NSDATEMTCH	NS25	code one	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT	(01) BOX NS26 (02) NS13 - PROVIDER_NSDATE (03) NS26 - EVENT_NSDATEDEL
EVENT_NSDATEDEL	NS26	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	NS25 - NSDATEMTCH
	BOX NS26	routing	IF NS12 – INCTYPE INCLUDES 2/HHVisits, GO TO NS27 - PROVIDER_HH. ELSE GO TO BOX NS33.		
PROVIDER_HH	NS27	roster	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	(01) CONTINUOUS ANSWER	BOX NS28A
	BOX NS28A	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT NS27) OR (AN EXISTING PROVIDER WAS SELECTED AT NS27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO NS30 - HHEVNTTYPE. ELSE GO TO BOX NS31B.		
HHEVNTTYPE	NS30	code one	IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?	(01) HOME HEALTH PROFESSIONAL (02) OTHER HOME HEALTH PROVIDER	BOX NS31B
NSHHINTRO	NS31	no entry	Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.		BOX NS31A
	BOX NS31A	routing	IF NS30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE.		
	BOX NS31B	routing	LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO NS32 - NSHHMTCH.		
NSHHMTCH	NS32	no entry	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.	(01) CONTINUE (-7) EMPTY	BOX NS33
	BOX NS33	routing	IF NS12 – INCTYPE INCLUDES 3/OMExpenses, GO TO NS34 - NSOMUPD. ELSE GO TO BOX NS40.		

NSOMUPD	NS34	code one	THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?	(01) NO, DO NOT NEED TO ADD OR EDIT OM EVENT (02) YES, NEED TO ADD AN OME EVENT (03) YES, NEED TO EDIT AN OME EVENT	(01) NS37 - EVENT_NSOM (02) NS36 - NSOMADD (03) NS35 - EVENT_NSOMEDIT
EVENT_NSOMEDIT	NS35	roster	SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.	(01) CONTINUOUS ANSWER	
NSOMADD	NS36	code one	WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?	(01) GLASSES/CONTACTS (11) HEARING AID (02) HEARING/SPEECH DEVICE (03) ORTHOPEDIC ITEM (04) DIABETIC SUPPLIES (05) AMBULANCE/RESCUE (06 PROSTHESIS (07) ALTERATIONS (HOME/CAR) (08) OXYGEN (09) KIDNEY DIALYSIS (10) ALL OTHER MEDICAL SUPPLIES	BOX NS36
	BOX NS36	routing	GO TO NS34 - NSOMUPD.		
EVENT_NSOM	NS37	roster	SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	BOX NS37
	BOX NS37	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT NS37 IS RENTED, GO TO NS38 - MONTHCOV. ELSE GO TO BOX NS38B.		
MONTHCOV	NS38	numeric	HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)]	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED	NS38 - MONCOV96
MONCOV96	NS38	code one		(01) LESS THAN 1 MONTH (-7) EMPTY	BOX NS38A
	BOX NS38A	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT NS37 IS RENTED, GO TO NS38 - MONTHCOV. ELSE GO TO BOX NS38B.		
	BOX NS38B	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT NS37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO NS38A - NUMLINKS. ELSE GO TO NS39 - NSOMMTCH.		
NUMLINKS	NS38A	numeric	HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NS38AA
	BOX NS38AA	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT NS37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO NS38A - NUMLINKS. ELSE GO TO NS39 - NSOMMTCH.		
NSOMMTCH	NS39	code one	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD AN OME EVENT (03) NO, NEED TO REMOVE AN OME EVENT	(01) BOX NS40 (02) NS34 - NSOMUPD (03) NS40 - EVENT_NSOMDEL
EVENT_NSOMDEL	NS40	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	NS39 - NSOMMTCH
	BOX NS40	routing	IF NS12 – INCTYPE INCLUDES 4/PMS, GO TO NS41 - EVENT_NSPM. ELSE GO TO BOX NS45.		
EVENT_NSPM	NS41	roster	SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	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?		
