| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| | | | **NO STATEMENT COST SERIES QUESTIONNAIRE SPECIFICATIONS**<br><br>CRITERIA<br>INTTYPE=C001, C002, C004, C005, C006, C007, C010<br>SPALIVE=ALL<br>SEASON=ALL<br>SPPROXY=SP or PROXY<br>Other: At least one event entered in the current round is not associated with charge data already entered<br><br>PLACEMENT<br>Administer after PSQ. | | |
| | BOX NSBEG | | CREATE LIST OF EVENTS ENTERED IN THE CURRENT ROUND THAT ARE NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED<br>IF AT LEAST ONE EVENT ENTERED IN THE CURRENT ROUND IS NOT ASSOCIATED WITH CHARGE DATA ALREADY ENTERED, GO TO NS1 - NSINT.<br>ELSE GO TO NS81 - NSTATEMENT. | | |
| 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.]<br><br>THERE ARE (TOTAL NUMBER OF NS EVENTS) EVENTS (REMAINING) TO ASK ABOUT.<br><br>(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.<br>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<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(04) HAVE STATEMENT FOR EVENT<br>(05) YES, BUT CAN ANSWER QUESTIONS<br>(09) FLAG COST FOR CPS DO NOT DISPLAY.<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01)  BOX NS4<br>(02)  BOX NS4<br>(03)  NS3 - EVERRVB<br>(04)  ST4 - MATCHST<br>(05)  BOX NS4<br>(09)  DO NOT DISPLAY<br>(-8)  BOX NS4<br>(-9)  BOX NS4 |
| EVERRVB | NS3 | verbatim text | REMINDER:  "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT.<br><br>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<br>IF NS2 - NSEXMCMAIL = 1/Yes or 3/EventEnteredInError, GO TO BOX NS80.<br>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.<br>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)]?<br>IF CHARGE REPORTED AS HOURLY RATE, CALCULATE AND ENTER THE TOTAL CHARGE FOR THE ENTIRE ROUND.<br><br>[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<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS5 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| | BOX NS5 | routing | IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80.<br>ELSE IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO NS7 - MONTHCOV.<br>ELSE IF (EVENT TYPE = 'PM' OR 'OM') AND NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS.<br>ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS.<br>ELSE GO TO BOX NS9. | | |
| TOTALCHG | NS6 | dollar | What was the copayment amount for the [READ EVENT ABOVE]?<br><br>[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.]<br>ENTER 0 IF NO COPAYMENT FOR THE EVENT. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS6 |
| | BOX NS6 | routing | IF TOTALCHG = 0 AND SP CURRENTLY COVERED BY MEDICAID, GO TO BOX NS80.<br>IF EVENT TYPE = 'PM' AND THE TOTAL OF NUMBER OF PURCHASES BEING ASKED ABOUT IN NS IS > 1, GO TO NS8 - NUMLINKS.<br>ELSE IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO NS9 - RVLINKS.<br>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)]?<br><br>[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<br>(-7) EMPTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | NS7 - MONCOV96 |
| MONCOV96 | NS7 | code one | | (01) LESS THAN 1 MONTH<br>(-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<br>(-8) DON'T KNOW<br>(-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<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS9 |
| | BOX NS9 | routing | IF (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE INSTEAD OF A TOTAL CHARGE), GO TO BOX NS45.<br>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<br>(02) OTHER EVENTS/ITEMS/MEDICINES<br>(03) CAN'T TELL | (01) BOX NS45<br>(02) NS12 - INCTYPE<br>(03) BOX NS45 |
| INCTYPE | NS12 | code all | What else was included?<br>CHECK ALL THAT APPLY. | (01) PROVIDER SERVICE DATES<br>(02) HOME HEALTH VISITS<br>(03) OTHER MEDICAL EXPENSES<br>(04) PRESCRIBED MEDICINES | BOX NS12 |
| | BOX NS12 | routing | IF THE RESPONSE TO NS12 - INCTYPE INCLUDES 1/ProvDates, GO TO NS13 - PROVIDER_NSDATE.<br>ELSE GO TO BOX NS26. | | |
