

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p><b>END QUESTIONNAIRE SPECIFICATIONS</b></p> <p><u>CRITERIA</u>                      INTTYPE=ALL                      SPALIVE=ALL                      SEASON=ALL                      SPPROXY=SP or PROXY                      Other: N/A</p> <p><u>PLACEMENT</u>                      If INTTYPE in (C001, C002, C004, C005, C006, C007) and SEASON=WINTER, administer after USQ.                      If INTTYPE in (C003), administer after DIQ.                      If (INTTYPE in(C001, C002, C004, C005, C006, C010) and SEASON=SUMMER), administer after RXQ.</p>		
	BOX EN1		IF SP IS IN THE 11TH ROUND INTERVIEW OR R IS DECEASED (SPAISTATUS in (3,4)) GO TO EX1. ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE (INTTYPE=C003), GO TO ETY2 - THANK_SUPP. ELSE IF (SP IS THE RESPONDENT), GO TO ETY1 - THANK_SP. ELSE GO TO ETY3 - THANK_PROXYPLANNER.		
EXINTRO	EX1		As I mentioned earlier, this is [your/(SP's)] final interview with this study. We have learned much from [your/(SP's)] participation in the MCBS. Data from the study have already been used to inform Congress of the problems Medicare beneficiaries might face regarding their access to health care. [Your/(SP's)] participation in this study has given the United States government a much clearer picture of [your/(SP's)] health care needs and those of more than 42 million Medicare participants.	(01) CONTINUE	EX1A - EXTHANK
EXTHANK	EX1A		I thank you sincerely for all the time and effort that you have put into this study. You have made a very important contribution to the Medicare program and all of its beneficiaries by sharing [your/(SP's)] health care experiences with us. [Even though [you/(SP)] will no longer be a participant in our survey, [your/(SP's)] health care needs will continue to be covered through the Medicare program.] I'd like to express to [you/you and (SP)] appreciation on behalf of the Centers for Medicare and Medicaid Services. Both NORC at the University of Chicago and the Centers for Medicare and Medicaid Services wish [you/you and (SP)] the very best for the future.  [RESPONDENT MAY KEEP THE CALENDAR]	(01) CONTINUE	END1-INTLANG
THANK_SP	ETY1	no entry	[I would like to thank you for keeping the planner for this interview.] I would [also] appreciate it if you would [continue to] record health care visits and keep information about medical expenses for the next interview. Thank you for your time and cooperation during this interview. CIRCLE TODAY'S DATE IN THE PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS AS NECESSARY.	(01) CONTINUE	END1-INTLANG
THANK_SUPP	ETY2	no entry	I would like to give you this planner [HAND PLANNER TO RESPONDENT] to record any health care visits [you have/(SP) has] with any kind of medical professional or facility.  Here is a folder to keep any medical bills, receipts, Medicare statements, and insurance statements that would be connected to [your/(SP's)] health care visits and other medical expenses so that we can talk about them during the next interview. I'd like to thank you for your time and cooperation and I look forward to seeing you soon. CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.	(01) CONTINUE	END1-INTLANG
THANK_PROXYPLANNER	ETY3	no entry	I would like to make sure you are aware of the planner we use to record health care visits as well as the folder for keeping information about medical expenses for the next interview. CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.	(01) CONTINUE	THANK_PROXY
THANK_PROXY	ETY4	no entry	I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.	(01) CONTINUE	END1-INTLANG
INTLANG	END1	code 1	WAS THIS INTERVIEW CONDUCTED MOSTLY IN ENGLISH OR SPANISH?	(02) ENGLISH (03) SPANISH	(02) END2 - SAVECASE (03) END2 - SAVECASE
SAVECASE	END2	no entry	THE INTERVIEW IS OVER. PRESS ENTER OR CLICK [CLOSE] TO RETURN TO CM FIELD.  IF COMMUNITY CONTACT DATA COLLECTION (CCDC) MODULE HAS NOT BEEN COMPLETED (CCDC INSTRUMENT STATUS IS "NO ACTION" OR "BREAKOFF") THEN DISPLAY "THE COMMUNITY CONTACT DATA COLLECTION (CCDC) MODULE HAS NOT YET BEEN COMPLETED FOR THIS CASE. IF POSSIBLE, PLEASE COMPLETE THAT MODULE WITH THE [RESPONDENT/PROXY] DIRECTLY FOLLOWING THE INTERVIEW."	(01) CONTINUE (-7) Empty	BOX END
	BOX END	routing	CASE IS COMPLETE.		