	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.	[you] respondent is SP [(SP)] respondent is proxy (MEDICINE NAME) = PMEDNAME (MEDICINE FORM) = IF PMFORMFN IS MISSING, FILL PMFORM (FROM PRIOR TO R79), ELSE FILL PMFORMFN (MEDICINE STRENGTH) = PMSTRUNI (MEDICINE AMOUNT) = TABNUM OR AMTNUM/AMTUNIT (SPELL OUT CODE FOR AMOUNT UNIT).	
	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.		
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]		
PMBRNAME	MED	lookup	[PM BRAND NAME]		
PMGNNAME	MED	lookup	[PM GENERIC NAME]		
PMFORMFD	MED	lookup	Medicine Form [FDB LIST FORM NAME]		
PMFORMMC	MED	code one	Medicine Form [MCBS FORM]		
PMFORMOS	MED	verbatim	[MEDICINE FORM OTHER SPECIFY]		
PMFORMFN	MED	verbatim	[FINAL CONCATENATED MEDICINE FORM]		
PMSTRNFD	MED	verbatim	Medicine Strength		
STRNNUMBB	MED	numeric	Medicine strength number		

STRNUNIT	MED	code one	Medicine strength unit		
PMSTRNOS	MED	verbatim	[MEDICINE STRENGTH UNIT OTHER SPECIFY]		
PMSTRUNI	MED	ookup	[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?		
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.		
PMCONDOS	PMCOND	verbatim	OTHER (SPECIFY)		
	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?		Edit #1 TABNUM = 1-270, DK, RF. If not true, display message, "THE AMOUNT ENTERED SEEMS UNLIKELY. PLEASE VERIFY."
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.]		Edit #1 If AMTUNIT= 1/Ounces, then AMTNUM =.1-16, DK, RF. Else if AMTUNIT =2/Grams, then AMTNUM= .1-60, DK, RF. Else if AMTUNIT = 3/Milliliters, then AMTNUM = .01-480, DK, RF. Else if AMTUNIT = 4/Milliequivalents, then AMTNUM = .1-100, DK, RF. Else if AMTUNIT = 5/Milligrams, then AMTNUM = .1- 800, DK, RF. Else if AMTUNIT = 6/Micrograms, then AMTNUM = .1- 50, DK, RF. Else if AMTUNIT = 91/Other, then AMTNUM = .01-1,000, DK, RF. If not true, display message "THE AMOUNT ENTERED SEEMS UNLIKELY. PLEASE VERIFY."
AMTUNOS	PM16	text	OTHER (SPECIFY)		
AMTNUM	PM16	numeric			
	BOX PM6	routing	IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7.		
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".	[PILLS] current round, PMFORM = 1/Pill [SUPPOSITORIES] current round, PMFORM = 5/Suppository	
TABSADAY95	PM12	code one			

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".	[do] respondent is SP [did] respondent is proxy, SP deceased [does] respondent is proxy, SP alive [you] respondent is SP [(SP)] respondent is proxy	Edit #1 TABTAKE = 1-15, DK. If not true, display message, "THE AMOUNT ENTERED SEEMS UNLIKELY. PLEASE VERIFY."
TABTAKE96	PM13	code one			
	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.?	[you] respondent is SP [(SP)] respondent is proxy [this purchse] PMRO.GETNUM = 1 [any of these purchases] PMRO.GETNUM is not equal to 1	
	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.]	[you] respondent is SP [(SP)] respondent is proxy [this purchse] PMRO.GETNUM = 1 [any of these purchases] PMRO.GETNUM is not equal 1 [your] respondent is SP [(SP)'s] respondent is proxy	
PMMORE	PMMORE	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?]	[THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.] SP reported any Prescription Medicine purchases during the current round [NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD.] SP did not report any Prescription Medicine purchases during the current round (more) Display if SP reported any Prescription Medicine purchases during the current round. Else do not display. If UTILDATE^=MREFDATE, fill " (UTILDATE)" Else fill "(REFERENCE DATE)".	
