

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>STATEMENT COST SERIES 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 OMQ.</p>		
	BOX STBEG	routing	IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND), GO TO ST1 - MHMOSTMT. ELSE GO TO ST2 - MCSAVAIL.		
MHMOSTMT	ST1	code one	Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE. [Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].	(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	(01) ST2 - MCSAVAIL (02) ST2 - MCSAVAIL (03) BOX STEND (-8) ST2 - MCSAVAIL (-9) ST2 - MCSAVAIL
MCSAVAIL	ST2	yes/no	[Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.] [PROBE IF NECESSARY: Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]? (Please include any statements received about [your/(SP's)] prescription drug benefit.)]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) ST3 - STHIREP (02) BOX STEND (-8) BOX STEND (-9) BOX STEND
STHIREP	ST3	no entry	BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP.		ST4 - MATCHST
MATCHST	ST4	no entry	[MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).]		ST5 - ST_CHARGEBUNDLE
ST_CHARGEBUNDLE	ST5	roster	ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS. ADD ONE CHARGE BUNDLE AT THIS ROSTER.		STTYPE (HAD BEEN BOX ST5A)
STTYPE	ST5AA	code one	SELECT SOURCE OF THE STATEMENT(S) FOR THIS CHARGE BUNDLE	(01) MEDICARE SUMMARY NOTICE (MSN) ONLY (02) INSURANCE STATEMENT ONLY (03) BOTH MEDICARE SUMMARY NOTICE (MSN) <u>AND</u> INSURANCE STATEMENT (04) TRICARE STATEMENT ONLY (05) BOTH MEDICARE SUMMARY NOTICE (MSN) <u>AND</u> TRICARE STATEMENTS (06) BOTH TRICARE <u>AND</u> INSURANCE STATEMENTS (07) MEDICARE SUMMARY NOTICE (MSN) <u>AND</u> TRICARE <u>AND</u> INSURANCE STATEMENTS (08) MPDP STATEMENT OR MA/TRICARE PRESCRIPTION DRUG BUNDLE	(01) ST5AA-MCARTYPE (02) BOX ST5A (03) ST5AA-MCARTYPE (04) BOX ST5A (05) ST5AA-MCARTYPE (06) BOX ST5A (07) ST5AA-MCARTYPE (08) BOX ST5A

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MCARTYPE	ST5AAA	code one	WHICH TYPE OF MEDICARE STATEMENT DO YOU HAVE TO ENTER? [SEE REFERENCE CARDS FOR MEDICARE STATEMENT EXAMPLES]	(01) MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE - ASSIGNED OR UNASSIGNED (EXAMPLE 1) (02) MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE OUTPATIENT FACILITY CLAIMS (EXAMPLE 2) (03) MEDICARE SUMMARY NOTICE: PART A HOSPITAL INSURANCE INPATIENT CLAIMS (EXAMPLE 3) (04) MEDICARE SUMMARY NOTICE: HOME HEALTH CARE CLAIMS (EXAMPLE 4) (05) MEDICARE SUMMARY NOTICE: PART A HOSPICE FACILITY CLAIMS (EXAMPLE 5)	BOX ST5A
	BOX ST5A	routing	IF ST5 - STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE. ELSE GO TO BOX ST5B.		
PDPTYPE	ST5A	code one	SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE.	(01) MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT (02) MEDICARE ADVANTAGE STATEMENT (03) TRICARE STATEMENT	BOX ST5B
	BOX ST5B	routing	SET STATEMENT TYPE. GO TO BOX ST5.		
	BOX ST5	routing	IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM. ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST11B - PDPBEGMM.		
MSNCLNUM	ST7	text	ENTER THE CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH THE CLAIM TOTAL. IF NO CLAIM CONTROL NUMBER(S) LISTED, USE F8 TO SELECT 'DON'T KNOW'. DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS. [INSERT TEXT BOX 1 FOR CLAIM 1] IF THERE ARE MULTIPLE CLAIM NUMBERS ASSOCIATED WITH THE CLAIM TOTAL, ENTER BELOW: [INSERT REMAINING TEXT BOXES]	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	ST7 - MSNCLNM2
MSNCLNM2	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	ST7 - MSNCLNM3
MSNCLNM3	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	ST7 - MSNCLNM4
MSNCLNM4	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	ST7 - MSNCLNM5
MSNCLNM5	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX ST7
	BOX ST7	routing	IF ST7 - MSNCLNUM = DK, GO TO BOX ST9. ELSE GO TO ST8 - MSCLVER1.		
MSCLVER1	ST8	text	PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN.	(01) CONTINUOUS ANSWER	BOX ST8
	BOX ST8	routing	IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM.	IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM.	
WHICHNUM	ST9	code one	YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY. FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER) SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER) WHICH IS CORRECT?	(01) FIRST (02) SECOND (03) NEITHER	(01) BOX ST9 (02) BOX ST9 (03) ST9 - NEWCLNUM
NEWCLNUM	ST9	text	ENTER CORRECT MSN CLAIM CONTROL NUMBER:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST9