| PROVIDER_NSDATE | NS13 | roster | WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE?<br>SELECT OR ADD ONLY ONE PROVIDER. | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:<br>1. [PROVIDER 1]<br>2. [PROVIDER 2]<br>…<br>N. [PROVIDER N]<br>N+1. ADD ANOTHER<br>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | IF EXISTING PROVIDER SELECTED, GO TO BOX DU1.<br>ELSE IF "ADD ANOTHER" SELECTED, GO TO PROV |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| PROVNAME | NS13 | verbatim | [PROVIDER LOOKUP CALLED FROM THIS SCREEN]<br><br>ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW.<br><br>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.<br><br>YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY.<br><br>NAME: | | NS13-GROUPNAM |
| GROUPNAM | NS13 | verbatim | GROUP: | | NS14- NSDATEUPD |
| NSDATEUPD | NS14 | code one | THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER.<br>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<br>(02) YES, NEED TO ADD EVENT DATE<br>(03) YES, NEED TO EDIT EVENT DATE | (01) NS24 - EVENT_NSDATE<br>(02) NS16 - EVENT_NSDATEADD<br>(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)<br>(02) Separately Billing Doctor (SD)<br>(03) Dental (DU)<br>(08) Vision (VU)<br>(09) Hearing (HU)<br>(04) Hospital Emergency Room (ER)<br>(05) Hospital Inpatient Saty (IP)<br>(06) Hospital Outpatient Visit (OP)<br>(07) Institutional Stay (IU)<br>(10) 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)].<br>ENTER ALL DATES.<br><br>ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE.<br>ADD ALL EVENT DATES FOR THIS PROVIDER.<br><br>[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:<br>DD:<br>YYYY:<br>REPEAT VISIT: YES/NO<br># 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.<br>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.<br>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.<br>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.<br>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.<br>ELSE GO TO BOX NS18. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| PROVSPEC | NS18 | code one | What kind of medical person is (PROVIDER NAME)?<br><br>[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<br>(02) MEDICAL DOCTOR<br>(03) AUDIOLOGIST<br>(04) CHIROPRACTOR<br>(05) CLINICAL SOCIAL WORKER<br>(06) DIETITIAN-NUTRITIONIST<br>(07) HEARING THERAPIST<br>(08) HOME HEALTH/HEALTH AIDE<br>(09) HOMEMAKER<br>(10) HOSPICE WORKER<br>(11) I.V. THERAPIST<br>(12) NURSE (RN)<br>(13) NURSE PRACTITIONER<br>(14) NURSE'S AIDE<br>(15) OCCUPATIONAL THERAPIST (OT)<br>(16) OPTOMETRIST (OD)<br>(17) OSTEOPATH (DO)<br>(18) PARAMEDIC<br>(42) PHARMACIST<br>(19) PHYSICAL THERAPIST (PT)<br>(20) PHYSICIAN'S ASSISTANT<br>(21) PODIATRIST (FOOT DOCTOR)<br>(22) PSYCHOLOGIST<br>(23) RESPIRATORY THERAPIST<br>(24) SOCIAL/CASE WORKER<br>(25) SPEECH THERAPIST<br>(26) THERAPIST (MENTAL HEALTH)<br>(27) X-RAY TECHNICIAN<br>(28) LICENSED PRACTICAL NURSE (LPN)<br>(29) ACUPUNCTURIST<br>(30) HOMEOPATH<br>(31) MASSAGE THERAPIST<br>(32) NATUROPATH<br>(33) LICENSED PROFESSIONAL COUNSELOR [LPC]<br>(34) LAB TECHNICIAN<br>(91) OTHER MEDICAL PROVIDER SPECIALTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01)-(34), (42), (-8), (-9) BOX NS18<br>(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]? | | |
| PROVSPEC | NS18A1 | code one | What kind of dental provider is [PROVNAME]? | | |
| PROVPOS | NS18A | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | BOX NS18 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| PROVSPEC | NS18B | code one | What kind of eye care provider is [PROVNAME]? | (02) MEDICAL DOCTOR, INCLUDING OPHTHALMOLOGIST<br>(16) OPTOMETRIST (OD)<br>(43) OPTICIAN<br>(91) OTHER<br>(-8) DON'T KNOW<br>(-9) REFUSED | (02) BOX NS18<br>(16) BOX NS18<br>(43) BOX NS18<br>(91) NS18B1- PROVSPEC<br>(-8) BOX NS18<br>(-9) BOX NS18 |