NUMLINKS	NS42	grid	HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	NS44-NSPMMTCH
NSPMMTCH	NS44	code one	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A MEDICINE NAME (03) NO, NEED TO REMOVE A MEDICINE NAME	(01) BOX NS45 (02) NS41 - EVENT_NSPM (03) NS45 - EVENT_NSPMDEL
EVENT_NSPMDEL	NS45	roster	SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	NS44 - NSPMMTCH
	BOX NS45	routing	IF TOTAL CHARGE OR COPAY COLLECTED GE 0, DK OR RF, GO TO NS64 - NSTCHGPAID. ELSE GO TO BOX NS64B.		

NSTCHGPAID	NS64	code one	[[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] already paid any of [the charge/the total charge/the copayment amount/this (TOTAL CHARGE)]? [IF COPAYMENT AMOUNT IS ZERO, SELECT "NO."]	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (-8) DON'T KNOW (-9) REFUSED	BOX NS64A
	BOX NS64A	routing	IF SP OR ANY SOURCE HAS PAID, GO TO BOX NS64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX NS78B. ELSE GO TO BOX NS80.		
	BOX NS64B	routing	CREATE SOURCE OF PAYMENT ROSTER GO TO NS65 - NSADDSOP1.		
NSADDSOP1	NS65	yes/no	ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT.	(01) YES (02) NO	(01) NS67 - TSOPAMT (02) NS66 - SOP_NS1
SOP_NS1	NS66	roster	ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	NS67 - TSOPAMT
TSOPAMT	NS67	grid	Who (else) paid? How much did (SOURCE) pay? ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED	BOX NS67HE
	BOX NS67HE	routing	IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX NS67A. ELSE GO TO NS67HE - PAYMHE.		
PAYMHE	NS67HE	no entry	THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN $0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'. USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS.		NS67HE - PAYMHE
	BOX NS67A	routing	IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT NS66, GO TO BOX NS67B. ELSE GO TO BOX NS69F.		
	BOX NS67B	routing	IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT NS66 IS A HEALTH INSURANCE PLAN, GO TO NS67BINT - PLANINTRO_NS. ELSE GO TO BOX NS69E.		
PLANINTRO_NS	NS67BINT	no entry	Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.		NS67B_IN - NAVIGATOR
NAVIGATOR	NS67B_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) BOX NS67C (02) BOX NS69E
	BOX NS67C	routing	CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT NS66. IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO NS68 -NSMHMOCHNG1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO NS69 -NSSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO NS69A -NSMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO NS69B - NSSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME. ELSE GO TO HIT2 -COVTIME.		

NSMHMOCHNG1	NS68	yes/no	I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NS69 - NSSOPCURR1 (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A
NSSOPCURR1	NS69	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (NS66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HIMC6A - MHMORXTM (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A
NSMPDPCHNG	NS69A	yes/no	I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NS69B - NSSOPCURR2 (02) BOX NS69A (-8) BOX NS69A (-9) BOX NS69A
NSSOPCURR2	NS69B	yes/no	[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (NS66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX NS69A
	BOX NS69A	routing	GO TO NS67B_IN - NAVIGATOR.		
	BOX NS69E	routing	IF AN "OTHER SOURCE OF PAYMENT" ADDED AT NS66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT NS66 THAT IS AN "OTHER SOURCE OF PAYMENT" . GO TO BOX NS69F.		
	BOX NS69F	routing	IF (TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (AT LEAST ONE PAYMENT ENTERED AT NS67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT NS67 ^= DK AND ^= RF AND ^= 0) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT NS67 >= TOTAL CHARGE), GO TO NS71 - AMTSCORR. ELSE IF (TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (ALL PAYMENTS ENTERED AT NS67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT NS67 AND TOTAL CHARGE IS > $1.00), GO TO NS70 - AMTSCORR. ELSE GO TO BOX NS77C.		
