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

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
Addition: Care Coordination	CCQ: Winter Round	Increase of 2.2 minutes	SHOW CARD CC1 Thinking about visits in the past 12 months, what was the longest [you/(SP)] had to wait between the time [you/(SP)] made an appointment with [your/their] provider/[your/their] usual source of care] and the date [you were/(SP) was] actually seen? [IF NEEDED: This question refers to the time between [you/(SP)] scheduling the appointment and seeing the provider.] IF THE RESPONDENT MADE THEIR NEXT APPOINTMENT AT A PREVIOUS APPOINTMENT, SELECT "STANDING APPOINTMENT/PREVISOULY SCHEDULED."	(01) LESS THAN A MONTH (02) 1- 2 MONTHS (03) 3 MONTHS OR MORE (04) ONLY HAD STANDING APPOINTMENTS/PREVIOUSLY SCHEDULED (-8) DON'T KNOW (-9) REFUSED
			Had [you/(SP)] ever visited this provider before (TODAY'S MONTH AND YEAR-12 MONTHS)? [IF NEEDED: Was this a new provider in the past 12 months?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD CC5 What kind of specialist or medical person was this? [SELECT ALL THAT APPLY] [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'.] [IF R INDICATES PRIMARY CARE, PROBE FOR GENERAL PRACTICE OR FAMILY PRACTICE.]	(01) ALLERGY/IMMUNOLOGY (02) CARDIOLOGY (HEART) (03) DERMATOLOGY (SKIN) (04) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (05) FAMILY PRACTICE OR GENERAL PRACTICE (06) GASTROENTEROLOGY (07) SURGERY (GENERAL, PLASTIC, THORACIC, VASCULAR) (08) GERIATRICS (ELDERLY) (09) GYNECOLOGY - OBSTETRICS (10) HEMATOLOGY (BLOOD) (11) INTERNAL MEDICINE (INTERNIST) (12) NEPHROLOGY (KIDNEYS) (13) NEUROLOGY (14) NUCLEAR MEDICINE (15) MENTAL HEALTH SPECIALIST (PSYCHIATRIST OR PSYCHOLOGIST) (16) ONCOLOGY (TUMORS, CANCER) (17) OPHTHALMOLOGY (EYES) (18) ORTHOPEDICS (19) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (20) PAIN MANAGEMENT SPECIALIST (21) PATHOLOGY (22) PHYS MED/REHAB (PM&R) (23) PODIATRIST (24) PROCTOLOGY (25) PULMONARY (LUNGS) (26) RADIOLOGY (27) RHEUMATOLOGY (ARTHRITIS) (28) UROLOGY (29) AUDIOLOGIST (30) CHIROPRACTOR (31) OPTOMETRIST (32) PHYSICAL THERAPIST (PT) (91) OTHER DR SPECIALTY (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	(01) continuous answer
			SHOW CARD CC6 Thinking about visits in the past 12 months, what was the longest [you/(SP)] usually had to wait between the time [you/(SP)] made an appointment with a specialist and the date [you were/(SP) was] actually seen? [IF NEEDED: This question refers to the time between [you/(SP)] scheduling the appointment and seeing the provider.] IF THE RESPONDENT MADE THEIR NEXT APPOINTMENT AT A PREVIOUS APPOINTMENT, SELECT "STANDING APPOINTMENT/PREVISOULY SCHEDULED."	(01) LESS THAN A MONTH (02) 1-2 MONTHS (03) 3 MONTHS OR MORE (04) ONLY HAD STANDING APPOINTMENTS/PREVIOUSLY SCHEDULED (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			Had [you/(SP)] ever visited this specialist before (TODAY'S MONTH AND YEAR-12 MONTHS)? [IF NEEDED: Was this a new provider in the past 12 months?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			SHOW CARD CC7 Did [your/(SP)'s] providers during your most recent hospital stay know important information about your 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
			What was the reason [you/(SP)] went to the emergency room? IF SP WENT TO THE EMERGENCY ROOM MULTIPLE TIMES FOR MULTIPLE REASONS, SELECT ALL THAT APPLY.	(01) AN ACCIDENT OR INJURY (02) A NEW HEALTH PROBLEM (03) AN ONGOING HEALTH CONDITION OR CONCERN (04) PRESCRIPTION REFILL (91) OTHER
			OTHER (SPECIFY)	
			Since [TODAY'S MONTH YEAR-12 MONTHS], did [you/(SP)] go to an urgent care clinic? [IF NEEDED: Urgent care clinics provide medical attention for illnesses or injuries that need prompt treatment but are not life-threatening. These clinics can treat issues like minor infections, sprains, small cuts, rashes, or fevers.] DO NOT INCLUDE EMERGENCY ROOM VISITS AT THIS ITEM. INCLUDE TELEMEDICINE VISITS.	(01) YES (02) NO (-8) Don't Know (-9) Refused
			What was the reason [you/(SP)] went to the urgent care clinic? IF SP WENT TO URGENT CARE MULTIPLE TIMES FOR MULTIPLE REASONS, SELECT ALL THAT APPLY.	(01) AN ACCIDENT OR INJURY (02) A NEW HEALTH PROBLEM (03) AN ONGOING HEALTH CONDITION OR CONCERN (04) PRESCRIPTION REFILL (91) OTHER
			OTHER (SPECIFY)	
			Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
			Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
			Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