| PROVSPEC | NS18B1 | code one | What kind of eye care provider is [PROVNAME]? | (01) DENTIST/DENTAL PROVIDER<br>(02) MEDICAL DOCTOR (DO NOT DISPLAY)<br>(03) AUDIOLOGIST<br>(04) CHIROPRACTOR<br>(05) CLINICAL SOCIAL WORKER<br>(06) DIETITIAN-NUTRITIONIST<br>(07) HEARING THERAPIST<br>(08) HOME HEALTH/HEALTH AIDE<br>(09) HOMEMAKER<br>(10) HOSPICE WORKER<br>(11) I.V. THERAPIST<br>(12) NURSE (RN)<br>(13) NURSE PRACTITIONER<br>(14) NURSE'S AIDE<br>(15) OCCUPATIONAL THERAPIST (OT)<br>(16) OPTOMETRIST (OD) (DO NOT DISPLAY)<br>(17) OSTEOPATH (DO)<br>(18) PARAMEDIC<br>(19) PHYSICAL THERAPIST (PT)<br>(20) PHYSICIAN'S ASSISTANT<br>(21) PODIATRIST (FOOT DOCTOR)<br>(22) PSYCHOLOGIST<br>(23) RESPIRATORY THERAPIST<br>(24) SOCIAL/CASE WORKER<br>(25) SPEECH THERAPIST<br>(26) THERAPIST (MENTAL HEALTH)<br>(27) X-RAY TECHNICIAN<br>(28) LICENSED PRACTICAL NURSE (LPN)<br>(29) ACUPUNCTURIST<br>(30) HOMEOPATH<br>(31) MASSAGE THERAPIST<br>(32) NATUROPATH<br>(33) LICENSED PROFESSIONAL COUNSELOR [LPC]<br>(34) LAB TECHNICIAN<br>(91) OTHER MEDICAL PROVIDER SPECIALTY<br>(-8) Don't Know<br>(-9) Refused | (01)-(34), (-8), (-9) BOX NS18<br>(91) NS18B - PROVSPOS |
| PROVPOS | 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<br>(03) AUDIOLOGIST<br>(44) AUDIOMETRIST<br>(45) HEARING INSTRUMENT SPECIALIST<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (02) BOX NS18<br>(03) BOX NS18<br>(44) BOX NS18<br>(45) BOX NS18<br>(91) NS18C1- PROVSPEC<br>(-8) BOX NS18<br>(-9) BOX NS18 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| PROVSPEC | NS18C1 | code one | What kind of hearing care provider is [PROVNAME]? | (01) DENTIST/DENTAL PROVIDER<br>(02) MEDICAL DOCTOR (DO NOT DISPLAY)<br>(03) AUDIOLOGIST (DO NOT DISPLAY)<br>(04) CHIROPRACTOR<br>(05) CLINICAL SOCIAL WORKER<br>(06) DIETITIAN-NUTRITIONIST<br>(07) HEARING THERAPIST<br>(08) HOME HEALTH/HEALTH AIDE<br>(09) HOMEMAKER<br>(10) HOSPICE WORKER<br>(11) I.V. THERAPIST<br>(12) NURSE (RN)<br>(13) NURSE PRACTITIONER<br>(14) NURSE'S AIDE<br>(15) OCCUPATIONAL THERAPIST (OT)<br>(16) OPTOMETRIST (OD)<br>(17) OSTEOPATH (DO)<br>(18) PARAMEDIC<br>(19) PHYSICAL THERAPIST (PT)<br>(20) PHYSICIAN'S ASSISTANT<br>(21) PODIATRIST (FOOT DOCTOR)<br>(22) PSYCHOLOGIST<br>(23) RESPIRATORY THERAPIST<br>(24) SOCIAL/CASE WORKER<br>(25) SPEECH THERAPIST<br>(26) THERAPIST (MENTAL HEALTH)<br>(27) X-RAY TECHNICIAN<br>(28) LICENSED PRACTICAL NURSE (LPN)<br>(29) ACUPUNCTURIST<br>(30) HOMEOPATH<br>(31) MASSAGE THERAPIST<br>(32) NATUROPATH<br>(33) LICENSED PROFESSIONAL COUNSELOR [LPC]<br>(34)LAB TECHNICIAN<br>(91) OTHER MEDICAL PROVIDER SPECIALTY<br>(-8) Don't Know<br>(-9) Refused | (01)-(34), (-8), (-9) BOX NS18<br>(91) NS18C - PROVSPOS |
| PROVPOS | 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.<br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS19 |
|  | BOX NS19 | routing | GO TO BOX NS22A. |  |  |
| HMOASSOC | NS20 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) BOX NS22A<br>(02) NS21 - HMOREFER<br>(-8) NS21 - HMOREFER<br>(-9) NS21 - HMOREFER |
| HMOREFER | NS21 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS22A |
|  | BOX NS22A | routing | IF TYPE OF EVENT = 'MP', GO TO BOX NS22B.<br>ELSE GO TO BOX NS23B. |  |  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| | 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.<br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS23A |
| | BOX NS23A | routing | GO TO BOX NS23B. | | |
| | BOX NS23B | routing | IF ANOTHER EVENT WAS ADDED WITH THIS PROVIDER AT NS16, GO TO BOX NS22A.<br>ELSE GO TO NS24-EVENT_NSDATE. | | |
| 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.<br>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.<br><br>[A REPEAT VISIT MEANS THAT THE RESPONDENT HAD AT LEAST 5 VISITS TO THE PROVIDER DURING THE CURRENT ROUND REFERENCE PERIOD.] | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS24A |
| | BOX NS24A | routing | IF ANOTHER EVENT SELECTED AT NS24 IS A REPEAT VISIT, GO TO NS24A - RVLINKS.<br>ELSE GO TO NS25 - NSDATEMTCH. | | |
| NSDATEMTCH | NS25 | code one | ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE SHOWN BELOW? | (01) YES<br>(02) NO, NEED TO ADD A PROVIDER EVENT<br>(03) NO, NEED TO REMOVE A PROVIDER EVENT | (01)  BOX NS26<br>(02) NS13 - PROVIDER_NSDATE<br>(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.<br>ELSE GO TO BOX NS33. | | |
