

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>OUTPATIENT UTILIZATION 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 IPQ.</p>		
OPPROBE	OP1	yes/no	[Since (REFERENCE DATE/UTLDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDTUIDL)], [have you gone/has (SP) gone/did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OP2 - PROVIDER_OP (02) BOX OP7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX OP7 (-9) BOX OP7
PROVIDER_OP	OP2	roster	<p>Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL.</p> <p>[PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.]</p> <p>[PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p> <p>ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER</p>	<p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.</p>	(01-N) BOX OP1 (N+1) OP2-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX OP1. ELSE IF "ADD ANOTHER" SELECTED, GO TO OP2-PROVNAME ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL.
PROVNAME	OP2	verbatim	<p>[PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p> <p>ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW.</p> <p>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.</p> <p>YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY.</p> <p>NAME:</p>		OP2-GROUPNAM
GROUPNAM	OP2	verbatim	GROUP:		BOX OP1
CHNGSPL	CHNGSPL	roster	<p>WHICH PROVIDER IS MISPELLED?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.</p>	<p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.</p>	CRCTSPL-CRCTSPL
CRCTSPL	CRCTSPL	verbatim	<p>WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL]</p>	(01) [Continuous Answer]	BOX OP1
	BOX OP1	routing	IF (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 OP3 - VAPLACE. ELSE GO TO BOX OP1B.		
VAPLACE	OP3	yes/no	Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OP1B

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	BOX OP1B	routing	IF (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 OP3A - HMOASSOC. ELSE IF (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 OP3B - HMOREFER. ELSE GO TO OP4 - EVENT_OP		
HMOASSOC	OP3A	yes/no	Is (HOSPITAL 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) OP4 - EVENT_OP (02) OP3B - HMOREFER (-8) OP3B - HMOREFER (-9) OP3B - HMOREFER
HMOREFER	OP3B	yes/no	[Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	OP4 - EVENT_OP
EVENT_OP	OP4	roster	When did [you/(SP)] go to an outpatient department at (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. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] 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. HAVE ALL DATES BEEN ENTERED?	MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS	OPADD-OPADD
OPADD	OPADD		[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OP4 -EVENT_OP (02) OP5 - ANYOPERS
ANYOPERS	OP5	yes/no	Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OP2A (02) OP8 - SPECCOND (-8) OP8 - SPECCOND (-9) OP8 - SPECCOND
SPECCOND	OP8	yes/no	[Was this visit/Were any of these visits] to the outpatient department for any specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OP2A
	BOX OP2A	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO OP10 - PRESMDCN.		
PRESMDCN	OP10	yes/no	During [this visit/any of these visits] to the outpatient department, were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OP11 - PRESFILL (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3
PRESFILL	OP11	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OP2B (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3
	BOX OP2B	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO OP11A - OPPMMEDS. ELSE GO TO BOX PM2.		
OPPMEDS	OP11A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTILDATE), if you'd like to get those bottles, too.		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.		

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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]	[MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED]	
PMBRNAME	MED	lookup	[PM BRAND NAME]		
PMGNNNAME	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) (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

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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) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM
PMCONDOS	PMCOND	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	
GETNUM	GETNUM	numeric	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP)) obtain (MEDICINE NAME)]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.]	(01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	BOX PM5

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	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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
PMMORE	PM17	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/UTILDATE) that we haven't talked about?]	(01) ADD ANOTHER (02) ALL DONE	(01) BOX PM2 (02) BOX OP3
	BOX OP3	routing	IF ANOTHER OP EVENT WAS ADDED WITH THIS OP PROVIDER, GO TO OP5-ANYOPERS. ELSE GO TO OP15-OPMORE.		
OPMORE	OP15	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to the outpatient department at this or any other hospital for services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OP2 - PROVIDER_OP (02) BOX OP6 (-8) BOX OP6 (-9) BOX OP6
	BOX OP6	routing	IF WINTER ROUND AND ((SP REPORTED AN OUTPATIENT DEPARTMENT VISIT AT OP4) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC9 - OPDREAS. ELSE GO TO BOX OP7.		
	BOX OP7	routing	GO TO IUQ.		