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

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
Deletion: Colorectal Cancer Screening	HFQ: Fall Round	Decrease of 0.5 minutes	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. Before today, had [you/SP] ever heard of colorectal or colon cancer?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Before today, [have you/has SP] ever heard of this home testing kit?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Before today, had [you/(SP)] ever heard of a sigmoidoscopy or colonoscopy?	(01) YES (02) NO (-8) Don't Know (-9) Refused
Revision: Colorectal Cancer Screening	HFQ: Fall Round	N/A	Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Has a doctor or other health professional ever given [you/(SP)] a home testing kit to test for blood in the stool?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Now I'd like to talk about a different illness, colorectal or colon cancer, a disease of the lower intestines. The fecal occult blood test is a simple test for early signs of colon cancer. It detects invisible traces of blood found in the stool. The doctor or other health professional can give the patient a kit to collect stool samples at the patient's home. The test is then sent to a laboratory for the results to be determined. Since (SAMPLE_PERSON.DATE_FALLRND), has a doctor or other health professional given [you/(SP)] a home testing kit to test for blood in the stool?	(01) YES (02) NO (-8) Don't Know (-9) Refused
Deletion: Instrumental Activities of Daily Living (IADL)	HFQ: Fall Round	N/A	[What is the name of the person and relationship to (SP)?]*	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]*	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]*	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused
			[What is the name of the person and relationship to (SP)?]*	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused
			* These deletions are repeated 6 times as this series of items is administered for each of the 6 IADLs.	
Revision: Instrumental Activities of Daily Living (IADL)	HFQ: Fall Round	Decrease of 0.5 minutes	Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY**	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			** This revision is repeated 6 times as it is administered for each of the 6 IADLs.	
Deletion: Activities of Daily Living (ADL)	HFQ: Fall Round	Decrease of 0.5 minutes	Does someone usually stay nearby just in case [you need/(SP) needs] help with bathing or showering? [That is, does someone usually stay or come into the room to check on [you/(SP)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How long [have you/has (SP)] needed help with bathing or showering? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			Does someone usually stay nearby just in case [you need/(SP) needs] help with dressing? [That is, does someone usually stay or come into the room to check on [you/(SP)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			How long [have you/has (SP)] needed help with dressing? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			Does someone usually stay nearby just in case [you need/(SP) needs] help with eating? [That is, does someone usually stay or come into the room to check on [you/(SP)]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How long [have you/has (SP)] needed help with eating? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			Does someone usually stay nearby just in case [you need/(SP) needs] help with getting in or out of bed or chairs? [That is, does someone usually stay or come into the room to check on [you/(SP))?]]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How long [have you/has (SP)] needed help with getting in or out of bed or chairs? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			[IF R IS IN A WHEELCHAIR OR CANNOT STAND DUE TO PERMANENT DISABILITY ONLY, SELECT "NO" WITHOUT READING TEXT BELOW.] Does someone usually stay nearby just in case [you need/(SP) needs] help with walking? [That is, does someone usually stay or come into the room to check on [you/(SP))?]]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How long [have you/has (SP)] needed help with walking? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			Does someone usually stay nearby just in case [you need/(SP) needs] help with using the toilet, including getting up and down? [That is, does someone usually stay or come into the room to check on [you/(SP)]?]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How long [have you/has (SP)] needed help with using the toilet? Has it been . . .	(01) less than three months, (02) three months or more but less than one year, or (03) one year or more? (-8) Don't Know (-9) Refused
			[What is the name of the person and relationship to (SP)?]***	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]***	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]***	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused
			[What is the name of the person and relationship to (SP)?]***	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused
			Which of these persons gives [you/(SP)] the most help with these things? SELECT ONLY ONE.	Display all persons selected at HFLA9, HFLB9, HFLC9, HFLD9, HFLE9 and HFLF9 rosters.
			*** These deletions are repeated 6 times as these items are administered for each of the 6 ADLs.	

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
Revision: Activities of Daily Living (ADL)	HFQ: Fall Round	N/A	You mentioned that [you receive/(SP) receives] help with bathing and showering. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			You mentioned that [you receive/(SP) receives] help with dressing. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			You mentioned that [you receive/(SP) receives] help with eating. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			You mentioned that [you receive/(SP) receives] help with getting in or out of bed or chairs. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			You mentioned that [you receive/(SP) receives] help with walking. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
			You mentioned that [you receive/(SP) receives] help with using the toilet. Who gives that help? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or a homemaker or house cleaner?] SELECT ALL THAT APPLY	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (04) HOMEMAKER/HOUSE CLEANER (-8) Don't Know (-9) Refused
Deletion: Satisfaction with Care Items	SCQ: Fall Round	Decrease of 1 minute	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			[Please tell me whether each of the following statements is true or false.] [You/(SP)] will do just about anything to avoid going to the doctor.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
			[Please tell me whether each of the following statements is true or false.] When [you/(SP)] [are/is] sick, [you/(SP)] [try/tries] to keep it to [yourself/themselves].	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