| PROVIDER_HH | NS27 | roster | WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE?<br>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.<br>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<br>(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.<br>ELSE GO TO HH20 - HHFTYPE. | | |
| | BOX NS31B | routing | LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE<br>GO TO NS32 - NSHHMTCH. | | |
| NSHHMTCH | NS32 | no entry | THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE. | (01) CONTINUE<br>(-7) EMPTY | BOX NS33 |
| | BOX NS33 | routing | IF NS12 –  INCTYPE INCLUDES 3/OMExpenses, GO TO NS34 - NSOMUPD.<br>ELSE GO TO BOX NS40. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| NSOMUPD | NS34 | code one | THE FOLLOWING OME EVENTS HAVE BEEN ENTERED.<br>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<br>(02) YES, NEED TO ADD AN OME EVENT<br>(03) YES, NEED TO EDIT AN OME EVENT | (01) NS37 - EVENT_NSOM<br>(02) NS36 - NSOMADD<br>(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<br>(11) HEARING AID<br>(02) HEARING/SPEECH DEVICE<br>(03) ORTHOPEDIC ITEM<br>(04) DIABETIC SUPPLIES<br>(05) AMBULANCE/RESCUE<br>(06 PROSTHESIS<br>(07) ALTERATIONS (HOME/CAR)<br>(08) OXYGEN<br>(09) KIDNEY DIALYSIS<br>(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.<br>ELSE GO TO BOX NS38B. | | |
| MONTHCOV | NS38 | numeric | HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?<br><br>[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<br>(-7) EMPTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | NS38 - MONCOV96 |
| MONCOV96 | NS38 | code one | | (01) LESS THAN 1 MONTH<br>(-7) EMPTY | BOX NS38A |
| | BOX NS38A | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT NS37 IS RENTED, GO TO NS38 - MONTHCOV.<br>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.<br>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<br>(-8) DON'T KNOW<br>(-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.<br>ELSE GO TO NS39 - NSOMMTCH. | | |
| NSOMMTCH | NS39 | code one | ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE SHOWN BELOW? | (01) YES<br>(02) NO, NEED TO ADD AN OME EVENT<br>(03) NO, NEED TO REMOVE AN OME EVENT | (01) BOX NS40<br>(02) NS34 - NSOMUPD<br>(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.<br>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.<br>ELSE GO TO PM2B-PMBOTTLE. | | |
| MEDICINE_PM1 | MEDICINE_PM1 | code one | What is the name of the medicine? | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS:<br>1. [MEDICINE 1]<br>2. [MEDICINE 2]<br>…<br>N. [MEDICINE N]<br>N+1. ADD ANOTHER<br>[DISPLAY MEDICINE NAME, STRENGTH, FORM, AND QUANTITY FOR EACH. | BOX PM3 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| | BOX PM3 | routing | IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST ( PMEDID^=.), THEN GO TO PM2A-SAMEFSAM.<br>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.<br><br>At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM).<br><br>The strength was [MEDICINE STRENGTH].<br><br>The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT).<br><br>Is this medicine in the same strength, form and amount?<br><br>CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND. | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-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.<br>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.<br>Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available?<br>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<br>(02) NO<br>(03) NO BUT R CAN ANSWER QUESTIONS<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) MED-PMEDNAME<br>(02) PMKNWNM-PMKNWNM<br>(03) MED-PMEDNAME<br>(-8) PMKNWNM-PMKNWNM<br>(-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.<br><br>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.<br><br>[PRESCRIBED MEDICINE LOOKUP TOOL] | [MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED] | |
| PMBRNAME | MED | lookup | [PM BRAND NAME] | | |
| PMGNNAME | MED | lookup | [PM GENERIC NAME] | | |
| PMFORMFD | MED | lookup | Medicine Form [FDB LIST FORM NAME] | | |