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX ST9	routing	IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST10 - INSLNUM. ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.		
INSLNUM	ST10	text	ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, USE F8 TO SELECT 'DON'T KNOW'.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX ST10
	BOX ST10	routing	IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.		
TRICLNUM	ST11	text	ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	ST12 - INCTYPE
PDPBEGMM	ST11B	date	ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. BEGINNING DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST11B - PDPBEGDD
PDPBEGDD	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST11B - PDPBEGYY
PDPBEGYY	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST11B - PDPENDMM
PDPENDMM	ST11B	date	ENDING DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST11B - PDPENDD
PDPENDD	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST11B - PDPENDYY
PDPENDYY	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST12 - INCTYPE
INCTYPE	ST12	code all	WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)? CHECK ALL THAT APPLY.	(01) PROVIDER SERVICE DATES (02) HOME HEALTH VISITS (03) OTHER MEDICAL EXPENSES (04) PRESCRIBED MEDICINES	BOX ST12
	BOX ST12	routing	IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER_STDATE. ELSE GO TO BOX ST26.		
PROVIDER_STDATE	ST13	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 ST14 - STDATEUPD. ELSE IF ""ADD ANOTHER"" SELECTED, GO TO PROV"
PROVNAME	ST13	verbatim	[PROVIDER LOOKUP CAN BE 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:		ST13-GROUPNAM
GROUPNAM	ST13	verbatim	GROUP:		ST14 - STDATEUPD
STDATEUPD	ST14	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) ST24 - EVENT_STDATE (02) EVENT DATE ST16 - EVENT_STDATEADD (03) ST15 - EVENT_STDATEDIT

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VISITYPE	VISTYPE	select one	SELECT TYPE OF VISIT TO ADD:	(01) Separately Billing Lab (SL) (02) Separately Billing Doctor (SD) (03) Dental (DU) (08) Vision (VU) (09) Hearing (HU) (04) Hospital Emergency Room (ER) (05) Hospital Inpatient Saty (IP) (06) Hospital Outpatient Visit (OP) (07) Institutional Stay (IU) (10) All other visits to Medical Provider (MP)	ST16 - EVENT
EVENT_STDATEDIT	ST15	roster	SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.	(01) CONTINUOUS ANSWER	ST16-EVENT
EVENT	ST16	roster	[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/ENDUTILD)]. 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.]	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST16A
	BOX ST16A	routing	IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX ST16B. ELSE GO TO ST14 - STDATEUPD.		
	BOX ST16B	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'VU', 'HU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO. ELSE GO TO BOX ST17.		
STDATEINTRO	ST17	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 ST17
	BOX ST17	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS AN 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18A - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'VU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18B - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'HU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18C - PROVSPEC. ELSE GO TO BOX ST18.		

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PROVSPEC	ST18	code one	<p>What kind of medical person is (PROVIDER NAME)?</p> <p>[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.']</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)-(34), (42), (-8), (-9) BOX ST18 (91) ST18 - PROVSPPOS
PROVSPOS	ST18	text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX ST18
PROVSPEC	ST18A	code one	<p>What kind of dental provider is [PROVNAME]?</p>	(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 ST18 (35) BOX ST18 (36) BOX ST18 (37) BOX ST18 (38) BOX ST18 (39) BOX ST18 (40) BOX ST18 (41) BOX ST18 (91) ST18A - PROVSPPOS (-8) BOX ST18 (-9) BOX ST18