Revision: Satisfaction with Care Items Administred Once per Panel Rather Than Annually	SCQ: Baseline, Fall Round	Decrease of 3 minutes (Continuing interview only)	Please tell me whether each of the following statements is true or false. [You/(SP)] [worry/worries] about [your/(SP)'s] health more than other people [your/(SP)'s] age. [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
			[Please tell me whether each of the following statements is true or false.] Usually, [you/(SP)] [go/goes] to the doctor or other health professional as soon as [you/(SP)] [start/starts] to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused

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			Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services. Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us.	(01) CONTINUE (-7) Empty
			SHOW CARD SC2 Doctors often give instructions about how you should care for yourself at home, like changing a bandage, taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused
			SHOW CARD SC2 Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of instruction, to change your habits or lifestyle?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused
			SHOW CARD SC3 How likely are you to change doctors or other health professionals if you are dissatisfied with the way you and your doctor or other health professional communicate? [Would you say very likely, likely, unlikely, or very unlikely?]	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused
			SHOW CARD SC3 How likely are you to tell your doctor or other health professional when you disagree with them?	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused
			SHOW CARD SC4 These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following: Do you always, usually, sometimes, or never read information about a new prescription, such as side effects and precautions?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			SHOW CARD SC4 Do you always, usually, sometimes, or never... Bring with you to your doctor or other health professional visits a list of questions or concerns you want to cover?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Leave your doctor or other health professional's office feeling that all of your concerns or questions have been fully answered?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Take a list of all of your prescribed medicines to your doctor or other health professional visits?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Talk with your doctor or other health professional about your options if you need tests, follow-up care, or a referral for care by a medical specialist?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Contact your doctor or other health professional's office to get medical advice when you need it.	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused
Deletion: Health Insurance Plan Details	HIQ: Winter, Summer, and Fall Rounds	Decrease of 0.2 minutes each round	What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?	(01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH QUALITY OF CARE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET BENEFIT COVERAGE OTHER THAN RX (05) PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) DOCTOR LEFT PLAN/DIED/RETIRED (08) DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS (09) SP MOVED OUT OF PLAN AREA (10) SP DIDN'T LIKE CHOICE OF DOCTORS (11) SP WANTED CHOICE OF DOCTORS (91) OTHER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?	(01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH QUALITY OF CARE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET BENEFIT COVERAGE OTHER THAN RX (05) PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) DOCTOR LEFT PLAN/DIED/RETIRED (08) DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS (09) SP MOVED OUT OF PLAN AREA (10) SP DIDN'T LIKE CHOICE OF DOCTORS (11) SP WANTED CHOICE OF DOCTORS (91) OTHER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			SHOW CARD HIT2 Where [do you/does (SP)/did you/did (SP)] usually obtain [your/(SP)'s] medicines? [Do you/Does (SP)/Did you/Did (SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else?	(01) A TRICARE MAIL ORDER PHARMACY (TMOP) (02) A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRX) (03) A MILITARY TREATMENT FACILITY PHARMACY (MTF) (04) A NON-NETWORK RETAIL PHARMACY (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused
			SOMEWHERE ELSE (SPECIFY)	(01) [Continuous Answer]

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage?	(01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH PLAN'S COVERAGE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET DIFFERENT HEALTH CARE COVERAGE (05) PLAN NO LONGER CONTRACTS FOR MEDICARE RX COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) SP MOVED OUT OF PLAN AREA (91) OTHER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	
			As you may know, every state now offers a health insurance marketplace, also referred to as an exchange. The marketplace[, known as (STATE MARKETPLACE NAME),] allows residents to compare and purchase available health insurance options that meet their needs. While most Medicare beneficiaries are not eligible for insurance from a health insurance marketplace, there are some special circumstances that allow enrollment. At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION),] [have you/has (SP)/had (SP)] been enrolled in or covered by one of these exchange plans? [MEDICARE BENEFICIARIES ARE NOT ELIGIBLE TO OBTAIN INSURANCE THROUGH THESE PLANS. THE RESPONSE TO THIS QUESTION SHOULD ALMOST ALWAYS BE "NO". HOWEVER, SOME RESPONDENTS MAY SIGN UP FOR THESE PLANS DUE TO CONFUSION ABOUT THE PROGRAM.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
Deletion: Medicare Program Information	KNQ: Winter Round	Decrease of 0.5 minutes	SHOW CARD KN3 How interested are you in getting (more) information [for (SP)] about Medicare?	(01) VERY INTERESTED (02) SOMEWHAT INTERESTED (03) NOT VERY INTERESTED (04) NOT AT ALL INTERESTED (-8) Don't Know (-9) Refused
			SHOW CARD KN9 How easy or difficult did you find (the parts you read/this book) to understand? [PROBE IF NECESSARY: Would you say (they were/it was) very easy to understand, somewhat easy to understand, somewhat difficult to understand, or very difficult to understand?]	(01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused
Deletion: Internet Use	KNQ: Winter Round	Decrease of 0.25 minutes	[Do you/Does (SP)] personally ever use the Internet to get information of any kind?	(01) YES (02) NO (-8) Don't Know (-9) Refused