| PMFORMMC | MED | code one | Medicine Form [MCBS FORM] | (01) PILLS (TABLETS, CAPSULES)<br>(02) LIQUID (TO BE TAKEN ORALLY)<br>(03) DROPS (EYE/EAR/NOSE)<br>(04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL)<br>(05) SUPPOSITORIES<br>(06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS<br>(07) SHAMPOO, SOAP<br>(08) INJECTION<br>(09) IV INJECTION<br>(10 PATCHES<br>(11) GEL OR JELLY (TOPICAL OR INTERNAL)<br>(12) POWDER, GRANULES<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01)-(12) MED-PMSTRNFD<br>(91) MED-PMFORMOS<br>(-8) MED-PMSTRNFD<br>(-9) MED-PMSTRNFD |
| PMFORMOS | MED | verbatim | [MEDICINE FORM OTHER SPECIFY] | (01) CONTINUOUS ANSWER | |
| PMFORMFN | MED | verbatim | [FINAL CONCATENATED MEDICINE FORM] | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| PMSTRNFD | MED | verbatim | Medicine Strength | (01) [MEDICINE FORM SELECTED FROM LOOKUP]<br>(-7) NOT FOUND<br>(-8) DON'T KNOW | |
| STRNNUMBB | MED | numeric | Medicine strength number | (01) CONTINUOUS ANSWER | |
| STRNUNIT | MED | code one | Medicine strength unit | (01) MICROGRAMS (mcg, mc)<br>(02) MILLIGRAMS (mg)<br>(03) GRAINS (gr)<br>(04) MILLIEQUIVALENTS (meq)<br>(05) GRAMS (g, gm)<br>(06) PERCENT (%)<br>(07) INTERNATIONAL UNITS (IU)<br>(08) UNITS (U)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01)-(08) MED-MEDID<br>(91) MED-PMSTRNOS<br>(-8) MED-MEDID<br>(-9) MED-MEDID |
| 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? | (01) YES<br>(02) NO<br>(-9) REFUSED | (01) MED-PMEDNAME<br>(02) PMCOND-PMCOND<br>(-9) PMCOND-PMCOND |
| PMCOND | PMCOND | code one | What condition is this medicine prescribed for or what is its primary use?<br><br>IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE. | (01) ALLERGY MEDICINE<br>(02) ALZHEIMERS<br>(03) ANTIBIOTICS<br>(04) ANTIPSYCHOTIC<br>(05) ASTHMA OR COPD<br>(06) BLOOD PRESSURE<br>(07) CHOLESTEROL<br>(08) COUGH AND COLD MEDICINE<br>(09) DEPRESSION<br>(10) DIABETES<br>(11) DIURETICS (WATER PILLS)<br>(12) EAR DROPS<br>(13) ESTROGEN<br>(14) EYE DROPS OR PREPARATION<br>(15) NASAL SPRAY/DROPS<br>(16) OSTEOPOROSIS (BONE LOSS)<br>(17) PAIN MEDICINE<br>(18) STEROID (GLUCOCORTICOID)<br>(19) STOMACH ACID OR ULCER<br>(20) OTHER<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01)-(19) BOX PM5<br>(20) PMCOND-PMCONDOS<br>(-8) BOX PM5<br>(-9) BOX PM5 |
| PMCONDOS | PMCOND | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | |
| | BOX PM5 | routing | IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMMORE;<br>ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM;<br>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<br>(-8) DON'T KNOW | BOX PM6 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED?<br>[PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz)<br>(02) GRAMS (g, gm)<br>(03) MILLILITERS (ml, cc)<br>(04) MILLIEQUIVALENTS (meq)<br>(05) MILLIGRAMS (mg)<br>(06) MICROGRAMS (mcg)<br>(07) PUFFS, DOSES, BLISTERS<br>(91) OTHER<br>(-8) DON'T KNOW | (01) PM16 - AMTNUM<br>(02) PM16 - AMTNUM<br>(03) PM16 - AMTNUM<br>(04) PM16 - AMTNUM<br>(05) PM16 - AMTNUM<br>(06) PM16 - AMTNUM<br>(07) PM16 - AMTNUM<br>(91) PM16 - AMTUNOS<br>(-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.<br>ELSE GO TO BOX PM7. | | |
| TABSADAY | PM12 | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY?<br><br>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")<br>FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED".<br>FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS".<br>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<br>(03) OTHER DOSING INSTRUCTIONS<br>(-7) Empty | PM13-TABTAKE |
