Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			USE OF HEALTH SERVICES SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= CFR, CFC, FFC, FCF SEASON= ALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
	BOX USBEG	routing	IF USDISP = 1/ConsentRequired OR USDISP = 4/InitialRefusal, GO TO USCONREF - CONREFFN. ELSE GO TO US1PRE - US1PRECT.		
CONREFFN	USCONREF	code one	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.	(01) CONSENT OBTAINED (CONTINUE INTERVIEW) (02) FINAL CONSENT DENIED (03) REFUSAL CONVERTED (CONTINUE INTERVIEW) (04) FINAL REFUSAL	(01) US1PRE - US1PRECT (02) USEND - USENDCT (03) US1PRE - US1PRECT) (04) USEND - USENDCT
US1PRECT	US1PRE	code one	This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (he/she) resided in (FACILITY). [The questions include any services that (he/she) received outside this (facility/home), as well as care from any providers who saw (him/her) here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while (he/she) was an overnight inpatient in an acute care hospital.] IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.	(01) CONTINUE (02) CONSENT REQUIRED (03) INITIAL REFUSAL	(01) US1 - OUTMDVST (02) USEND - USENDCT (03) USEND - USENDCT
OUTMDVST	US1	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US3 - INMDVST (01) US2 - OUTMDFRQ (-8) US3 - INMDVST (-9) US3 - INMDVST
OUTMDFRQ	US2	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see doctors outside this (facility/home)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US3 – INMDVST (-8) US3 – INMDVST (-9) US3 – INMDVST
INMDVST	US3	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a medical doctor of any kind, here, in this (facility/home), excluding mental health therapy provided by a psychiatrist?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US6PRE - US6PRECT (01) US5A - ANYMDFRQ (-8) US3A - US3ACT (-9) US6PRE - US6PRECT
US3ACT	US3A	code one	Please tell me the name and title of someone in (FACILITY) who could give me that information. Thank you for your time, those are all the questions I have for you. Right now I need to continue with [PERSON NAMED] to complete these questions. PRESS "CTRL/R" TO ADD A PERSON TO THE PERSON ROSTER. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX USEND
ANYMDFRQ	US5A	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see any doctor here?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US6PRE - US6PRECT (-8) US6PRE - US6PRECT (-9) US6PRE - US6PRECT
US6PRECT	US6PRE	code one	The following questions are about services used both inside and outside this (facility/home). We are only interested in services (SP) received while residing in (FACILITY). PRESS "1" TO CONTINUE.	(01) Continue	(01) US6 - DENTVST
DENTVST	US6	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US8 - MENTLVST (01) US7 - DENTFRQ (-8) US8 - MENTLVST (-9) US8 - MENTLVST
DENTFRQ	US7	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US8 - MENTLVST (-8) US8 - MENTLVST (-9) US8 - MENTLVST
MENTLVST	US8	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a psychiatrist or any other mental health care professional either inside or outside this (facility/home)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US12 - PHYSTHPY (01) US9 - PSYCHTYP (-8) US12 - PHYSTHPY (-9) US12 - PHYSTHPY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PSYCHTYP	US9	code all	What type of mental health specialist did (he/she) see? [PROBE: Any others?] SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) LICENSED CLINICAL SOCIAL WORKER (02) PSYCHIATRIC NURSE (03) PSYCHIATRIC SOCIAL WORKER (04) PSYCHIATRIST (05) PSYCHOLOGIST (91) OTHER	(01) BOX US10A (02) BOX US10A (03) BOX US10A (04) BOX US10A (05) BOX US10A (91) US9 - PSYCHOS
PSYCHOS	US9	verbatim	OTHER (SPECIFY)	(01) [Continuous Answer]	(01) BOX US10A
	BOX US10A	routing	IF US9-PSYCHTYP INCLUDES 1/LicensedClinicalSocWork, GO TO US10A - LCSOWSES. ELSE GO TO BOX US10B.		
LCSOWSES	US10A	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a licensed clinical social worker?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11A - LCSOWTYP (-8) US11A - LCSOWTYP (-9) US11A - LCSOWTYP
LCSOWTYP	US11A	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) BOX US10B (02) BOX US10B (03) BOX US10B
	BOX US10B	routing	IF US9-PSYCHTYP INCLUDES 2/PsychiatricNurse, GO TO US10B - PSCNUSES. ELSE GO TO BOX US10C.		
PSCNUSES	US10B		Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric nurse?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11B - PSCNUTYP (-8) US11B - PSCNUTYP (-9) US11B - PSCNUTYP
PSCNUTYP	US11B	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) BOX US10C (02) BOX US10C (03) BOX US10C
	BOX US10C	routing	IF US9-PSYCHTYP INCLUDES 3/PsychiatricSocWork, GO TO US10C - PSSOWSES. ELSE GO TO BOX US10D.		