Deletion: Inflation Reduction Act Knowledge	KNQ: Winter Round	Decrease of 2.25 minutes	SHOW CARD KN10 What types of Medicare plans did [you/(SP)] compare with [your/(SP)'s] Medicare insurance plan? [EXPLAIN IF NECESSARY: -Medicare Parts A and B, commonly referred to as "Original Medicare," provide hospital and medical insurance. -Medicare Part C includes Medicare Advantage plans. These are plans offered to Medicare beneficiaries by private companies (approved by Medicare) and provide beneficiaries with their Part A and B benefits. Medical Advantage is an alternative to Original Medicare. -Part D covers prescription drugs -- this type of plan is also known as an MPDP. Prescription drug plans are offered by private companies (approved by Medicare). - Medigap is a supplemental insurance plan sold by private companies for use with Original Medicare. It cannot be used with Medicare Advantage. Medigap plans help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles.] [PLEASE INCLUDE SITUATIONS WHERE A PROXY OR SOMEONE ELSE REVIEWS THE RESONDENT'S MEDICARE INSURANCE COVERAGE FOR OR WITH THEM.]	(01) Medicare Parts A and B (Original Medicare) (02) Medicare Part C, Medicare Advantage (MA) Plans (03) Medicare Part D, Medicare Prescription Drug Plans (MPDPs) (04) Medigap Plans (-8) DON'T KNOW (-9) REFUSED
			As far as you know, is there a federal law in place that … Requires the federal government to negotiate the price of some prescription drugs for people with Medicare	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Places an annual limit on out-of-pocket prescription drug costs for people with Medicare	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Caps the cost of each insulin product for people with Medicare at $35 per month	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Removes out-of-pocket costs for recommended vaccines covered under Medicare Part D [IF NEEDED: Vaccines covered under Medicare Part D protect against Shingles, Respiratory Syncytial Virus (RSV), Hepatitis A, Hepatitis B, Measles, Mumps, and Rubella (MMR), and others, including vaccines recommended for international travel.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Allows Medicare Part D enrollees to spread their out-of-pocket prescription drug costs out over the year [IF NEEDED: Medicare beneficiaries can receive insurance coverage for prescription drugs through Medicare Prescription Drug plans. These plans are also called "Medicare Part D" plans.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
Deletion: Usual Source of Care	USQ: Winter Round	Decrease of 7.5 minutes	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
			Is this [doctor or other health professional/medical clinic] associated with [your/(SP)'s] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What is the complete name of the [place/managed care plan or HMO center/(US2 RESPONSE)] that [you go to/(SP) goes to]? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (-8) Don't Know (-9) Refused DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02
			What is the complete name of that doctor or other health professional? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (-8) Don't Know (-9) Refused DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02
			Is (US5A PROVIDER NAME) a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED
			OTHER DR SPECIALTY (SPECIFY) [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]	(01) CONTINUOUS ANSWER
			In general, in what language [do you/does (SP)] prefer to receive [your/(SP)'s] medical care?	(01) CONTINUOUS ANSWER
			SHOW CARD US2 How well can [you/(SP)] and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS] about [your/(SP)'s] symptoms? Very well, well, not well, or not at all?	(01) VERY WELL (02) WELL (03) NOT WELL (04) NOT AT ALL (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US2 Without the aid of a translator, language assistant, or interpreter, how well can [you/(SP)] and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in English about [your/(SP)'s] symptoms? Very well, well, not well, or not at all?	(01) VERY WELL (02) WELL (03) NOT WELL (04) NOT AT ALL (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD US3 Who helps [you/(SP)] communicate with [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] – a professional interpreter, a staff person at [your/(SP)'s] provider's office, a family member, a friend, [do you/does (SP)] do the best that [you/(SP)] can in English, or does no one help [you/(SP)] because [you have/(SP) has] no trouble communicating in English? PROBE: Anyone else?	(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) NO ONE HELPS; NO TROUBLE COMMUNICATING IN ENGLISH (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US3 Now think about all of [your/(SP)'s] medical providers other than [your/(SP)'s] usual provider. Who helps [you/(SP)] communicate with medical providers who do not speak [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS]– a professional interpreter, a staff person at [your/(SP)'s] provider's office, a family member, a friend, [do you/does (SP)] do the best that [you/(SP)] can in English, or does no one help [you/(SP)] because [you have/(SP) has] no trouble communicating in English? PROBE: Anyone else?	(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) DOES NOT SEE A MEDICAL PROVIDER (08) NO ONE HELPS; HAS NO TROUBLE COMMUNICATING IN ENGLISH (-8) DON'T KNOW (-9) REFUSED
			How [do you/does (SP)] usually get to [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]? [EXPLAIN IF NECESSARY: [Do you/Does (SP)] get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?]	(01) WALKING (02) DRIVING (03) BEING DRIVEN (04) AMBULANCE OR OTHER SPECIAL VEHICLE (05) TAXI (06) OTHER PUBLIC TRANSPORTATION (07) DR. USUALLY COMES TO HOME (91) SOME OTHER WAY (-8) DON'T KNOW (-9) REFUSED
			SOME OTHER WAY (SPECIFY)	(01) continuous answer
			[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER
			[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused
			[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) continuous answer
			The next questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]. Some offices remind patients about appointments. Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)], did [you/(SP)] get a reminder from [(US5A PROVIDER NAME)'S office /(US3A PROVIDER NAME)] about the appointment? REMINDERS INCLUDE PHONE CALLS, TEXT MESSAGES, E-MAILS, AND MAILED CORRESPONDENCE.	(01) YES (02) NO (996) NOT APPLICABLE / R DID NOT HAVE APPOINTMENT (-8) DON'T KNOW (-9) REFUSED
			Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)], did [you/(SP)] get instructions telling [you/(SP)] what to expect or how to prepare? INSTRUCTIONS CAN INCLUDE ANYTHING THAT IS NEEDED OR PREPARED BEFORE THE APPOINTMENT, SUCH AS PREPARING OR ORGANIZING MEDICAL RECORDS, FASTING, ARRANGING TO HAVE SOMEONE ACCOMPANY MEDICAL VISIT, ETC.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 Now I'm going to read you questions about the medical providers [you have/SP has] seen in the last twelve months, that is since {TODAY'S MONTH AND YEAR - 12 MONTHS}. People have busy lives and miss appointments for many reasons. Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [you/(SP)] miss an appointment with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), when [you/(SP)] missed an appointment with US5A PROVIDER NAME/US3A PROVIDER NAME), how often did someone from [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)] contact [you/(SP)] to make a new appointment?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] show respect for what [you/(SP)] had to say?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] spend enough time with [you/(SP)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ask whether [you/(SP)] had ideas about how to improve [your/(SP)'s] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did the care [you/(SP)] received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] help [you/(SP)] meet [your/(SP)'s] goals? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US6 Think about the care [you receive/(SP) receives] from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree. [(US5A PROVIDER NAME) is/The doctors or other health professionals at (US3A PROVIDER NAME) are] very careful to check everything when examining [you/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD US6 [(US5A PROVIDER NAME) has/The doctors or other health professionals at (US3A PROVIDER NAME) have] a complete understanding of the things that are wrong with [you/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			People often get instructions about their health from more than one person in the same office, such as other medical providers, nurses, nutritionists, and social workers. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get any instructions about your health from any other staff [in (US5A PROVIDER NAME)'s office/ at (US3A PROVIDER NAME)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did these other staff seem up-to-date about the care [you were/(SP) was] receiving from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Did these other staff talk with [you/(SP)] about care [you/he/she] [were/was] receiving from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Did these other staff seem to know the important information about [your/(SP)'s] medical history?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			The next set of questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] order a blood test, x-ray, or other test for [you/(SP)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), when [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ordered a blood test, x-ray, or other test for [you/(SP)], how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] follow up to give [you/(SP)] those results?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [you/(SP)] have to request [your/(SP)'s] test results before [you/(SP)] got them?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often were [your/(SP)'s] test results presented in a way that was easy to understand?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need services at home to help [you/(SP)] take care of [your/(SP)'s] health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] help [you/(SP)] get these services at home to take care of [your/(SP)'s] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] give [you/(SP)] instructions about how to take care of [your/(SP)'s] health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] take any prescription medicine? [THIS IS DIFFERENT FROM THE PRESCRIPTION DRUG WHERE WE ASK IF THE R HAD ANY PRESCRIPTIONS FILLED]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] talk with [you/(SP)] about how [you were/(SP) was] supposed to take [your/(SP)'s] medicine?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 There are many reasons why people may not always be able to take their medicines as prescribed. Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often [were you/was (SP)] able to take [your/(SP)'s] medicine as prescribed?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] talk with [you/(SP)] about what to do if [you have/(SP) has] a bad reaction to [your/(SP)'s] medicine?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 In general, how often [do you/does(SP)] have to remind [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] about care [you receive/(SP) receives] from specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), did any specialists outside the office of [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] prescribe medicine for [you/(SP)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 In general, how often [does (US5A PROVIDER NAME)/do the doctors or other health professionals at (US3A PROVIDER NAME)] talk with [you/(SP)] about the medicines prescribed by these specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			The next four questions ask about care [you/(SP)] received from the specialist [you/(SP)] saw most often in the last 12 months outside the office of [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]. First, what is the name of the specialist [you/(SP)] saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS)? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (-8) Don't Know (-9) Refused DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02
			Is [(US37E1 PROVIDER NAME)/the specialist you saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS)] a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US5 [IF NEEDED: This question is about the last twelve months, that is since (TODAY'S MONTH AND YEAR - 12 MONTHS).] The next questions ask about care [you/(SP)] received from the specialist [you/(SP)] saw most often in the last twelve months outside the [office of (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]. When [you see/(SP) sees/(SP) sees] [(US37E1-SPCLNAME)/this specialist], does [he/she/he or she] seem to know enough information about [your/(SP)'s] medical history? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) Don't Know (-9) Refused
			SHOW CARD US4 When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often [do you/does (SP)] have to repeat information that [you/(SP)] [have/has] already given to [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 The next questions ask about care [you/(SP)] received from the specialist [you/(SP)] saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS) outside the [office of (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]. When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often does [he/she/he or she] seem to know [your/(SP)'s] important test results from other providers?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			After [your/(SP)'s] most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] contact [you/(SP)] to see how [you were/(SP) was] doing?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			After [your/(SP)'S] most recent hospital stay, [were you/was (SP)] prescribed any medicines?