| TABTAKE | PM13 | numeric | How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day?<br><br>[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.]<br><br>IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5")<br>FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED".<br>FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". | (01) CONTINUOUS ANSWER<br>(-7) EMPTY<br>(-8) DON'T KNOW | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY<br>(02) TAKE AS NEEDED<br>(03) OTHER DOSING INSTRUCTIONS<br>(-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.<br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-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.<br>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]?<br><br>[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<br>(02) NO<br>(-8) DON'T KNOW<br>(-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.])<br><br>[REVIEW THE INFORMATION BELOW WITH THE RESPONDENT.  ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED:  Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?] | (01) ADD ANOTHER<br>(02) ALL DONE | (01) BOX PM2<br>(02) NS42 - NUMLINKS |
| NUMLINKS | NS42 | grid | HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | NS44-NSPMMTCH |
| NSPMMTCH | NS44 | code one | ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE  SHOWN BELOW? | (01) YES<br>(02) NO, NEED TO ADD A MEDICINE NAME<br>(03) NO, NEED TO REMOVE A MEDICINE NAME | (01) BOX NS45<br>(02) NS41 - EVENT_NSPM<br>(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.<br>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)]?<br><br>[IF COPAYMENT AMOUNT IS ZERO, SELECT "NO."] | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS64A |
|  | BOX NS64A | routing | IF SP OR ANY SOURCE HAS PAID, GO TO BOX NS64B.<br>ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX NS78B.<br>ELSE GO TO BOX NS80. |  |  |
|  | BOX NS64B | routing | CREATE SOURCE OF PAYMENT ROSTER<br>GO TO NS65 - NSADDSOP1. |  |  |
| NSADDSOP1 | NS65 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW?<br>SELECT "NO" TO ADD A SOURCE OF PAYMENT. | (01) YES<br>(02) NO | (01) NS67 - TSOPAMT<br>(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?<br>ENTER ALL PAYMENT AMOUNTS.  CORRECT PAYMENT AMOUNTS AS NECESSARY. | (01) CONTINUOUS ANSWER<br>(-7) EMPTY<br>(-8) DON'T KNOW<br>(-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.<br>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'.<br><br>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.<br>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.<br>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. |  | BOX NS67C |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| | BOX NS67C | routing | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT NS66.<br><br>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.<br><br>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.<br><br>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.<br><br>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.<br><br>ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME.<br><br>ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME.<br><br>ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME.<br><br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) NS69 - NSSOPCURR1<br>(02) BOX NS69A<br>(-8) BOX NS69A<br>(-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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) HIMC6A - MHMORXTM<br>(02) BOX NS69A<br>(-8) BOX NS69A<br>(-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.<br><br>Has this information changed? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) NS69B - NSSOPCURR2<br>(02) BOX NS69A<br>(-8) BOX NS69A<br>(-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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NS69A |
| | BOX NS69A | routing | IF ANOTHER SOP WAS ADDED AT NS66, GO TO BOX NS67C.<br>ELSE GO TO BOX NS69E. | | |
| | 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".<br>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.<br>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.<br>ELSE GO TO BOX NS77C. | | |