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROVSPEC	ST18A1	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	(01)-(34), (-8), (-9) BOX ST18 (91) ST18A - PROVSPoS
PROVPOS	ST18A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX ST18
PROVSPEC	ST18B	code one	What kind of eye care provider is [PROVNAME]?	(02) MEDICAL DOCTOR, INCLUDING OPHTHALMOLOGIST (16) OPTOMETRIST (OD) (43) OPTICIAN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(02) BOX ST18 (16) BOX ST18 (43) BOX ST18 (91) ST18B- PROVSPeCOTH (-8) BOX ST18 (-9) BOX ST18
PROVSPEC	ST18B1	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	(01)-(34), (-8), (-9) BOX ST18 (91) ST18B - PROVSPoS

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				(31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused	
PROVPOS	ST18B	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX ST18
PROVSPEC	ST18C	code one	What kind of hearing care provider is [PROVNAME]?	(02) MEDICAL DOCTOR, INCLUDING OTOLARYNGOLOGIST (ENT), OTOLOGIST, NEUROTOLOGIST (03) AUDIOLOGIST (44) AUDIOMETRIST (45) HEARING INSTRUMENT SPECIALIST (91) OTHER (-8) Don't Know (-9) Refused	(02) BOX ST18 (03) BOX ST18 (44) BOX ST18 (45) BOX ST18 (91) ST18C- PROVSPECOTH (-8) BOX ST18 (-9) BOX ST18
PROVSPEC	ST18C1	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 ST18 (91) ST18C - PROVSPPOS
PROVPOS	ST18C	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX ST18
	BOX ST18	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 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 ST19 - VAPLACE. ELSE GO TO BOX ST19.		
VAPLACE	ST19	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 ST19

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	BOX ST19	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'VU', 'HU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (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 ST20 - HMOASSOC. ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'VU', 'HU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (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 ST21 - HMOREFER. ELSE GO TO BOX ST22A.		
HMOASSOC	ST20	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) BOX ST22A (02) ST21 - HMOREFER (-8) ST21 - HMOREFER (-9) ST21 - HMOREFER
HMOREFER	ST21	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX ST22A
	BOX ST22A	routing	FOR THIS EVENT ADDED AT ST16, IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS. ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS. ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B. ELSE IF TYPE OF EVENT = 'DU', GO TO DU7 - DVPROCDR. ELSE IF TYPE OF EVENT = 'VU', GO TO VU7 - VUPROCDR. ELSE IF TYPE OF EVENT = 'HU', GO TO HU7 - HUPROCDR. ELSE GO TO BOX ST23B.		
	BOX ST22B	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 ST23 - MPSDVIS. ELSE GO TO BOX ST23A.		
MPSDVIS	ST23	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 ST23A
	BOX ST23A	routing	IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B. ELSE GO TO BOX MP2C.		
	BOX ST23B	routing	IF ANOTHER EVENT WAS ADDED WITH THIS PROVIDER AT ST16, GO TO BOX ST22A. ELSE GO TO ST24-EVENT_STDATE.		
EVENT_STDATE	ST24	roster	SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	BOX ST24
	BOX ST24	routing	IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.		
RVLINKS	ST24A	numeric	ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST24A
	BOX ST24A	routing	IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.		
STDATEMTCH	ST25	code one	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT	(01) BOX ST26 (02) ST13 - PROVIDER_STDATE (03) ST26 - EVENT_STDATEDEL
EVENT_STDATEDEL	ST26	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	ST25 - STDATEMTCH
	BOX ST26	routing	IF ST12 - INCTYPE INCLUDES 2/HHVisits, GO TO ST27 - PROVIDER_STHH. ELSE GO TO BOX ST33.		
PROVIDER_STHH	ST27	roster	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	(01) CONTINUOUS ANSWER	ST28 - COSTBEGM
COSTBEGM	ST28	numeric	ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE. START DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST28 - COSTBEGD
COSTBEGD	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST28 - COSTBEGY
COSTBEGY	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST28 - COSTENDM
COSTENDM	ST28	numeric	STOP DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST28 - COSTENDD
COSTENDD	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST28 - COSTENDY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
COSTENDY	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST28A
	BOX ST28A	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNNTTYPE. ELSE GO TO BOX ST31B.		
HHEVNNTTYPE	ST30	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	ST31 - STHHINTRO
STHHINTRO	ST31	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 ST31A	
	BOX ST31A	routing	IF ST30 - HHEVNNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE.		
	BOX ST31B	routing	LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO ST32 - STHHMTCH.		
STHHMTCH	ST32	code one	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.		BOX ST33
	BOX ST33	routing	IF ST12 - INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD. ELSE GO TO BOX ST40.		
STOMUPD	ST34	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) ST37 - EVENT_STOM (02) ST36 - STOMADD (03) ST35 - EVENT_STOMEDIT
EVENT_STOMEDIT	ST35	roster	SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.		
STOMADD	ST36	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	(01) OM1B-VUTYPE (11) OM3B-INLEFT (02) OM33-EVENT_OMHRSP (03) OM6 - ORTHTYPE (04) OM10 - EVENT_OMDIAB (05) OM12 - EVENT_OMAMBL (06) OM14 - EVENT_OMPROS (07) OM29 - ALTRTYPE (08) OM19A - OXGNTYPE (09) OM21A - KDNVTYPE (10) OM24 - OTHRTYPE
	BOX ST36	routing	GO TO ST34 - STOMUPD.		
	ST37	roster	SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).		BOX ST37
	BOX ST37	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.		
MONTHCOV	ST38	numeric	HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED	ST38 - MONCOV96
MONCOV96	ST38			(01) LESS THAN 1 MONTH (-7) EMPTY	BOX ST38A
	BOX ST38A	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.		
	BOX ST38B	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.		
NUMLINKS	ST38A	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 ST38AA
	BOX ST38AA	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.		
STOMMTCH	ST39	code one	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD AN OME EVENT (03) NO, NEED TO REMOVE AN OME EVENT	(01) BOX ST40 (02) ST34 - STOMUPD (03) ST40 - EVENT_STOMDEL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EVENT_STOMDEL	ST40	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	
	BOX ST40	routing	IF ST12 – INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT_STPM. ELSE GO TO BOX ST45.		
EVENT_STPM	ST41	roster	SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).	(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?	[DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME, STRENGTH, FORM, AND QUANTITY 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]		
PMBRNAME	MED	lookup	[PM BRAND NAME]		
PMGNNNAME	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 (-9) Refused	(01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS (-8) MED-PMSTRNFD (-9) MED-PMSTRNFD
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 (-8) Don't Know (-9) Refused	(01)-(08) MED-MEDID (91) MED-PMSTRNOS (-8) MED-MEDID (-9) MED-MEDID
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
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) BOX PM5 (20) PMCOND-PMCONDOS (-8) BOX PM5 (-9) BOX PM5
PMCONDOS	PMCOND	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX PM5