Addition: Trust in Health Care Providers	CCQ: Winter Round	Increase of 2.5 minutes	The next questions are about how much you trust [your/(SP)'s] doctor or health professional. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. Sometimes [your/(SP)'s] doctor or health professional cares more about what is easy for them than about [your/(SP)'s] medical needs. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			[Your/(SP)'s] doctor or health professional is thorough and careful. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			You trust [your/(SP)'s] doctor or health professional to choose the best medical treatments for [you/(SP)]. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			[Your/(SP)'s] doctor or health professional is honest and tells you about all the different treatment options for [your/(SP)'s] condition. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			Overall, you trust [your/(SP)'s] doctor or health professional. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			The next questions are about how much you trust doctors and healthcare workers in general. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. Sometimes doctors and health professionals care more about what is easy for them than about their patients' medical needs. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			Doctors and health professionals are thorough and careful. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			You trust doctors and health professionals to choose the best medical treatments. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			A doctor or health professional would never mislead you about anything. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			Overall, you trust doctors and health professionals. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			The next questions are about how much you trust [Medicare/[your/(SP)'s] Medicare Advantage insurance company]. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. [Medicare/[Your/(SP)'s] Medicare Advantage insurance company] cares more about saving money than about getting [you/(SP)] the treatment [you/they] need. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			You feel like you need to double check everything [Medicare/[your/(SP)'s] Medicare Advantage insurance company] company does. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			You believe [Medicare/[your/(SP)'s] Medicare Advantage insurance company] will pay for everything it is supposed to, even really expensive treatments. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			If you have a question, you believe [Medicare/[your/(SP)'s] Medicare Advantage insurance company] will give you a straight answer. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
			Overall, you trust [Medicare/[your/(SP)'s] Medicare Advantage insurance company]. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED
Addition: Pre-Authorization of Health Care Services	CCQ: Winter Round	Increase of 2.0 minutes	The next questions are about [your/(SP)'s] experiences with prior authorization. Prior authorization means that your healthcare provider requests approval from your insurer before you receive a treatment, service, or prescription medicine. In the past 12 months, did [your/(SP)'s] insurer require prior authorization before [you/(SP)] could get a treatment, service, or medicine that [your/(SP)'s] doctor recommended for [you/them]? [IF NEEDED: Sometimes your insurance company needs you or your doctor to share information about your medical care ahead of time to make sure a treatment, service, or medicine will be covered. This is referred to as "prior authorization"]	(01) Yes (02) No (-8) DON'T KNOW (-9) REFUSED
			Was this prior authorization for... A drug administered in a hospital, doctor’s office, or clinic? A prescription drug from a pharmacy? A visit to a health care provider? A treatment, procedure, or surgery? Imaging services? Durable medical equipment? Medical transport? Dental services? Or some other treatment or service? SELECT ALL THAT APPLY.	(01) A DRUG ADMINISTERED IN A HOSPITAL, DOCTOR’S OFFICE, OR CLINIC (02) A PRESCRIPTION DRUG FROM A PHARMACY (03) A VISIT TO A HEALTH CARE PROVIDER (04) A TREATMENT, PROCEDURE, OR SURGERY (05) IMAGING SERVICES (06) DURABLE MEDICAL EQUIPMENT (07) MEDICAL TRANSPORT (08) DENTAL SERVICES (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			What was this other treatment or service?	(01) continuous answer

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			In the past 12 months, did [you/(SP)] go without any drug administered in a hospital, doctor's office, or clinic because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] getting any drug administered in a hospital, doctor's office, or clinic?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for a drug administered in a hospital, doctor's office, or clinic in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a drug administered in a hospital, doctor's office, or clinic, ...Deny at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic? IF SP RECEIVED A DIFFERENT DRUG ADMINISTERED IN A HOSPITAL, DOCTOR'S OFFICE, OR CLINIC THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a drug administered in a hospital, doctor's office, or clinic"	(01) Insurance APPROVED all prior authorizations for a drug administered in a hospital, doctor's office, or clinic (02) Insurance DENIED at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic (03) SP still waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic (-8) DON'T KNOW (-9) REFUSED