AMTSCORR	NS70	code one	There seems to be [some amount still unpaid/more payments than the charge]. [REVIEW WITH RESPONDENT.] The total of all payments is $(TOTAL PAYMENTS). The amount [unpaid/overpaid] is $(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION (03) AMOUNT REMAINING SEEMS INCORRECT (-8) DON'T KNOW (-9) REFUSED	(01) BOX NS77C (02) DO NOT DISPLAY. (03) NS72 - ENTERCOM (-8) BOX NS77C (-9) BOX NS77C
AMTSCORR	NS71	code one	THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE [TOTAL CHARGE/COPAYMENT], WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED. IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) ENTRIES ABOVE ARE CORRECT (02) NO, SOP NEEDS ADDITION OR CORRECTION (03) AMOUNT REMAINING SEEMS INCORRECT (-8) DON'T KNOW (-9) REFUSED	(01) BOX NS77C (02) DO NOT DISPLAY. (03) NS72 - ENTERCOM (-8) BOX NS77C (-9) BOX NS77C
ENTERCOM	NS72	no entry	[THE TOTAL OF PAYMENTS IS $(TOTAL PAYMENTS). THE AMOUNT [UNPAID/OVERPAID] IS $(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).] USE THE BOX BELOW TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.		BOX NS77C
	BOX NS77C	routing	CREATE PAYMENTS FOR AMOUNTS ENTERED AT NS67 GO TO BOX NS77D.		
	BOX NS77D	routing	IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN $5.00, GO TO NS78 - EXPPAYBK. ELSE GO TO BOX NS80.		
EXPPAYBK	NS78	yes/no	I have recorded that [you have/(SP) has] paid $(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX NS78A
	BOX NS78A	routing	IF NS78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND)), GO TO NS80 - EXPAYUNT. ELSE GO TO BOX NS80.		
	BOX NS78B	routing	IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND), GO TO NS79 - EXPAYOUT. ELSE GO TO BOX NS80.		
EXPAYOUT	NS79	yes/no	Do you expect anyone to pay any of this amount?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NS80 - EXPAYUNT (02) BOX NS80 (-8) BOX NS80 (-9) BOX NS80

EXPAYUNT	NS80	quantity unit	How much do you expect will be paid?	(01) PERCENTAGE NS80 - EXPAYPCT (02) DOLLARS NS80 - EXPAYAMT (-8) DON'T KNOW (-9) REFUSED	(01) NS80 - EXPAYPCT (02) NS80 - EXPAYAMT (-8) BOX NS80 (-9) BOX NS80
EXPAYPCT	NS80	numeric		(01) CONTINUOUS ANSWER	BOX NS80
EXPAYAMT	NS80	numeric		(01) CONTINUOUS ANSWER	BOX NS80
	BOX NS80	routing	IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE GO TO BOX NSL1. GO TO BOX NSBEG		
	BOX NSL1	routing	IF (CHARGE DATA WAS COLLECTED IN NS FOR THIS NS CHARGE BUNDLE) AND (NS CHARGE BUNDLE IS LINKED TO ONLY ONE EVENT) AND (SP OR ANY OTHER SOURCE HAS PAID) AND ((EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM' AND (THE TOTAL CHARGE ^= RF) AND (PM WAS PURCHASED THROUGH AN HMO) AND (THERE ARE OTHER CURRENT ROUND PRESCRIPTION MEDICINE EVENTS NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE THAT WERE PURCHASED THROUGH AN HMO)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM' AND (TOTAL CHARGE ^= RF) AND (PM WAS NOT PURCHASED THROUGH AN HMO OR HAD AN UNKNOWN PURCHASE LOCATION) AND (THERE ARE OTHER CURRENT ROUND PRESCRIPTION MEDICINE EVENTS NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE THAT WERE NOT PURCHASED THROUGH AN HMO OR HAD AN UNKNOWN PURCHASE LOCATION)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'DU', 'VU', 'HU', 'ER', 'OP', 'MP', 'SD', OR 'SL' AND (THE TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (SP REFERRED TO PROVIDER BY HMO FOR THIS EVENT) AND (THERE ARE OTHER CURRENT ROUND EVENTS WITH THE SAME EVENT TYPE FOR THIS PROVIDER WHERE THE SP WAS REFERRED TO THE PROVIDER BY THE HIMO THAT ARE NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE)) OR (EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'DU', 'VU', 'HU', 'ER', 'OP', 'MP', 'SD', OR 'SL' AND (THE TOTAL CHARGE ^= DK AND TOTAL CHARGE ^= RF) AND (SP WAS NOT REFERRED TO PROVIDER BY HMO OR REFERRAL IS UNKNOWN FOR THE EVENT) AND (THERE ARE OTHER CURRENT ROUND EVENTS WITH THE SAME EVENT TYPE FOR THIS PROVIDER WHERE THE SP WAS NOT REFERRED TO PROVIDER BY HMO OR REFERRAL IS UNKNOWN FOR THE EVENT THAT ARE NOT LINKED TO A CURRENT ROUND CHARGE BUNDLE)),), GO TO NSL1 - NSEVSAME. ELSE GO TO BOX NSBEG.		