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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.		
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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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/UTLDATE) that we haven't talked about?]	(01) ADD ANOTHER (02) ALL DONE	(01) BOX PM2 (02) ST42 - NUMLINKS
NUMLINKS	ST42	grid	HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST44-STPMMTCH
STPMMTCH	ST44	code one	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A MEDICINE NAME (03) NO, NEED TO REMOVE A MEDICINE NAME	(01) BOX ST45 (02) ST41 - EVENT_STPM (03) ST45 - EVENT_STPMDEL
EVENT_STPMDEL	ST45	roster	SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER	ST44 - STPMMTCH
	BOX ST45	routing	IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE. ELSE GO TO BOX ST46.		
ORPMESSAGE	ST46	no entry	SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.		BOX ST80
	BOX ST46	routing	IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPartB), GO TO ST47 - ASGNTAKE. ELSE GO TO BOX ST47.		
ASGNTAKE	ST47	code one	WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?	(01) YES (02) NO (03) CAN'T TELL	BOX ST47
	BOX ST47	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG. ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 4/MSNPartB, GO TO ST52 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 6/MSNPartAInpatient, GO TO ST56 - DAYSUSED. ELSE GO TO ST60 - TOTALCHG.		
TOTALCHG	ST47A	dollar	ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST64 - STTCHGPAID2
TOTALCHG	ST48	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW".	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST48 - MCAPPAMT
MCAPPAMT	ST48	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST48 - MCPAYAMT
MCPAYAMT	ST48	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST48
	BOX ST48	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51. ELSE IF (AMOUNT REMAINING < \$1.00) OR ((ST48 - MCAPPAMT ^= DK OR RF) AND (AMOUNT REMAINING < .02 * ST48 - MCAPPAMT)), GO TO BOX ST80. ELSE GO TO ST49 - STTCHGPAID1.		
STTCHGPAID1	ST49	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED	(01) BOX ST64A (02) BOX ST64A (03) ST50 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A
CHANGAMT	ST50	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT: TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT) TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT) AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO	(01) ST51 - TOTALCHG (02) BOX ST51
TOTALCHG	ST51	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST51 - MCAPPAMT
MCAPPAMT	ST51	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST51 - MCPAYAMT
MCPAYAMT	ST51	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST51

