

MCBS Revision to Current Clearance
Proposed Changes to Community Interview and Effect on Burden

Community Interview Change (Addition/Deletion/Change)	Section	Winter 2021 Round 89	Summer 2021 Round 90	Fall 2021 Round 91	Effect on Annual Burden	Question Name	Question text	Skip instructions
Addition	KNQ	Increase of 0.7 minutes	-	-	Increase of 0.7 minutes	KN53A - KCOMINTE	Now I have some questions that ask about how Medicare beneficiaries use the Internet to access health care related information. DURING THE PAST 12 MONTHS, (has anyone/have you) used the Internet to Look up health information (for [you/(SP)])? (01) YES (02) NO (-8) Don't Know (-9) Refused	KN53A -KCOMPRES
						KN53A - KCOMPRES	Now I have some questions that ask about how Medicare beneficiaries use the Internet to access health care related information. DURING THE PAST 12 MONTHS, (has anyone/have you) used the Internet to Fill a prescription (for [you/(SP)])? (01) YES (02) NO (-8) Don't Know (-9) Refused	KN53A -KCOMAPPO
						KN53A - KCOMAPPO	Now I have some questions that ask about how Medicare beneficiaries use the Internet to access health care related information. DURING THE PAST 12 MONTHS, (has anyone/have you) used the Internet to Schedule an appointment with a health care provider (for [you/(SP)])? (01) YES (02) NO (-8) Don't Know (-9) Refused	KN53A -KCOMCOMM
						KN53A - KCOMCOMM	Now I have some questions that ask about how Medicare beneficiaries use the Internet to access health care related information. DURING THE PAST 12 MONTHS, (has anyone/have you) used the Internet to Communicate with a health care provider (for [you/(SP)])? (01) YES (02) NO (-8) Don't Know (-9) Refused	BOX KN8
Addition	HFQ	-	-	Increase of 1.7 minutes	Increase of 1.7 minutes	LOSTWGHT - LOSTWGHT	[Have you/Has (SP)] lost weight in the past 6 months without trying to lose this weight? IF RESPONDENT REPORTS A WEIGHT LOSS BUT THE WEIGHT WAS GAINED BACK, CONSIDER IT AS NO WEIGHT LOSS. [IF NEEDED: Is [your/(SP)'s] clothing fitting more loosely?] (01) YES (02) NO (-8) Don't Know (-9) Refused	EATLESWK - EATLESWK
	EATLESWK - EATLESWK					EATLESWK - EATLESWK	[Have you/Has (SP)] been eating less than usual for more than a week? IF THE RESPONDENT REPORTS THAT THEY HAVE INTENTIONALLY BEEN EATING LESS (DIETING, FASTING, ETC.) SELECT "YES" AT THIS SCREEN (01) YES (02) NO (-8) Don't Know (-9) Refused	HFHINTRO - DIFINTRO
						DISUPPYR - DISUPPYR	SHOW CARD HF8 This card lists some examples of different types of dietary supplements. Since (LAST HF MONTH YEAR), [have you/has (SP)] used or taken any vitamins, minerals, herbals or other dietary supplements? Include prescription and non-prescription supplements. [IF NEEDED: Include any supplements that you have already told me about.] (01) YES (02) NO (-8) Don't Know (-9) Refused	If (01) YES, go to MULTVTYR - MULTVTYR If (02) NO, go to BOX MH1 If (-8) DON'T KNOW, go to BOX MH1 If (-9) REFUSED, go to BOX MH1
						MULTVTYR - MULTVTYR	Since (LAST HF MONTH YEAR), did [you/(SP)] take any multivitamins, such as One a Day, Theragra, or Centrum type multivitamins? [IF NEEDED: Multivitamins may be pills, liquids, or packets] [IF NEEDED: Include any multivitamins that you have already told me about.] (01) YES (02) NO (-8) Don't Know (-9) Refused	VITSUPYR - VITSUPYR