			In the past year, did the prior authorization process cause [you/(SP)] to get a different drug administered in a hospital, doctor's office, or clinic from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did [you/(SP)] go without a prescription drug from a pharmacy because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] getting a prescription drug from a pharmacy ?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for a prescription drug from a pharmacy in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a prescription drug from a pharmacy, ...Deny at least one prior authorization for a prescription drug from a pharmacy, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a prescription drug from a pharmacy? IF SP RECEIVED A DIFFERENT PRESCRIPTION DRUG FROM A PHARMACY THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a prescription drug from a pharmacy" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a prescription drug from a pharmacy" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a prescription drug from a pharmacy"	(01) Insurance APPROVED all prior authorizations for a prescription drug from a pharmacy (02) Insurance DENIED at least one prior authorization for a prescription drug from a pharmacy (03) SP still waiting to resolve at least one prior authorization for a prescription drug from a pharmacy (-8) DON'T KNOW (-9) REFUSED
			In the past year, did the prior authorization process cause [you/(SP)] to get a different prescription drug from a pharmacy from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			In the past 12 months, did [you/(SP)] go without a visit to a health care provider because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] going to a visit with a health care provider?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for a visit to a health care provider in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a visit to a health care provider, ...Deny at least one prior authorization for a visit to a health care provider, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a visit to a health care provider? IF SP RECEIVED A DIFFERENT VISITS TO A HEALTH CARE PROVIDER THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a visit to a health care provider" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a visit to a health care provider" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a visit to a health care provider"	(01) Insurance APPROVED all prior authorizations for a visit to a health care provider (02) Insurance DENIED at least one prior authorization for a visit to a health care provider (03) SP still waiting to resolve at least one prior authorization for a visit to a health care provider (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization process cause [you/(SP)] to visit a different health care provider from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did [you/(SP)] go without any treatment, procedure, or surgery because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] getting any treatment, procedure, or surgery?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for a treatment, procedure, or surgery in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a treatment, procedure, or surgery, ...Deny at least one prior authorization for a treatment, procedure, or surgery, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a treatment, procedure, or surgery? IF SP RECEIVED A DIFFERENT TREATMENT, PROCEDURE, OR SURGERY THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a treatment, procedure, or surgery" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a treatment, procedure, or surgery" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a treatment, procedure, or surgery"	(01) Insurance APPROVED all prior authorizations for a treatment, procedure, or surgery (02) Insurance DENIED at least one prior authorization for a treatment, procedure, or surgery (03) SP still waiting to resolve at least one prior authorization for a treatment, procedure, or surgery (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization process cause [you/(SP)] to get a different treatment, procedure, or surgery from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			In the past 12 months, did [you/(SP)] go without any imaging services because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] getting any imaging services?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for imaging services in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for imaging services, ...Deny at least one prior authorization for imaging services, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for imaging services? IF SP RECEIVED A DIFFERENT IMAGING SERVICE THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for imaging services" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for imaging services" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for imaging services"	(01) Insurance APPROVED all prior authorizations for imaging services (02) Insurance DENIED at least one prior authorization for imaging services (03) SP still waiting to resolve at least one prior authorization for imaging services (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization process cause [you/(SP)] to get different imaging services from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did [you/(SP)] go without any durable medical equipment because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization delay [you/(SP)] getting any durable medical equipment?