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			After (your/(SP)'s)] most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] contact [you/SP] to check if [you were/(SP) was] able to follow instructions about any medicines [you were/(SP) was] prescribed?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			After (your/(SP)'s] most recent hospital stay, (were you/was (SP)] given instructions about caring for [yourself/themself] at home?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US5 After [your/(SP)'s] most recent hospital stay, were the instructions [you were/(SP) was] given easy to understand? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD US7 People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed. Using any number from 0 to 10, where 0 is hard and 10 is easy, what number would you use to rate how easy it was for [you/(SP)] to manage [your/(SP)'s] medical care since (TODAY'S MONTH AND YEAR-12 MONTHS)? [IN SITUATIONS WHERE A PROXY OR SOMEONE ELSE MANAGES THE RESPONDENT'S MEDICAL CARE FOR OR WITH THEM, ANSWER BASED ON THEIR EXPERIENCE.]	(00) 0 HARD TO MANAGE (01) 1 (02) 2 (03) 3 (04) 4 (05) 5 (06) 6 (07) 7 (08) 8 (09) 9 (10) 10 EASY TO MANAGE
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), when getting care for a medical problem, was there ever a time when test results, medical records, or reasons for referrals were not available at the time of [your/(SP)'s] scheduled doctor or other health professional appointment?	(01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused
			The next few questions will help us understand how [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] use(s) a computer during [your/(SP)'s] office visit. Please answer the following questions based on where [you go/(SP) goes] for medical care most of the time. [Does (US5A PROVIDER NAME)/Do the providers at (US3A PROVIDER NAME)] use a computer during [your/(SP)'s] office visit?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When [you visit/(SP) visits] [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] [does he or she/do they] generally enter [your/(SP)'s] health information into a computer while [you are/(SP) is] present? [IF SUPPORT STAFF (NURSES, MEDICAL ASSISTANTS) ENTER INFORMATION INTO THE ELECTRONIC HEALTH RECORD DURING THEIR VISIT, SELECT "YES" AT THIS QUESTION.] [EXPLAIN IF NECESSARY: An "electronic health record" is an electronic version of a patient's medical history maintained by a provider over time. It automates the way in which doctors can access patient health information. "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Is the examination room set up so that [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] can easily show [you/(SP)] information on the computer screen?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you your/(SP) their] health information during [your/(SP)'s] visit, such as trends in blood pressure reading, height, weight and body mass index, previous lab results, x-rays/images, immunizations or medications?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you/(SP)] recommendations for preventive health screenings or other medical services?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] read back to [you/(SP)] information that [you have/(SP) has] given during [your/(SP)'s] visit that is being put into [your/(SP)'s] medical record?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] send [you/(SP)] health information electronically, such as information about [your/(SP)'s] medications, exercise plans, dietary advice, etc.?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[Does (US5A PROVIDER NAME)'s/Do the doctors or other health professionals at (US3A PROVIDER NAME)'s] office give [you/(SP)] access through [your/(SP)'s] own computer or smart phone to parts or all of [your/(SP)'s] electronic medical record (such as a list of [your/(SP)'s] medications, lab results, x-ray reports, office notes) through a "patient portal" or other electronic system?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			SHOW CARD US6 Now I am going to read some statements people have made about how their provider uses a computer. Think about the care [you receive/(SP) receives] from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree. (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit is helpful to [me/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit distracts [him/her/them] from paying attention to [me/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD US6 [(US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME)] use of the computer during [my/(SP)'s] visit distracts [me/(SP)] from paying attention to the clinician.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD US8 For the next statement, please tell me if it's much more than it should be, somewhat more than it should be, about what it should be, somewhat less than it should be, much less than it should be, or no opinion? The amount of time during the visit that (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) spend(s) on the computer seems:	(01) Much more than it should be (02) Somewhat more than it should be (03) About what it should be (04) Somewhat less than it should be (05) Much less than it should be (06) No opinion
			Why is [your/(SP's)] usual source of health care no longer available?	(01) PREVIOUS DOCTOR RETIRED (02) PREVIOUS DOCTOR DIED (03) PREVIOUS DOCTOR MOVED (04) SP MOVED (05) PREVIOUS DR/PLACE TOO FAR AWAY (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
Revision: Usual Source of Care	USQ: Winter Round	N/A	What is [your/(SP)'s] provider's TYPE?	(01) PHYSICIAN/MEDICAL DOCTOR (MD) (02) DOCTOR OF OSTEOPATHY (DO) (03) PHYSICIAN'S ASSISTANT (PA) (04) NURSE PRACTITIONER (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			[Does [your/(SP)'s] provider/Do the providers at [your/(SP)'s] usual source of care] speak [LANGUAGE SPOKEN AT HOME/[your/(SP)'s] preferred language]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			[Have you/Has (SP)] ever had a problem understanding a medical situation because it was not explained in [LANGUAGE SPOKEN AT HOME/[your/(SP)'s] preferred language]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			About how long does it usually take for [you/(SP)] to get to [[your/their] provider's office/[your/their] usual source of care]?	(01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED
			Who usually goes with [you/(SP)]? [PROBE: Is that person a family member, a friend, a home health aide or home care worker, or someone else?]	(01) FAMILY MEMBER (02) FRIEND (03) HOME HEALTH AIDE/HOME CARE WORKER (91) OTHER (-8) Don't Know (-9) Refused