		<p>SHOW CARD HF9</p> <p>Please look at the vitamins and dietary supplements listed on this card. Since (LAST HF MONTH YEAR), what vitamins and dietary supplements did [you/(SP)] take at least once?</p> <p>Do not include vitamins and dietary supplements that are taken as part of a multivitamin.</p> <p>[IF NEEDED: Include any vitamins or dietary supplements (that are not part of a multivitamin) that you have already told me about.]</p> <p>IF RESPONDENT HAS PROVIDED YOU WITH SUPPLEMENT BOTTLES YOU MAY USE THOSE TO ANSWER THE QUESTION IF THE SUPPLEMENT WAS TAKEN SINCE (LAST HF MONTH YEAR).</p> <p>SELECT ALL THAT APPLY</p> <p>(01) Calcium (with or without vitamin D) (02) Choline (03) Coenzyme Q (04) Eye health supplement (such as OcuVite PreserVision or I-Caps) (05) Fiber supplement (such as Metamucil or Benefiber) (06) Folate or folic acid (07) Garlic supplement (08) Iron (09) Joint supplement (such as glucosamine, with or without chondroitin or other ingredients) (10) Magnesium (11) Melatonin (12) Niacin (13) Omega-3 (ALA/DHA/EPA) or fish oil (14) Potassium (15) Probiotics (in pill, powder, or liquid form) (16) Saw palmetto (17) Vitamin A (18) Vitamin B-12 (19) Vitamin B-complex (20) Vitamin C (21) Vitamin D (NOT as part of a calcium supplement) (22) Vitamin E (23) Zinc (91) Other Supplement(s) (-8) Don't Know (-9) Refused</p>	<p>If (01)-(23) ANY SUPPLEMENT, go to BOX MH1 If (91) OTHER SUPPLEMENT(S), go to VITOTHOS If (-8) DONT KNOW, go to BOX MH1 If (-9) REFUSED, go to BOX MH1</p>
		<p>What were the names of those other supplements?</p> <p>ENTER UP TO 5 ADDITIONAL SUPPLEMENTS AT THIS SCREEN.</p> <p>IF RESPONDENT REPORTS MORE THAN 5 OTHER SUPPLEMENTS, ENTER THE SUPPLEMENTS THAT WERE TAKEN THE MOST OFTEN SINCE (LAST HF MONTH YEAR).</p> <p>[INSERT TEXT BOX 1 FOR SUPPLEMENT 1] [INSERT TEXT BOX 2 FOR SUPPLEMENT 2] [INSERT TEXT BOX 3 FOR SUPPLEMENT 3] [INSERT TEXT BOX 4 FOR SUPPLEMENT 4] [INSERT TEXT BOX 5 FOR SUPPLEMENT 5]</p> <p>(01) [Continuous answer.] (-8) Don't Know (-9) Refused</p>	<p>BOX MH1</p>
<p>Addition PXQ - Increase of 2.8 minutes Increase of 2.7 minutes Increase of 5.4 minutes</p>	<p>GRPSTART - GRPSTART</p>	<p>IF R IS MISSING BOTH OF THEIR HANDS, SELECT "(02) R CANNOT PARTICIPATE" WITHOUT READING TEXT BELOW.</p> <p>Now I would like to assess the strength of your hand in a gripping action.</p> <p>(01) CONTINUE (02) R CANNOT PARTICIPATE (MISSING BOTH HANDS)</p>	<p>If (01) CONTINUE, go to MSNGHAND - MSNGHAND If (02) R CANNOT PARTICIPATE, go to BOX PXEND</p>
	<p>MSNGHAND - MSNGHAND</p>	<p>IF R IS OBVIOUSLY MISSING ONE HAND, SELECT WHICH HAND IS MISSING. IF R IS NOT OBVIOUSLY MISSING A HAND, SELECT "CONTINUE"</p> <p>(01) R IS MISSING RIGHT HAND (02) R IS MISSING LEFT HAND (03) CONTINUE</p>	<p>DOMNHAND - DOMNHAND</p>
	<p>DOMNHAND - DOMNHAND</p>	<p>IF SP IS OBVIOUSLY MISSING A HAND OR ARM, SELECT THE REMAINING HAND AND DO NOT ASK. OTHERWISE, ASK:</p> <p>Which is your dominant hand?</p> <p>[If Needed: Which hand do you use to hold a pencil?]</p> <p>(01) Right (02) Left (03) Both hands equally dominant (-8) DONT KNOW (-9) REFUSED</p>	<p>GRPINTRO - GRPINTRO</p>
		<p>Now we will measure your grip strength</p> <p>We will use this machine [SHOW DYNAMOMETER] to measure how strong your hands are.</p> <p>You will squeeze the handle 2 times [per hand], one practice and one test trial, while your arm is at your side and your elbow is bent like this [DEMONSTRATE 90 DEGREES].</p> <p>The handle won't move, but the machine will show how hard you squeezed. [PRESS RESET AND TEST, THEN SQUEEZE TO DEMONSTRATE].</p> <p>See? [SHOW RESPONDENT THE FORCE MEASUREMENT].</p> <p>(01) CONTINUE</p>	<p>BOX PX1</p>

