

MCBS Medicare Current Beneficiary Survey

Your Voice, Our Mission: Strengthening Medicare Together



Medical Planner
2026-2027

A Message from

Thank you for participating in the Medicare Current Beneficiary Survey (MCBS). With your help, we are working to make Medicare a more cost-effective and more high-quality form of health insurance that meets the needs of all beneficiaries. As a reminder, whether you take part in the survey is entirely your choice. Your Medicare benefits will not be affected by the answers that you give, or by whether or not you participate. Also, your answers must be kept private and confidential. The Federal Privacy Act of 1974 requires this.

William Long—Project Officer

A Message from

Your participation in the MCBS provides valuable information to both researchers and policymakers about the needs of Americans who have Medicare health insurance.

CMS collects large amounts of information about hospitals, doctors, and other medical professionals. They can tell how Medicare works for those groups, but the only way to learn about how the Medicare program works for people like you is to ask. AARP supports this survey because we think it is important. Please take part and help improve your Medicare program.

How to Use Your Planner

We are providing this planner to help you organize your doctor visits, possible hospital stays, and other health care-related events. This will help you by providing you one place to keep track of all of these items, both for planning purposes and when trying to recall events with your interviewer. It will also help us ensure that the information we collect is as accurate as possible. If the information we collect does not accurately represent what is going on in your life, it will not be as helpful at improving Medicare.

When using this planner, it is important to record the following types of information in the appropriate date square:

- Doctor and dentist appointments
- When prescribed medicines are filled or re-filled
- The total cost of an event and what you paid
- Hospital visits, including to the emergency room or as an outpatient
- Labs, x-rays, and other tests
- Nursing home stays
- Home health visits by a medical professional, family member, or friend
- Eyeglasses, diabetic equipment, ambulance services, or other medical items purchased

Important Contact Information

For questions or concerns about the survey you can contact MCBS staff at NORC at the University of Chicago at any time.

Call toll-free at: **1-844-777-2151**

Email at: mcbs@norc.org

Visit us at: mcbs.norc.org

If you have any questions or concerns about Medicare or your government benefits in general, please refer to the information below:

Call the Medicare Hotline toll-free at: **1-800-633-4227**

Call the Medicare Fraud Hotline toll-free at: **1-800-447-8477**

Call the Social Security Administration toll-free at: **1-800-772-1213**

Visit the Centers for Medicare & Medicaid Services at:

www.cms.gov

Visit AARP at: www.aarp.org

MY MEDICAL ADDRESS BOOK

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Doctor Name: _____

Practice Name: _____

Type of Dr: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

AUGUST 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	2	3	4	5	6	7	8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	23	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	30	31					
Appointment time:			NOTES:				
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

SEPTEMBER 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	27	28	29	30			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

OCTOBER 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	25	26	27	28	29	30	31
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

NOVEMBER 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6	7
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	8	9	10	11	12	13	14
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	15	16	17	18	19	20	21
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	22	23	24	25	26	27	28
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	29	30					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

DECEMBER 2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	27	28	29	30	31		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

JANUARY 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	24	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	31						
Appointment time:		NOTES:					
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

FEBRUARY 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28						
Appointment time:		NOTES:					
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

MARCH 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28	29	30	31			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

APRIL 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	25	26	27	28	29	30	
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

MAY 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	2	3	4	5	6	7	8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	23	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	30	31					
Appointment time:			NOTES:				
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

JUNE 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	27	28	29	30			
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

JULY 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2	3
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	4	5	6	7	8	9	10
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	11	12	13	14	15	16	17
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	18	19	20	21	22	23	24
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	25	26	27	28	29	30	31
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

AUGUST 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6	7
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	8	9	10	11	12	13	14
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	15	16	17	18	19	20	21
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	22	23	24	25	26	27	28
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	29	30	31				
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

SEPTEMBER 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3	4
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	5	6	7	8	9	10	11
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	12	13	14	15	16	17	18
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	19	20	21	22	23	24	25
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	26	27	28	29	30		
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

OCTOBER 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1	2
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	3	4	5	6	7	8	9
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	10	11	12	13	14	15	16
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	17	18	19	20	21	22	23
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	24	25	26	27	28	29	30
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	31						
Appointment time:		NOTES:					
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOVEMBER 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5	6
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	7	8	9	10	11	12	13
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	14	15	16	17	18	19	20
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	21	22	23	24	25	26	27
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	28	29	30				
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

DECEMBER 2027

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3	4
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	5	6	7	8	9	10	11
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	12	13	14	15	16	17	18
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	19	20	21	22	23	24	25
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	26	27	28	29	30	31	
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

JANUARY 2028

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
							1
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	2	3	4	5	6	7	8
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	9	10	11	12	13	14	15
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	16	17	18	19	20	21	22
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	23	24	25	26	27	28	29
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	30	31					
Appointment time:			NOTES:				
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

FEBRUARY 2028

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4	5
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	6	7	8	9	10	11	12
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	13	14	15	16	17	18	19
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

	20	21	22	23	24	25	26
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							
	27	28					
Appointment time:							
Doctor(s) seen:							
Reason for visit:							
Medicine(s) prescribed:							
Other items purchased:							
Amount charged & paid:							

NOTES:

Any other questions?

Please feel free to contact MCBS staff at NORC at the University of Chicago at any time.

Call toll-free at: 1-844-777-2151

Email at: mcbs@norc.org

Visit us at: mcbs.norc.org



<http://www.cms.gov/MCBS>



This survey is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. OMB control number for this information collection is 0938-0568, and expires 01/31/2029.