			What are the reasons [this person accompanies you/this person accompanies (SP)]? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS (02) GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR (03) EXPLAINS DOCTOR'S INSTRUCTIONS TO SP (04) ASKS QUESTIONS (05) TRANSLATES LANGUAGE (06) SCHEDULES APPOINTMENTS (07) NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT (08) TRANSPORTATION (09) SP NEEDS PHYSICAL ASSISTANCE (91) OTHER (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			[Have you/Has (SP)] seen [[your/their] provider/[your/their] usual source of care] in the last 12 months? [IF NEEDED: This question is referring to the care provider [you/(SP)] usually saw in the last 12 months.] INCLUDE TELEMEDICINE VISITS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care] ask about things in [your/(SP)'s] work or life at home that affect [your/their] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care] explain things in a way that was easy [for (SP)] to understand?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care] listen carefully to [you/(SP)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care]] talk with [you/(SP)] about setting goals for [your/their] health? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US1 Specialists are doctors or other health professionals who specialize in one area of health care. This card lists some examples of specialists. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] receive care from any specialists outside the office of [[your/(SP)'s] provider/the doctors or other health professionals at [your/(SP)'s] usual source of care]]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US4 In general, how often [does [your/(SP)'s] provider/do the doctors or other health professionals at [your/(SP)'s] usual source of care] seem informed and up-to-date about the care [you get/(SP) gets] from specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
			SHOW CARD US5 After [your/(SP)'s] most recent hospital stay, did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care] seem to know the important information about this hospital stay? [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED
			Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need help from [anyone in [your/their] provider's office/the doctors or other health professionals at [your/their] usual source of care] to manage [your/their] care among these different providers and services?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get the help [you/they] needed from [[your/their] provider's office/the doctors or other health professionals at [your/their] usual source of care] to manage [your/their] care among these different providers and services?	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED
Deletion: Physical Measures Collection	PXQ: Summer Round	Decrease of 1 minute	IS THIS INTERVIEW BEING CONDUCTED IN-PERSON OR OVER THE PHONE?	(01) IN-PERSON (02) PHONE

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			IF R IS IN A WHEELCHAIR OR CANNOT STAND, SELECT "R CANNOT PARTICIPATE" WITHOUT READING TEXT BELOW. Now I am going to ask you to do a few simple activities. Researchers are interested in how performance on these activities relates to some of the other factors I have asked you about in the interview. I will ask you to do these activities: height and weight measurements, a balance test, a walking test, a standing test, and a grip strength test. My primary concern is for your safety, so I will ask you if you feel it would be safe for you to complete each activity. I will describe these measurements and ask if you would feel comfortable and safe completing each of the measurements. We will then complete the measurements one after the other.	(01) CONTINUE (02) R CANNOT PARTICIPATE (IN WHEELCHAIR, CAN'T STAND) (03) R NOT SELECTED FOR PXQ
			Let's start by measuring your height. I will ask you to stand up straight against the wall with your feet together. Then, I will mark your height on the wall using a sticky note and ask you to step away. I will then measure from the sticky note to the floor. Is there any reason why you feel you cannot participate? [IF R REFUSES TO ATTEMPT THE MEASURE, SELECT R CANNOT OR WILL NOT PARTICIPATE]	(01) CONTINUE (02) R CANNOT OR WILL NOT PARTICIPATE
			RECORD HEIGHT TO THE NEAREST HALF-INCH. [HEIGHT MUST BE RECORDED IN INCHES]	(01) continuous answer (996) TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED. [IF THE RESPONDENT REFUSED TO ATTEMPT THE MEASURE, SELECT "REFUSED."]	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			WHAT IS THE PRIMARY REASON THE RESPONDENT CANNOT OR WILL NOT PARTICIPATE IN THIS MEASURE?	(01) Continuous answer
			Now, we will measure your weight. I will ask you to stand on the scale and stand still. Once I have recorded the weight, I will ask you to step off of the scale. Is there any reason why you feel you cannot participate? [IF R REFUSES TO ATTEMPT THE MEASURE, SELECT R CANNOT OR WILL NOT PARTICIPATE]	(01) CONTINUE (02) R CANNOT OR WILL NOT PARTICIPATE
			RECORD WEIGHT TO THE NEAREST TENTH OF A POUND	(01) continuous answer (02) R OVER SCALE MAXIMUM (996) TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED.	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			WHAT IS THE PRIMARY REASON THE RESPONDENT CANNOT OR WILLNOT PARTICIPATE IN THIS MEASURE?	(01) Continuous answer

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Next I am going to ask you to do a few simple activities for me, starting with a balance measure. Let me first demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do a particular movement or if you feel it would be unsafe to try and do it. [IF R REFUSES TO ATTEMPT THE MEASURE, SELECT R CANNOT OR WILL NOT PARTICIPATE]	(01) CONTINUE (02) R CANNOT OR WILL NOT PARTICIPATE
			SHOW CARD PX1 DEMONSTRATE FIRST POSITION WHILE EXPLAINING POSITION STAND WITH FEET TOGETHER, SIDE-BY-SIDE FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP ASK R TO STAND IN FIRST POSITION ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING TIME THE FIRST POSITION PUSH 'START' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'STOP/RESET' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'STOP/RESET' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS WHEN R IS IN FIRST POSITION: Are you ready? WHEN R IS READY, PUSH 'START' AND SAY: Begin	(01) NUMBER OF SECONDS HELD: _____ [996] TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			SHOW CARD PX2 DEMONSTRATE SECOND POSITION WHILE EXPLAINING POSITION STAND WITH THE HEEL OF ONE FOOT TOUCHING THE SIDE OF THE BIG TOE OF THE OTHER FOOT FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP ASK R TO STAND IN SECOND POSITION ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING TIME THE SECOND POSITION PUSH 'START' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'STOP/RESET' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'STOP/RESET' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS WHEN R IS IN SECOND POSITION: Are you ready? WHEN R IS READY, PUSH 'START' AND SAY: Begin	(01) NUMBER OF SECONDS HELD: _____ [996] TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			OTHER (SPECIFY)	(01) [Continuous answer]