	RHANDPRC - RHANDPRC	<p>SHOW CARD PX4</p> <p>Let's practice with your RIGHT hand. Is there any reason why you feel you cannot participate with your right hand? The items on this card list some examples of reasons why you should not participate.</p> <p>IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR RIGHT HAND, SELECT CONTINUE WITHOUT COMPLETING THE PRACTICE TRIAL</p> <p>When I say 'squeeze,' I want you to squeeze the handle hard, but not as hard as you can.</p> <p>[If Needed: We are starting with the right hand, even if you are not right handed.]</p> <p>[SUPPORT DYNAMOMETER DURING PRACTICE]</p> <p>Ready? 3-2-1-squeeze. [HOLD FOR 3-4 SECONDS]</p> <p>Stop.</p> <p>[PRESS RESET AND TEST ON DYNAMOMETER BEFORE CONTINUING]</p> <p>(01) CONTINUE</p>	BOX PX2
	LHANDPRC - LHANDPRC	<p>SHOW CARD PX4</p> <p>Let's practice with your LEFT hand. Is there any reason why you feel you cannot participate with your left hand? The items on this card list some examples of reasons why you should not participate.</p> <p>IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR LEFT HAND, SELECT CONTINUE WITHOUT COMPLETING THE PRACTICE TRIAL</p> <p>When I say 'squeeze,' I want you to squeeze the handle hard, but not as hard as you can.</p> <p>[SUPPORT DYNAMOMETER DURING PRACTICE.]</p> <p>Ready? 3-2-1-squeeze. [HOLD FOR 3-4 SECONDS]</p> <p>Stop.</p> <p>[PRESS RESET AND TEST ON DYNAMOMETER BEFORE CONTINUING]</p> <p>(01) CONTINUE</p>	BOX PX3
	RHANDTST - RHANDTST	<p>IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR RIGHT HAND, SELECT "TEST COULD NOT BE COMPLETED" WITHOUT CONDUCTING THE TEST</p> <p>Now we're going to test your RIGHT hand. When I say 'squeeze,' this time I want you to squeeze the handle as hard as you can.</p> <p>[SUPPORT DYNAMOMETER DURING TEST]</p> <p>Ready? 3-2-1-squeeze! Harder, harder, harder! [HOLD FOR 3-4 SECONDS]</p> <p>Stop.</p> <p>[RECORD FORCE TO NEAREST TENTH OF A POUND] [PRESS RESET AND TEST ON DYNAMOMETER]</p> <p>(01) continuous answer (996) TEST COULD NOT BE COMPLETED</p>	<p>If (01) CONTINUOUS ANSWER, go to BOX PX4</p> <p>If (996) TEST COULD NOT BE COMPLETED, go to RHDREASN - RHDREASN</p>
	RHDREASN - RHDREASN	<p>REASON WHY CANNOT BE COMPLETED FOR RIGHT HAND</p> <p>(01) EQUIPMENT PROBLEM (02) NO SUITABLE SPACE TO CONDUCT THE MEASURE (03) R UNABLE TO UNDERSTAND INSTRUCTIONS (04) NOT ATTEMPTED, FI FELT IT WAS UNSAFE (05) NOT ATTEMPTED, R FELT UNSAFE (06) NOT ATTEMPTED, R MET EXCLUSION CRITERIA (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DONT KNOW (-9) REFUSED</p>	<p>If (01)-(07) ANY REASON, go to BOX PX4</p> <p>If (91) OTHER, go to RHDRSNOS - RHDRSNOS</p> <p>If (-8) DONT KNOW, go to BOX PX4</p> <p>If (-9) REFUSED, go to BOX PX4</p>
	RHDRSNOS - RHDRSNOS	<p>OTHER (SPECIFY)</p> <p>(01) [Continuous answer]</p>	BOX PX4
	LHANDTST - LHANDTST	<p>IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR LEFT HAND, SELECT "TEST COULD NOT BE COMPLETED" WITHOUT CONDUCTING THE TEST AND TURN OFF THE DYNAMOMETER.</p> <p>Now we're going to test your LEFT hand. When I say 'squeeze,' this time I want you to squeeze the handle as hard as you can.</p> <p>[SUPPORT DYNAMOMETER DURING TEST]</p> <p>Ready? 3-2-1-squeeze! Harder, harder, harder! [HOLD FOR 3-4 SECONDS]</p> <p>Stop.</p> <p>[RECORD FORCE TO NEAREST TENTH OF A POUND] [TURN OFF THE DYNAMOMETER]</p> <p>(01) continuous answer (996) TEST COULD NOT BE COMPLETED</p>	<p>If (01) CONTINUOUS ANSWER, go to BOX PXEND</p> <p>If (996) TEST COULD NOT BE COMPLETED, go to LHDREASN</p>

LHDREASN - LHDREASN	REASON WHY CANNOT BE COMPLETED FOR LEFT HAND (01) EQUIPMENT PROBLEM (02) NO SUITABLE SPACE TO CONDUCT THE MEASURE (03) R UNABLE TO UNDERSTAND INSTRUCTIONS (04) NOT ATTEMPTED, FI FELT IT WAS UNSAFE (05) NOT ATTEMPTED, R FELT UNSAFE (06) NOT ATTEMPTED, R MET EXCLUSION CRITERIA (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DONT KNOW (-9) REFUSED	If (01)-(07) ANY REASON, go to BOX PXEND If (91) OTHER, go to LHDRSNOS - LHDRSNOS If (-8) DONT KNOW, go to BOX PXEND If (-9) REFUSED, go to BOX PXEND
LHDRSNOS - LHDRSNOS	OTHER (SPECIFY) (01) [Continuous answer]	BOX PXEND