| AMTSCORR | NS70 | code one | There seems to be [some amount still unpaid/more payments than the charge].<br><br>[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?<br>IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION,<br>USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT<br>(02) NO, SOP NEEDS ADDITION OR CORRECTION<br>(03) AMOUNT REMAINING SEEMS INCORRECT<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) BOX NS77C<br>(02) DO NOT DISPLAY.<br>(03) NS72 - ENTERCOM<br>(-8) BOX NS77C<br>(-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.<br><br>IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION,<br>USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT<br>(02) NO, SOP NEEDS ADDITION OR CORRECTION<br>(03) AMOUNT REMAINING SEEMS INCORRECT<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) BOX NS77C<br>(02) DO NOT DISPLAY.<br>(03) NS72 - ENTERCOM<br>(-8) BOX NS77C<br>(-9) BOX NS77C |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| ENTERCOM | NS72 | no entry | [THE TOTAL OF PAYMENTS IS $(TOTAL PAYMENTS). THE AMOUNT [UNPAID/OVERPAID] IS $(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).]<br><br>USE THE BOX BELOW TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT. | | BOX NS77C |
| | BOX NS77C | routing | CREATE PAYMENTS FOR AMOUNTS ENTERED AT NS67<br>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.<br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-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.<br>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.<br>ELSE GO TO BOX NS80. | | |
| EXPAYOUT | NS79 | yes/no | Do you expect anyone to pay any of this amount? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) NS80 - EXPAYUNT<br>(02) BOX NS80<br>(-8) BOX NS80<br>(-9) BOX NS80 |
| EXPAYUNT | NS80 | quantity unit | How much do you expect will be paid? | (01) PERCENTAGE NS80 - EXPAYPCT<br>(02) DOLLARS NS80 - EXPAYAMT<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) NS80 - EXPAYPCT<br>(02) NS80 - EXPAYAMT<br>(-8) BOX NS80<br>(-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.<br>ELSE GO TO BOX NSL1.<br>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<br><br>((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))<br>OR<br>(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))<br>OR<br>(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))<br>OR<br>(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)),<br>), GO TO NSL1 - NSEVSAME.<br>ELSE GO TO BOX NSBEG. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---|---|---|---|---|---|
| NSEVSAME | NSL1 | code one | You told me earlier that [you/(SP)] had other [visits to (PROVIDER NAME)/prescribed medicine purchases].<br><br>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<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) BOX NSL2<br>(02) BOX NSBEG<br>(-8) BOX NSBEG<br>(-9) BOX NSBEG |
| | BOX NSL2 | routing | IF EVENT LINKED TO NS CHARGE BUNDLE HAS EVNT.EVNTTYPE = 'PM', GO TO NSL3 - EVENT_PMSAME.<br>ELSE GO TO NSL5 - EVENT_VISITSAME. | | |
| | NSL3 | roster | Which ones are the same?<br>REVIEW LIST WITH RESPONDENT AND SELECT ALL PRESCRIPTION MEDICINES WHERE THE COSTS AND PAYMENTS ARE THE SAME.<br><br>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.<br>ELSE GO TO BOX NSBEG. | | |
| NUMLINKS | NSL4 | grid | How many times are the same?<br>ENTER THE NUMBER OF PURCHASES OF EACH MEDICINE SHOWN BELOW THAT ARE THE SAME. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NSBEG |
| EVENT_VISITSAME | NSL5 | roster | Which ones are the same?<br>REVIEW LIST WITH THE RESPONDENT AND SELECT ALL PROVIDER EVENTS WHERE THE COST AND PAYMENTS ARE THE SAME.<br><br>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.<br>ELSE GO TO BOX NSBEG. | | |
| RVLINKS | NSL6 | numeric | How many times are the same for (EVENT)?<br>ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE THE SAME. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX NSL6 |
| | BOX NSL6 | routing | IF ANOTHER EVENT SELECTED AT NSL5 IS A REPEAT VISIT, GO TO NSL6 - RVLINKS.<br>ELSE GO TO BOX NSBEG. | | |
| NSTATEMENT | NS81 | yes/no | YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED.<br><br>DO YOU HAVE ANY MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENTS THAT YOU HAVE NOT YET ENTERED? | (01) YES<br>(02) NO | (01) ST5 - ST_CHARGEBUNDLE<br>(02) BOX NSEND |
| | BOX NSEND | routing | IF INTTYPE in(C001, C004, C005), GO TO CPS.<br>IF INTTYPE in(C002, C006, C007, C010), GO TO MBQ. | | |