			SHOW CARD PX3 DEMONSTRATE THIRD POSITION WHILE EXPLAINING POSITION STAND WITH THE HEEL OF ONE FOOT IN FRONT OF AND TOUCHING THE TOES OF THE OTHER FOOT FOR 10 SECONDS TRY NOT TO MOVE YOUR FEET TRY TO HOLD THIS POSITION UNTIL I TELL YOU TO STOP ASK R TO STAND IN THIRD POSITION ONCE R IS IN POSITION, SAY 'BEGIN' AND START TIMING TIME THE THIRD POSITION PUSH 'START' BUTTON WHEN YOU SAY 'BEGIN' PUSH 'STOP/RESET' BUTTON AND SAY 'STOP' AFTER 10 SECONDS, OR PUSH 'STOP/RESET' BUTTON IF RESPONDENT STEPS OUT OF THE POSITION BEFORE 10 SECONDS WHEN R IS IN THIRD POSITION: Are you ready? WHEN R IS READY, PUSH 'START' AND SAY: Begin	(01) NUMBER OF SECONDS HELD: _____ [996] TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			Now I am going to observe how you normally walk. If you use a cane or other walking aid and you feel you need it to walk a short distance, then you may use it. First, let me demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do a particular movement or if you feel it would be unsafe to try and do it. [IF R REFUSES TO ATTEMPT THE MEASURE, SELECT R CANNOT OR WILL NOT PARTICIPATE]	(01) CONTINUE (02) R CANNOT OR WILL NOT PARTICIPATE
			USE PRE-CUT STRING TO MEASURE DISTANCE ON THE FLOOR DEMONSTRATE THE WALK WHILE PROVIDING INSTRUCTIONS STAND WITH TOES TOUCHING THE BEGINNING OF THE STRING START WALKING WHEN I SAY BEGIN WALK AT YOUR USUAL PACE WALK PAST THE END OF THE STRING BEFORE YOU STOP ALLOW R TO USE HIS/HER WALKING AID (CANE OR WALKER) ASK R TO STAND AT BEGINNING OF STRING When I say "Begin" you may start walking. PUSH 'START' AND SAY: 'Begin' PUSH 'STOP/RESET' WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING	(01) ABLE TO DO (SPECIFY SECONDS): _____ [996] TEST COULD NOT BE COMPLETED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			ASK RESPONDENT TO REPEAT WALK, FROM THE END OF THE STRING BACK TO THE BEGINNING OF THE STRING When I say "Begin" you may start walking. PUSH 'START/STOP' AND SAY: 'Begin' PUSH 'STOP/RESET' WHEN ONE OF R'S FEET IS COMPLETELY ACROSS THE OTHER END OF THE STRING	(01) ABLE TO DO (SPECIFY SECONDS): _____ [996] TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			RECORD YOUR OBSERVATIONS OF THE R'S MEASURE. CHECK ALL THAT APPLY.	(01) R WALKED UNSTEADILY (02) R LIMPED, SHUFFLED OR DRAGGED A LEG (03) R USED A CANE (04) R USED WALKER (05) R STATED IT'S PAINFUL (06) NOTHING APPLIES
			Now I am going to ask you to stand up from a chair without using your arms. First, let me demonstrate this measure. After I demonstrate the measure, please tell me if you cannot do this movement or if you feel it would be unsafe to try. [IF R REFUSES TO ATTEMPT THE MEASURE, SELECT R CANNOT OR WILL NOT PARTICIPATE]	(01) CONTINUE (02) R CANNOT OR WILL NOT PARTICIPATE
			DEMONSTRATE CHAIR STAND WHILE PROVIDING INSTRUCTIONS SIT IN CHAIR WITH YOUR FEET ON THE FLOOR. SIT SO THAT YOU CAN PLACE THE WIDTH OF YOUR HANDS BETWEEN THE CHAIR AND YOUR KNEES. FOLD YOUR ARMS ACROSS YOUR CHEST STAND UP, KEEPING YOUR ARMS FOLDED ACROSS YOUR CHEST When I say 'Begin' you may stand up straight from the chair.	(01) R STOOD WITHOUT USING ARMS [996] TEST COULD NOT BE COMPLETED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			Now I'm going to ask you to stand up and sit down as quickly as you can five times, keeping your arms folded across your chest. I'm going to demonstrate one for you.	(01) CONTINUE
			DEMONSTRATE 1 CHAIR STAND WHILE PROVIDING INSTRUCTIONS SIT IN CHAIR WITH YOUR FEET ON THE FLOOR FOLD YOUR ARMS ACROSS YOUR CHEST STAND UP AND SIT DOWN ONCE TELL R TO REPEAT THAT 4 MORE TIMES When I say “Begin” you may stand up. PUSH ‘START’ AND SAY ‘Begin’ COUNT OUT LOUD AS RESPONDENT ARISES EACH TIME PUSH ‘STOP/RESET’ WHEN R HAS COMPLETELY STOOD UP FROM THE CHAIR FOR THE 5TH TIME STOP THE EXERCISE EARLY IF R CANNOT RISE WITHOUT USING ARMS, R IS TOO TIRED TO CONTINUE, OR R IS UNABLE TO COMPLETE AFTER 1 MINUTE	(01) TIME TO COMPLETE FIVE STANDS (SPECIFY SECONDS): _____ [996] TEST COULD NOT BE COMPLETED
			CODE THE PRIMARY REASON WHY THE TEST COULD NOT BE COMPLETED	(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 FELT UNSAFE DUE TO COVID-19 (07) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			IF R IS MISSING BOTH OF THEIR HANDS, SELECT "R CANNOT PARTICIPATE" WITHOUT READING TEXT BELOW. Now I would like to assess the strength of your hand in a gripping action.	(01) CONTINUE (02) R CANNOT PARTICIPATE (MISSING BOTH HANDS)
			IF R IS OBVIOUSLY MISSING ONE HAND, SELECT WHICH HAND IS MISSING. IF R IS NOT OBVIOUSLY MISSING A HAND, SELECT "CONTINUE"	(01) R IS MISSING RIGHT HAND (02) R IS MISSING LEFT HAND (03) CONTINUE
			IF SP IS OBVIOUSLY MISSING A HAND OR ARM, SELECT THE REMAINING HAND AND DO NOT ASK. OTHERWISE, ASK: Which is your dominant hand? [If Needed: Which hand do you use to hold a pencil?]	(01) Right (02) Left (03) Both hands equally dominant (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Now we will measure your grip strength We will use this machine [SHOW DYNAMOMETER] to measure how strong your hands are. 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]. The handle won't move, but the machine will show how hard you squeezed. [PRESS RESET AND TEST, THEN SQUEEZE TO DEMONSTRATE]. See? [SHOW RESPONDENT THE FORCE MEASUREMENT].	(01) CONTINUE
			SHOW CARD PX4 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. IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR RIGHT HAND, SELECT CONTINUE WITHOUT COMPLETING THE PRACTICE TRIAL When I say 'squeeze,' I want you to squeeze the handle hard, but not as hard as you can. [If Needed: We are starting with the right hand, even if you are not right handed.] [SUPPORT DYNAMOMETER DURING PRACTICE] Ready? 3-2-1-squeeze. [HOLD FOR 3-4 SECONDS] Stop. [PRESS RESET AND TEST ON DYNAMOMETER BEFORE CONTINUING]	(01) CONTINUE
			SHOW CARD PX4 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. IF RESPONDENT HAS ANY OF THE CONDITIONS LISTED ON SHOWCARD PX4 FOR THEIR LEFT HAND, SELECT CONTINUE WITHOUT COMPLETING THE PRACTICE TRIAL When I say 'squeeze,' I want you to squeeze the handle hard, but not as hard as you can. [SUPPORT DYNAMOMETER DURING PRACTICE.] Ready? 3-2-1-squeeze. [HOLD FOR 3-4 SECONDS] Stop. [PRESS RESET AND TEST ON DYNAMOMETER BEFORE CONTINUING]	(01) CONTINUE
			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 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. [SUPPORT DYNAMOMETER DURING TEST] Ready? 3-2-1-squeeze! Harder, harder, harder! [HOLD FOR 3-4 SECONDS] Stop. [RECORD FORCE TO NEAREST TENTH OF A POUND] [PRESS RESET AND TEST ON DYNAMOMETER]	(01) continuous answer (996) TEST COULD NOT BE COMPLETED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			REASON WHY CANNOT BE COMPLETED FOR RIGHT 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 FELT UNSAFE DUE TO COVID-19 (07) NOT ATTEMPTED, R MET EXCLUSION CRITERIA ON SHOWCARD (08) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
			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. 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. [SUPPORT DYNAMOMETER DURING TEST] Ready? 3-2-1-squeeze! Harder, harder, harder! [HOLD FOR 3-4 SECONDS] Stop. [RECORD FORCE TO NEAREST TENTH OF A POUND] [TURN OFF THE DYNAMOMETER]	(01) continuous answer (996) TEST COULD NOT BE COMPLETED