NSEVSAME	NSL1	code one	You told me earlier that [you/(SP)] had other [visits to (PROVIDER NAME)/prescribed medicine purchases]. Are any other [visits to (PROVIDER NAME)/prescribed medicine purchases] the same -- where the [total charge was (TOTAL CHARGE TEXT)/copayment was (TOTAL CHARGE TEXT)] per (visit/purchase) and payments were: [READ PAYMENTS LISTED ABOVE]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX NSL2 (02) BOX NSBEG (-8) BOX NSBEG (-9) BOX NSBEG
	BOX NSL2	routing	IF EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM', GO TO NSL3 - EVENT_PMSAME. ELSE GO TO NSL5 - EVENT_VISITSAME.		
	NSL3	roster	Which ones are the same? REVIEW LIST WITH RESPONDENT AND SELECT ALL PRESCRIPTION MEDICINES WHERE THE COSTS AND PAYMENTS ARE THE SAME. IF NO PRESCRIPTION MEDICINES HAD THE SAME COST AND PAYMENTS, PRESS ENTER WITHOUT SELECTING ANY MEDICINES.	(01) CONTINUOUS ANSWER	BOX NSL3
	BOX NSL3	routing	IF AT LEAST ONE PRESCRIBED MEDICINE SELECTED AT NSL3 HAS NUMBER OF PURCHASES BEING ASKED ABOUT IN NS > 1, GO TO NSL4 - NUMLINKS. ELSE GO TO BOX NSBEG.		
NUMLINKS	NSL4	grid	How many times are the same? ENTER THE NUMBER OF PURCHASES OF EACH MEDICINE SHOWN BELOW THAT ARE THE SAME.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NSBEG

EVENT_VISITSAME	NSL5	roster	Which ones are the same? REVIEW LIST WITH THE RESPONDENT AND SELECT ALL PROVIDER EVENTS WHERE THE COST AND PAYMENTS ARE THE SAME. IF NO PROVIDER EVENTS HAD THE SAME COST AND PAYMENTS, PRESS ENTER WITHOUT SELECTING ANY EVENTS.	(01) CONTINUOUS ANSWER	BOX NSL5
	BOX NSL5	routing	IF AT LEAST ONE EVENT SELECTED AT NSL5 IS A REPEAT VISIT, GO TO NSL6 - RVLINKS. ELSE GO TO BOX NSBEG.		
RVLINKS	NSL6	numeric	How many times are the same for (EVENT)? ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE THE SAME.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX NSL6
	BOX NSL6	routing	IF ANOTHER EVENT SELECTED AT NSL5 IS A REPEAT VISIT, GO TO NSL6 - RVLINKS. ELSE GO TO BOX NSBEG.		
NSTATEMENT	NS81	yes/no	YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED. DO YOU HAVE ANY MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENTS THAT YOU HAVE NOT YET ENTERED?	(01) YES (02) NO	(01) ST5 - ST_CHARGEBUNDLE (02) BOX NSEND
	BOX NSEND	routing	IF INTTYPE in(C001, C004, C005), GO TO CPS. IF INTTYPE in(C002, C006, C007, C010), GO TO MBQ.		