PSSOWSES	US10C	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric social worker?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11C - PSSOWTYP (-8) US11C - PSSOWTYP (-9) US11C - PSSOWTYP
PSSOWTYP	US11C	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) BOX US10D (02) BOX US10D (03) BOX US10D
	BOX US10D	routing	IF US9-PSYCHTYP INCLUDES 4/Psychiatrist, GO TO US10D - PSCIASES. ELSE GO TO BOX US10E.		
PSCIASES	US10D	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatrist?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11D - PSCIATYP (-8) US11D - PSCIATYP (-9) US11D - PSCIATYP
PSCIATYP	US11D	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) BOX US10E (02) BOX US10E (03) BOX US10E
	BOX US10E	routing	IF US9-PSYCHTYP INCLUDES 5/Psychologist, GO TO US10E - PSCOLSES. ELSE GO TO BOX US10F.		
PSCOLSES	US10E	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychologist?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11E - PSCOLTYP (-8) US11E - PSCOLTYP (-9) US11E - PSCOLTYP
PSCOLTYP	US11E	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) BOX US10F (02) BOX US10F (03) BOX US10F
	BOX US10F	routing	IF US9-PSYCHTYP INCLUDES 91/Other, GO TO US10F - PSOTRSES. ELSE GO TO US12 - PHYSTHPY.		
PSOTRSES	US10F	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a (OTHER MENTAL HEALTH SPECIALIST)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US11F - PSOTRTYP (-8) US11F - PSOTRTYP (-9) US11F - PSOTRTYP
PSOTRTYP	US11F	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	(01) US12 - PHYSTHPY (02) US12 - PHYSTHPY (03) US12 - PHYSTHPY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHYSTHPY	US12	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US22A - PODRTHPY (01) US13 - PHTPYWKL (-8) US22A - PODRTHPY (-9) US22A - PODRTHPY
PHTPYWKL	US13	code one	SHOW CARD US1 Please look at this card and tell me about how often each week therapy was provided. PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION".	(01) LESS THAN ONCE A WEEK (02) ONCE OR TWICE A WEEK (03) 3 TO 5 TIMES A WEEK (04) MORE THAN 5 TIMES A WEEK (05) ONE-TIME EVALUATION (-8) Don't Know (-9) Refused	(01) US14 – PHTPYFRQ (02) US14 – PHTPYFRQ (03) US14 – PHTPYFRQ (04) US14 – PHTPYFRQ (05) US22A - PODRTHPY (-8) US14 – PHTPYFRQ (-9) US22A - PODRTHPY
PHTPYFRQ	US14	code one	SHOW CARD US2 Now look at this card. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused	(01) US22A - PODRTHPY (02) US22A - PODRTHPY (03) US22A - PODRTHPY (04) US22A - PODRTHPY (05) US22A - PODRTHPY (-8) US22A - PODRTHPY (-9) US22A - PODRTHPY
PODRTHPY	US22A	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE) was (SP) seen by a podiatrist (either inside or outside this (facility/home))?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US23 - EDHBSERV (01) US23 - EDHBSERV (-8) US23 - EDHBSERV (-9) US23 - EDHBSERV
EDHBSERV	US23	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive educational or habilitational services (either inside or outside this (facility/home))? [PROBE: "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US29 - OTHCPROV (01) US24 - EDUORHAB (-8) US29 - OTHCPROV (-9) US29 - OTHCPROV
EDUORHAB	US24	code one	Were those services educational, habilitational, or both?	(01) EDUCATIONAL (02) HABILITATIONAL (03) BOTH (-8) Don't Know (-9) Refused	(01) US25 - EDHABFRQ (02) US25 - EDHABFRQ (03) US25 - EDHABFRQ (-8) US25 - EDHABFRQ (-9) US29 - OTHCPROV
EDHABFRQ	US25	code one	SHOW CARD US2 Please look at this card and tell me, between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these (educational/habilitational) services provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused	(01) BOX US2 (02) BOX US2 (03) BOX US2 (04) BOX US2 (05) BOX US2 (-8) BOX US2 (-9) BOX US2
	BOX US2	routing	IF US24-EDUORHAB = 3/Both, THEN GO TO US27 - HABFRQ. ELSE GO TO US29 - OTHCPROV.		
