

MCBS Non-substantive Change Request
Proposed Changes to Community Facility Interviews and Effect on Burden

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
Addition: follow-up questions to an existing series on diabetes management	HFQ: Fall Round	None	Since (LAST HF MONTH YEAR), [have you/has (SP)] had any problems paying or were unable to pay for insulin?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Do you/does (SP)] administer [your/their] insulin with... a syringe, insulin pen, insulin pump, and/or inhaler?	(01) SYRINGE (02) INSULIN PEN (03) INSULIN PUMP (04) INHALER (-8) Don't Know (-9) Refuse