			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 FELT UNSAFE DUE TO COVID-19 (07) NOT ATTEMPTED, R MET EXCLUSION CRITERIA ON SHOWCARD (08) ATTEMPTED, UNABLE TO DO (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer]
Deletion: Site Follow-Up Questions	IMQ: Winter and Summer Rounds	Net decrease of 0.25 minutes	Where did [you/(SP)] go for [your/(SP)'s] Shingles vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Where did [you/(SP)] go for [your/(SP)'s] pneumonia shot?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	
			Where did [you/(SP)] go for [your/(SP)'s] RSV vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	
			Where did [you/(SP)] go for [your/(SP)'s] flu vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	
Revision: Site Follow-Up Questions	IMQ: Winter and Summer Rounds	N/A	What is the main reason didn't [you/(SP)] get a Shingles vaccine? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			What is the main reason didn't [you/(SP)] get a pneumonia shot? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED
			What is the main reason didn't [you/(SP)] get an RSV vaccine? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DON'T KNOW (-9) REFUSED
			What is the main reason didn't [you/(SP)] get a seasonal flu vaccine since July 1st?	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (91) OTHER (-8) DON'T KNOW (-9) REFUSED
Deletion: COVID-19	IMQ: Winter and Summer Rounds	Decrease of 1 minute	The next questions are about coronavirus or COVID-19 vaccination. [Have you/Has (SP)] had at least one dose of a COVID-19 vaccine? IF NEEDED: Please include booster shots. IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that [you have/(SP) has] received since the vaccine first became available in December 2020.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Since December 2020, how many COVID-19 vaccinations [have you/has (SP)] received in total? IF NEEDED: Please include booster shots and any additional doses. IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that [you have/(SP) has] received since the vaccine first became available in December 2020.	(01) 1 VACCINATION (02) 2 VACCINATIONS (03) 3 VACCINATIONS (04) 4 OR MORE VACCINATIONS (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			In [PREVIOUS YEAR], did [you/(SP)] receive at least one dose of the COVID-19 vaccine? IF NEEDED: Please include booster shots.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Why did [you/(SP)] not get a COVID-19 vaccine [in [PREVIOUS YEAR]]? [PROBE: Any other reason?] DO NOT READ ALOUD. CODE BASED ON WHAT THE RESPONDENT SAYS. CHECK ALL THAT APPLY. IF R IS NOT ELIGIBLE FOR THEIR NEXT DOSE, SELECT "NOT YET ELIGIBLE TO RECEIVE COVID-19 BOOSTER DOSE."	(01) NOT YET ELIGIBLE TO RECEIVE COVID-19 BOOSTER DOSE (02) PLANS TO GET A BOOSTER AND IS ELIGIBLE, BUT HASN'T YET (03) THINKS THEY HAVE ENOUGH IMMUNITY TO COVID-19 FROM PRIOR DOSES OF THE VACCINE (04) NOT WORRIED ABOUT GETTING COVID-19 (10) DOCTOR HAS NOT RECOMMENDED IT (05) ALREADY HAD COVID-19 (07) NOT REQUIRED TO GET A COVID-19 BOOSTER (BY WORK OR SCHOOL) (08) EXPERIENCED SIDE EFFECTS FROM PREVIOUS DOSE(S) OF THE COVID-19 VACCINE (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
			In [PREVIOUS YEAR], [were you/was (SP)] tested at least one time to see whether [you were/(SP) was] infected with COVID-19? [IF NEEDED: For example, the test can be done by swabbing the nose or mouth. Some tests can be done by yourself or by someone else at home, and some tests are done by a health professional.] INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH COVID-19.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What kind of test(s) did [you/(SP)] take? A nasal or throat swab or saliva test that was collected or read by a health care professional, an at-home test that was read by [yourself/(SP)] or a non-health care professional, or a blood test to look for COVID-19 antibodies? SELECT ALL THAT APPLY	(01) NASAL OR THROAT SWAB OR SALIVA TEST THAT WAS COLLECTED OR READ BY A HEALTH CARE PROFESSIONAL (02) AT-HOME TEST THAT WAS READ BY [YOURSELF/(SP)] OR A NON-HEALTH CARE PROFESSIONAL (03) BLOOD TEST TO LOOK FOR COVID-19 ANTIBODIES (-8) DON'T KNOW (-9) REFUSED
			Did the test(s) find that [you/(SP)] had COVID-19? [IF NEEDED: If [you/(SP)] had more than one test in [PREVIOUS YEAR] to see whether [you were/(SP) was] infected with COVID-19, answer yes if any of them were positive.] INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH COVID-19.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In [PREVIOUS YEAR], did [you/(SP)] seek medical care for COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In [PREVIOUS YEAR], how often did [you/(SP)] wear a facemask when out in public? Would you say none of the time, some of the time, most of the time, or all of the time?	(01) NONE OF THE TIME (02) SOME OF THE TIME (03) MOST OF THE TIME (04) ALL OF THE TIME (05) NOT APPLICABLE- R DOES NOT GET OUT (-8) DON'T KNOW (-9) REFUSED
Revision: COVID-19	IMQ: Winter and Summer Rounds	N/A	The next questions are about coronavirus or COVID-19 vaccination. Since July 1st, (ROUND YEAR MINUS 1), [have you/has (SP)] had a COVID-19 vaccination? IF NEEDED: Please include booster shots.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			What is the main reason [you/(SP)] did not get a COVID-19 vaccine [in [PREVIOUS YEAR]]? [PROBE: Any other reason?] IF R IS NOT ELIGIBLE FOR THEIR NEXT DOSE, SELECT "NOT ELIGIBLE FOR NEXT DOSE YET."	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DON'T LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (91) OTHER (-8) DON'T KNOW (-9) REFUSED

MCBS Revision to Current Clearance
Proposed Changes to Facility Interviews and Effect on Burden

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
Deletion: Immunization COVID-19	CV: Winter Round	Decrease of 0.25 minutes	I am now going to ask you some questions about COVID-19 vaccinations (SP) may have received.	(01) CONTINUE
			Has (SP) received at least one dose of a COVID-19 vaccine? [IF NEEDED: Please include booster shots.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED
			How many COVID-19 vaccinations has (SP) received in total? [IF NEEDED: Please include booster shots and any additional doses.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(01) ONE VACCINATION (02) TWO VACCINATIONS (03) THREE VACCINATIONS (04) FOUR OR MORE VACCINATIONS (-8) DON'T KNOW (-9) REFUSED
			In (PREVIOUS YEAR), has (SP) received at least one dose of the COVID-19 vaccine? [IF NEEDED: Please include booster shots.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED
Revision: Immunization COVID-19	HS: Fall round	N/A	COVID-19 VACCINE [3.0, O0250] Is (SP's) COVID vaccination up to date?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED