

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Code List                                 | Routing        |
|---------------|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------|
|               |                |               | <p><b>END QUESTIONNAIRE SPECIFICATIONS</b></p> <p><u>CRITERIA</u><br/>           INTTYPE=ALL<br/>           SPALIVE=ALL<br/>           SEASON=ALL<br/>           SPPROXY=SP or PROXY<br/>           Other: N/A</p> <p><u>PLACEMENT</u><br/>           If INTTYPE in (C003), administer after DIQ.<br/>           If (INTTYPE in(C001, C002, C004, C005, C006, C007, C010) administer after CPS.<br/>           If 11th round interview, administer after PXQ.</p>                                                                                                                                                                                                                                                               |                                           |                |
|               | BOX EN1        |               | IF SP IS IN THE 11TH ROUND INTERVIEW OR R IS DECEASED (SPAISTATUS in (3,4)) GO TO EX1.<br>ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE (INTTYPE=C003), GO TO ETY2 - THANK_SUPP.<br>ELSE IF (SP IS THE RESPONDENT), GO TO ETY1 - THANK_SP.<br>ELSE GO TO ETY3 - THANK_PROXYPLANNER.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                |
| EXINTRO       | EX1            |               | As I mentioned earlier, this is [your/(SP's)] final interview with this study. We have learned much from [your/(SP's)] participation in the MCBS. Data from the study have already been used to inform Congress of the problems Medicare beneficiaries might face regarding their access to health care. [Your/(SP's)] participation in this study has given the United States government a much clearer picture of [your/(SP's)] health care needs and those of more than 62 million Medicare participants.                                                                                                                                                                                                                    | (01) CONTINUE                             | EX1A - EXTHANK |
| EXTHANK       | EX1A           |               | I thank you sincerely for all the time and effort that you have put into this study. You have made a very important contribution to the Medicare program and all of its beneficiaries by sharing [your/(SP's)] health care experiences with us. [Even though [you/(SP)] will no longer be a participant in our survey, [your/(SP's)] health care needs will continue to be covered through the Medicare program.] I'd like to express to [you/you and (SP)] appreciation on behalf of the Centers for Medicare and Medicaid Services. Both NORC at the University of Chicago and the Centers for Medicare and Medicaid Services wish [you/you and (SP)] the very best for the future.<br><br>[RESPONDENT MAY KEEP THE CALENDAR] | (01) CONTINUE                             | BOX EN2        |
|               | BOX EN2        |               | IF SP IS DECEASED (SPAISTATUS in (3,4)) GO TO END1-INTLANG. ELSE GO TO EXSTUDY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                |
| EXSTUDY       | EX1B           | yes/no        | We sometimes conduct short surveys to improve the way information is collected for the MCBS. Would [you/(SP)] be willing to be contacted in the future about one of these short surveys?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (01) YES<br>(02) NO<br>(-8) DK<br>(-9) RF | END1-INTLANG   |

| Variable Name      | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                             | Code List                    | Routing                                      |
|--------------------|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------|
| THANK_SP           | ETY1           | no entry      | [I would like to thank you for keeping the planner for this interview.] I would [also] appreciate it if you would [continue to] record health care visits and keep information about medical expenses for the next interview. Thank you for your time and cooperation during this interview.<br>CIRCLE TODAY'S DATE IN THE PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS AS NECESSARY.                          | (01) CONTINUE                | END1-INTLANG                                 |
| THANK_SUPP         | ETY2           | no entry      | Please keep any medical bills, receipts, Medicare statements, and insurance statements that would be connected to [your/(SP)'s] health care visits and other medical expenses so that we can talk about them during the next interview. I'd like to thank you for your time and cooperation and I look forward to seeing you soon.                                                                                                    | (01) CONTINUE                | END1-INTLANG                                 |
| THANK_PROXYPLANNER | ETY3           | no entry      | I would like to make sure you are aware of the planner we use to record health care visits as well as the folder for keeping information about medical expenses for the next interview.<br>CIRCLE TODAY'S DATE IN PLANNER AS A REFERENCE FOR THE RESPONDENT. EXPLAIN PLANNER SECTIONS IN DETAIL TO RESPONDENT.                                                                                                                        | (01) CONTINUE                | THANK_PROXY                                  |
| THANK_PROXY        | ETY4           | no entry      | I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.                                                                                                                                                                                                                                                                                        | (01) CONTINUE                | END1-INTLANG                                 |
| INTLANG            | END1           | code 1        | WAS THIS INTERVIEW CONDUCTED MOSTLY IN ENGLISH OR SPANISH?                                                                                                                                                                                                                                                                                                                                                                            | (02) ENGLISH<br>(03) SPANISH | (02) END2 - SAVECASE<br>(03) END2 - SAVECASE |
| SAVECASE           | END2           | no entry      | THE INTERVIEW IS OVER. PRESS ENTER OR CLICK [CLOSE] TO RETURN TO CM FIELD.<br><br>IF COMMUNITY CONTACT DATA COLLECTION (CCDC) MODULE HAS NOT BEEN COMPLETED (CCDC INSTRUMENT STATUS IS "NO ACTION" OR "BREAKOFF") THEN DISPLAY "THE COMMUNITY CONTACT DATA COLLECTION (CCDC) MODULE HAS NOT YET BEEN COMPLETED FOR THIS CASE. IF POSSIBLE, PLEASE COMPLETE THAT MODULE WITH THE [RESPONDENT/PROXY] DIRECTLY FOLLOWING THE INTERVIEW." | (01) CONTINUE<br>(-7) Empty  | BOX END                                      |
|                    | BOX END        | routing       | CASE IS COMPLETE.                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                              |