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX ST51	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < \$1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 * ST51 - MCAPPAMT))), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
TOTALCHG	ST52	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST52 - MCAPPAMT
MCAPPAMT	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST52 - MCPAYAMT
MCPAYAMT	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST52 - MAYBBILL
MAYBBILL	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX ST52
	BOX ST52	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST55. ELSE IF (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST53 - STTCHGPAID1.		
STTCHGPAID1	ST53	code one	REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED	(01) BOX ST64A (02) BOX ST64A (03) ST54 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A
CHANGAMT	ST54	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) : AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT) MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO	(01) ST55 - TOTALCHG (02) BOX ST55
TOTALCHG	ST55	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST55 - MCAPPAMT
MCAPPAMT	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST55 - MCPAYAMT
MCPAYAMT	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST55 - MAYBBILL
MAYBBILL	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX ST55
	BOX ST55	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
DAYSUSED	ST56	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN. DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.	(01) CONTINUOUS ANSWER	ST56 - NONCOVRD
NONCOVRD	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST56 - MCPAYAMT
MCPAYAMT	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST56 - MAYBBILL
MAYBBILL	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX ST56
	BOX ST56	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59. ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80. ELSE GO TO ST57 - STTCHGPAID1.		
STTCHGPAID1	ST57	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining \$(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED	(01) BOX ST64A (02) BOX ST64A (03) ST58 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A
CHANGAMT	ST58	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: BENEFITS DAYS USED: (DAYS USED) NON-COVERED CHARGES: (NON COVERED CHARGES) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO	(01) ST59 - DAYSUSED (02) BOX ST59
DAYSUSED	ST59	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER	
NONCOVRD	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST59 - MCPAYAMT
MCPAYAMT	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST59 - MAYBBILL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MAYBBILL	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST59
	BOX ST59	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST60 - NONCOVRD
TOTALCHG	ST60	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST60 -MCAPPAMT
MCAPPAMT	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST60 - MCPAYAMT
MCPAYAMT	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST60 - MAYBBILL
MAYBBILL	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST60
	BOX ST60		IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63. ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80. ELSE GO TO ST61 - STTCHGPAID1.		
STTCHGPAID1	ST61	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining (AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED	(01) BOX ST64A (02) BOX ST64A (03) ST62 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A
CHANGAMT	ST62	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO	(01) ST63 - TOTALCHG (02) BOX ST63
TOTALCHG	ST63	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST63- MCAPPAMT
MCAPPAMT	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST63 - MCPAYAMT
MCPAYAMT	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	ST63 - MAYBBILL
MAYBBILL	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX ST63
	BOX ST63	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
STTCHGPAID2	ST64	code one	REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:) [The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan).] paid anything for this?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (-8) DON'T KNOW (-9) REFUSED	BOX ST64A
	BOX ST64A	routing	IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B. ELSE GO TO BOX ST80.		
	BOX ST64B	routing	CREATE SOURCE OF PAYMENT ROSTER IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 - STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT.		
STADDSOP1	ST65	yes/no	ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT.	(01) YES (02) NO	(01) ST67 - TSOPAMT (02) ST66 - SOP_ST1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SOP_ST1	ST66	roster	ADD ALL ADDITIONAL SOURCES OF PAYMENT.	(01) CONTINUOUS ANSWER	
TSOPAMT	ST67	grid	(REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT). Who (else) paid besides Medicare? 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 ST67HE