HABFRQ	US27	code one	SHOW CARD US2 Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused	(01) US29 - OTHCPROV (02) US29 - OTHCPROV (03) US29 - OTHCPROV (04) US29 - OTHCPROV (05) US29 - OTHCPROV (-8) US29 - OTHCPROV (-9) US29 - OTHCPROV
OTHCPROV	US29	yes/no	SHOW CARD US3 FOR PROMPTING AS NEEDED. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive care from any other licensed or certified health care provider (either inside or outside this (facility/home))? PRESS F1 FOR "ANY OTHER PROVIDER" CLARIFICATION.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US31PRE - US31PRCT (01) US30 - TYPHCPRV (-8) US31PRE - US31PRCT (-9) US31PRE - US31PRCT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TYPHCPRV	US30	code all	What kind of provider was that? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) AUDIOLOGIST (02) DIETICIAN (03) LABORATORY TECHNICIAN (04) NURSE PRACTITIONER (05) OPHTHALMOLOGIST (06) OPTOMETRIST (07) PHYSICIAN'S ASSISTANT (08) RECREATIONAL THERAPIST (09) REGISTERED NURSE (10) SOCIAL WORKER (11) X-RAY TECHNICIAN (91) OTHER	(01) US31PRE - US31PRCT (02) US31PRE - US31PRCT (03) US31PRE - US31PRCT (04) US31PRE - US31PRCT (05) US31PRE - US31PRCT (06) US31PRE - US31PRCT (07) US31PRE - US31PRCT (08) US31PRE - US31PRCT (09) US31PRE - US31PRCT (10) US31PRE - US31PRCT (11) US31PRE - US31PRCT (91) US30 - TYPPRVOS
TYPPRVOS	US30	verbatim	OTHER (SPECIFY)	(01) [Continuous Answer]	(01) US31PRE - US31PRCT
US31PRCT	US31PRE	code all	The next few questions are about any visits (SP) may have made to a hospital emergency room from (US REFERENCE START DATE) through (US REFERENCE END DATE). Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays. PRESS "1" TO CONTINUE.	(01) Continue	(01) US32 - ERVISITS
ERVISITS	US32	yes/no	While (he/she) was in this (facility/home), did (he/she) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US37 - RETSMDAY (01) US33 - ERVSTMM (-8) US37 - RETSMDAY (-9) US37 - RETSMDAY
ERVSTMM	US33	grid	COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US33 - ERVSTDD (-8) US33 - ERVSTDD (-9) US33 - ERVSTDD
ERVSTDD	US33	grid	COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US33 - ERVSTYY (-8) US33 - ERVSTYY (-9) US33 - ERVSTYY
ERVSTYY	US33	grid	COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX US33 (-8) BOX US33 (-9) BOX US33
	BOX US33	routing	CREATE NEW EMERGENCY ROOM VISITS FOR EACH DATE ADDED AND GO TO US37 - RETSMDAY.		
RETSMDAY	US37	yes/no	[Besides the (health care providers and emergency room/health care providers/emergency room) visits you have already told me about, did (he/she) ever go to the hospital and return on the same day/Did (he/she) ever go to the hospital and return on the same day]?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US40 - USEEQUIP (01) US38 - RETSMFRQ (-8) US40 - USEEQUIP (-9) US40 - USEEQUIP
RETSMFRQ	US38	Numeric	How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) US40 - USEEQUIP (-8) US40 - USEEQUIP (-9) US40 - USEEQUIP

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
USEEQUIP	US40	code all	SHOW CARD US4 Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services (SP) received between (US REFERENCE START DATE) and (US REFERENCE END DATE). SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) AMBULANCE SERVICE (02) CLOTH DIAPERS (03) DIABETIC EQUIPMENT OR SUPPLIES (04) DISPOSABLE DIAPERS (05) EQUIPMENT OR SUPPLIES FOR KIDNEY DIALYSIS (06) EYE GLASSES OR CONTACT LENSES (07) HEARING AID OR OTHER COMMUNICATION DEVICE (08) ORTHOPEDIC ITEMS (09) OSTOMY SUPPLIES (10) OXYGEN (11) PROSTHESIS (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused	(01) BOX US3 (02) BOX US3 (03) BOX US3 (04) BOX US3 (05) BOX US3 (06) BOX US3 (07) BOX US3 (08) BOX US3 (09) BOX US3 (10) BOX US3 (11) BOX US3 (96) BOX US3 (-8) BOX US3 (-9) BOX US3
	BOX US3	routing	IF US40-USEEQUIP INCLUDES DK OR RF, GO TO US43 - MSTURN. ELSE GO TO US42 - USEEQUI2.		
USEEQUI2	US42	code all	SHOW CARD US5 Please look at this second card and tell me what medical devices or equipment (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE). SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) BEDSIDE COMMODE (02) BED PADS (CLOTH OR DISPOSABLE) (03) CATHETER AND CATHETER SUPPLIES (04) FEEDING SUPPLIES (INCLUDE PUMPS, SYRINGES, TUBES) (05) G TUBE AND SUPPLIES (06) GERI CHAIR (07) HOSPITAL BED (08) IV SUPPLIES (09) NEBULIZER (10) SPECIAL MATTRESS, CUSHIONS OR MATTRESS PADS (INCLUDING EGG CRATE, AIR) (11) SUCTION MACHINE AND SUPPLIES (12) TED HOSE AND SUPPLIES (13) WHEELCHAIR/WALKER (91) SOME OTHER TYPE OF DEVICE OR EQUIPMENT (96) NONE OF THE ABOVE	(01) US43 - MSTURN (02) US43 - MSTURN (03) US43 - MSTURN (04) US43 - MSTURN (05) US43 - MSTURN (06) US43 - MSTURN (07) US43 - MSTURN (08) US43 - MSTURN (09) US43 - MSTURN (10) US43 - MSTURN (11) US43 - MSTURN (12) US43 - MSTURN (13) US43 - MSTURN (91) US42 - OTHREQOS (96) US43 - MSTURN
OTHREQOS	US42	verbatim	SOME OTHER TYPE OF DEVICE OR EQUIPMENT (SPECIFY)	(01) [Continuous Answer]	(01) US43 - MSTURN
MSTURN	US43	list	Please tell me if (SP) received any of the following medical services. Did (he/she) receive… turning and positioning?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US43 - MSTUBE (01) US43 - MSTUBE (-8) US43 - MSTUBE (-9) US43 - MSTUBE
MSTUBE	US43	list	Please tell me if (SP) received any of the following medical services. Did (he/she) receive… tubefeeding?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US43 - MSRESTR (01) US43 - MSRESTR (-8) US43 - MSRESTR (-9) US43 - MSRESTR
MSRESTR	US43	list	Please tell me if (SP) received any of the following medical services. Did (he/she) receive… restraints?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US43 – MSINJECT (01) US43 – MSINJECT (-8) US43 – MSINJECT (-9) US43 – MSINJECT
MSINJECT	US43	list	Please tell me if (SP) received any of the following medical services. Did (he/she) receive… injections?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) US45 - OTHMEDNC (01) US45 - OTHMEDNC (-8) US45 - OTHMEDNC (-9) US45 - OTHMEDNC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OTHMEDNC	US45	code all	SHOW CARD US6 Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE)? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) APPLYING/CHANGING DRESSINGS INCLUDING BAND-AIDS (02) APPLYING/MONITORING HOT PACKS (03) CATHETERIZATION AND IRRIGATION (04) FEEDING (WITH SPOON SYRINGE PUMP OR OTHER DEVICE) (05) G TUBE USE AND CARE (06) INCONTINENCE (07) IV USE AND CARE (08) PACEMAKER CHECK (09) SKIN TREATMENTS FOR PREVENTION/TREATMENT OF SKIN ULCERS (10) SUCTIONING (91) SOME OTHER KIND OF ITEM OR SERVICE (96) NONE OF THE ABOVE (-8) Don't Know	(01) US46 - DIDABUS (02) US46 - DIDABUS (03) US46 - DIDABUS (04) US46 - DIDABUS (05) US46 - DIDABUS (06) US46 - DIDABUS (07) US46 - DIDABUS (08) US46 - DIDABUS (09) US46 - DIDABUS (10) US46 - DIDABUS (91) US45 - OTHRSEOS (96) US46 - DIDABUS (-8) US46 - DIDABUS
OTHRSEOS	US45	verbatim	SOME OTHER KIND OF ITEM OR SERVICE (SPECIFY)	(01) [Continuous Answer]	(01) US46 – DIDABUS
DIDABUS	US46	code one	TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY. USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE". DID YOU ABSTRACT?	(01)ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE	(01) US47 - WHYABUS (02) US47 - WHYABUS (03) US47 - WHYABUS (04) US47 - WHYABUS (05) USEND - USENDCT
WHYABUS	US47	code one	WHY DID YOU ABSTRACT	(01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER	(01) USEND – USENDCT (02) USEND – USENDCT (03) USEND – USENDCT (91) US47 - WHYABUOS
WHYABUOS	US47	verbatim	OTHER (SPECIFY)	(01) [Continuous Answer]	(01) USEND - USENDCT
USENDCT	USEND	code one	(YOU HAVE COMPLETED THE USE SECTION FOR THIS SP.) PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX USEND
	BOX USEND	routing	GO TO NAVIGATOR		