	BOX ST67HE	routing	IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX ST67A. ELSE GO TO ST67HE - PAYMHE.		
PAYMHE	ST67HE	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.	(01) CONTINUOUS ANSWER	ST67HE-PAYMHE
	BOXST67A	routing	IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B. ELSE GO TO BOX ST69F.		
	BOX ST67B	routing	IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO. ELSE-GO TO BOX ST69E.		
PLANINTRO	ST67BINT	no entry	Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	(01) CONTINUOUS ANSWER	BOX ST67C
	BOX ST67C	routing	CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1. 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 ST69 - STSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69A - STMPDPCHNG. 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 ST69B - STSOPCURR2. 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.		
STMHMOCHNG1	ST68	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) ST69 - STSOPCURR1 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A
STSOPCURR1	ST69	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 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 ST69A (-8) BOX ST69A (-9) BOX ST69A
STMPDPCHNG	ST69A	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) ST69B - STSOPCURR2 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A
STSOPCURR2	ST69B	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX ST69A
	BOX ST69A	routing	IF ANOTHER SOP WAS ADDED AT ST66, GO TO BOX ST67C. ELSE GO TO BOX ST69E.		
	BOX ST69E	routing	IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX ST69F.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX ST69F	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^= DK and TOTAL CHARGE ^= RF) and (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > \$1.00)), GO TO ST73 - AMTSCORR. IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^= DK AND ^= RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR. ELSE IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > \$1.00), GO TO ST70 - AMTSCORR. ELSE GO TO BOX ST77C.		
AMTSCORR	ST70	code one	There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount (unpaid/overpaid) is \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). 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) DO NOT DISPLAY (03) AMOUNT REMAINING SEEMS INCORRECT (-8) (-9) REFUSED	(01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C
AMTSCORR	ST71	code one	THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), 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 DO NOT DISPLAY. (03) AMOUNT REMAINING SEEMS INCORRECT (-8) (-9) REFUSED	(01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C
ENTERCOM	ST72	no entry	[THE TOTAL OF NON-MEDICARE PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).] USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.	(01) CONTINUOUS ANSWER	BOX ST77C
AMTSCORR	ST73	yes/no	There seems to be some amount still unpaid. The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). 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 DO NOT DISPLAY. (03) AMOUNT REMAINING SEEMS INCORRECT DO NOT DISPLAY. (-8) (-9) REFUSED	(01) ST74 - INFOEXPLAIN (02) DO NOT DISPLAY. (03) DO NOT DISPLAY. (-8) BOX ST77C (-9) BOX ST77C
INFOEXPLAIN	ST74	yes/no	IS THERE ADDITIONAL INFORMATION ON THE DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID?	(01) YES (02) NO	(01) ST75 - ENTERCOM2 (02) BOX ST77C
ENTERCOM2	ST75	verbatim text	USE THE BOX BELOW TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID.	(01) CONTINUOUS ANSWER	
	BOX ST77C	routing	CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67 GO TO BOX ST77D.		
	BOX ST77D	routing	IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN \$5.00, GO TO ST78 - EXPPAYBK. ELSE GO TO BOX ST80.		
EXPPAYBK	ST78	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 ST78A
	BOX ST78A	routing	IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) , GO TO ST80 - EXPAYUNT. ELSE GO TO BOX ST80.		
	BOX ST78B	routing	IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND), GO TO ST79 - EXPAYOUT. ELSE GO TO BOX ST80.		
EXPAYOUT	ST79	yes/no	Do you expect anyone to pay any of this amount?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) ST80 - EXPAYUNT (02) BOX ST80 (-8) BOX ST80 (-9) BOX ST80
EXPAYUNT	ST80	quantity unit	How much do you expect will be paid?	(01) PERCENTAGE (02) DOLLARS (-8) DON'T KNOW (-9) REFUSED	(01) ST80 - EXPAYPCT (02) ST80 - EXPAYAMT (-8) BOX ST80 (-9) BOX ST80
EXPAYPCT	ST80	numeric		(01) CONTINUOUS ANSWER	BOX ST80

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EXPAYAMT	ST80	numeric		(01) CONTINUOUS ANSWER	BOX ST80
	BOX ST80	routing	IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG. ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE GO TO ASTATEMENT.		
ASTATEMENT	ST82	yes/no	IS THERE ANOTHER CHARGE BUNDLE FROM THIS (TYPE OF STATEMENT) OR ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER?	(01) YES (02) NO	(01) ST4 - MATCHST (02) BOX STEND
	BOX STEND	routing	GO TO PSQ.		