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for durable medical equipment in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for durable medical equipment, ...Deny at least one prior authorization for durable medical equipment, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for durable medical equipment? IF SP RECEIVED DIFFERENT DURABLE MEDICAL EQUIPMENT THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for durable medical equipment" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for durable medical equipment" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for durable medical equipment"	(01) Insurance APPROVED all prior authorizations for durable medical equipment (02) Insurance DENIED at least one prior authorization for durable medical equipment (03) SP still waiting to resolve at least one prior authorization for durable medical equipment (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization process cause [you/(SP)] to get different durable medical equipment from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did [you/(SP)] go without any medical transport because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			In the past 12 months, did the prior authorization delay [you/(SP)] getting any medical transport?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			What was the outcome of [your/(SP)'s] prior authorization(s) for medical transport in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for medical transport, ...Deny at least one prior authorization for medical transport, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for medical transport? IF SP RECEIVED A DIFFERENT MEDICAL TRANSPORT THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for medical transport" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for medical transport" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for medical transport"	(01) Insurance APPROVED all prior authorizations for medical transport (02) Insurance DENIED at least one prior authorization for medical transport (03) SP still waiting to resolve at least one prior authorization for medical transport (-8) DON'T KNOW (-9) REFUSED
			In the past 12 months, did the prior authorization process cause [you/(SP)] to get different medical transport from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
Addition: Prescription Drug Discount Programs	RXQ: Summer Round	Increase of 0.6 minutes	SHOW CARD RX5 Some services like GoodRx, RxSaver, and WellRx let you know the out-of-pocket prices of drugs at pharmacies in your area. These services provide coupons and prescription savings cards, both digitally and physically, you can use to fill a prescription. If you use a service like this to fill a prescription, your insurance does not pay anything. You pay the entire price of the prescription. Please tell me how often in the past 12 months [you have/(SP) has] purchased discounted prescription drugs, while using a service like GoodRx, RxSaver, or WellRx?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 Some drug manufacturers offer coupons or copay cards that lower out-of-pocket costs for specific brand-name medications. These are discounts offered by drug manufacturers for a specific drug. It may be a physical card, a coupon on your phone, or a discount that your pharmacist told you about. The drug manufacturer coupons or copay cards must be used in place of health insurance and cannot be combined with Medicare coverage of any kind. Please tell me how often in the past 12 months [you have/(SP) has] purchased discounted prescription drugs, while using a discount card from a drug manufacturer? [IF NEEDED: Manufacturer coupons apply only to specific, often-brand name, drugs.] [IF NEEDED: While prescription discount cards like GoodRx are separate from manufacturer programs, the online database these services offer for comparing medication prices may include manufacturer copay cards and assistance programs.]	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			Before today, had [you/(SP)] heard of TrumpRx? [READ IF NECESSARY: TrumpRx is a federal government-run website where people can buy prescription drugs with a discount card or directly from some drug manufacturers, without using drug insurance, whether or not the individual has drug insurance.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			During the past 12 months, [have you/has (SP)] visited or accessed the official website for TrumpRx? [READ IF NECESSARY: TrumpRx is a federal government-run website where people can buy prescription drugs with a discount card or directly from some drug manufacturers, without using drug insurance, whether or not the individual has drug insurance.]	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			During the past 12 months, [have you/has (SP)] used TrumpRx to fill a prescription? [READ IF NECESSARY: TrumpRx is a federal government-run website where people can buy prescription drugs with a discount card or directly from some drug manufacturers, without using drug insurance, whether or not the individual has drug insurance.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
Addition: Nutrition	HFQ: Fall Round	Increase of 0.4 minutes	How often [do you/does (SP)] eat fruits (excluding juice)? Would you say twice or more a day, once a day, less than once a day but at least 4 times a week, less than 4 times a week but at least once a week, less than once a week, or never?	(01) TWICE OR MORE A DAY (02) ONCE A DAY (03) LESS THAN ONCE A DAY BUT AT LEAST 4 TIMES A WEEK (04) LESS THAN 4 TIMES A WEEK BUT AT LEAST ONCE A WEEK (05) LESS THAN ONCE A WEEK (06) NEVER (-8) Don't Know (-9) Refused
			How often [do you/does (SP)] eat vegetables or salad (excluding juice and potatoes)? [IF NEEDED: Would you say twice or more a day, once a day, less than once a day but at least 4 times a week, less than 4 times a week but at least once a week, less than once a week, or never?]	(01) TWICE OR MORE A DAY (02) ONCE A DAY (03) LESS THAN ONCE A DAY BUT AT LEAST 4 TIMES A WEEK (04) LESS THAN 4 TIMES A WEEK BUT AT LEAST ONCE A WEEK (05) LESS THAN ONCE A WEEK (06) NEVER (-8) Don't Know (-9) Refused
			In the past 12 months, has any health professional talked with [you/(SP)] about healthy eating?	(01) YES (02) NO (-8) Don't Know (-9) Refused
Addition: Hypertension Management	HFQ: Fall Round	Increase of 0.3 minutes	Would you say that [your/(SP)'s] blood pressure is well controlled all of the time, most of the time, some of the time, a little of the time, or none of the time? By "well controlled," we mean that your blood pressure is consistently below 130-80. That is, a systolic blood pressure of below 130 mm Hg, and a diastolic blood pressure below 80 mm Hg.	(01) ALL OF THE TIME (02) MOST OF THE TIME (03) SOME OF THE TIME (04) A LITTLE OF THE TIME (05) NONE OF THE TIME (-8) Don't Know (-9) Refused
Addition: Healthcare Screening Information	PVQ: Fall, Winter Rounds	N/A	[Have you/Has (SP)] had a gynecological exam by a health care professional since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED

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: Access to Care	ACQ: Winter Round	Deletion of 2.2 minutes	The next questions are about health care services [you/(SP)] may have used since [TODAY'S MONTH YEAR-12 MONTHS].	
			Since [TODAY'S MONTH YEAR-12 MONTHS], did [you/(SP)] go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS.	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[I have a few more questions about visits that [you/(SP)] had in the past.] Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department. What was the reason [you/(SP)] went to the hospital clinic or outpatient department? [PROBE FOR THE MOST RECENT VISIT IF RESPONDENT MENTIONS MORE THAN ONE. IF NEEDED, PROBE WITH 'What did you have done during your most recent visit to the hospital clinic or outpatient department?' SELECT ALL THAT APPLY.] [PROBE: Any other reason?] THE MOST RECENT VISIT CAN BE OUTSIDE OF THE REFERENCE PERIOD USED IN OTHER SECTIONS CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) continuous answer
			Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did [you/(SP)] just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused
			We are interested in knowing how the appointment was made for the visit to the hospital clinic or outpatient department you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the hospital clinic or outpatient department to set up the appointment ?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (03) DOCTOR'S OFFICE CONTACTED SP TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused
			How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? WE ARE ASKING HOW MUCH TIME PASSED BETWEEN THE FIRST CONTACT FOR SETTING THE APPOINTMENT AND THE ACTUAL DATE OF THE APPOINTMENT	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused
			How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
			How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
			How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
			[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] during [your/(SP)'s] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
			[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] time during [your/(SP)] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] during [your/(SP)'s] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
			Next, I want to ask about [your/(SP)'s] visits to doctors since [TODAY'S MONTH YEAR-12 MONTHS]. [Have you/Has (SP)] seen a medical doctor since [TODAY'S MONTH YEAR-12 MONTHS]? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.']	(01) YES (02) NO (-8) Don't Know (-9) Refused
			SHOW CARD AC1 [I have a few more questions about visits that [you/(SP)] had in the past.] Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty? [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'.] [IF R INDICATES PRIMARY CARE, PROBE FOR GENERAL PRACTICE OR FAMILY PRACTICE.]	(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (04) DERMATOLOGY (SKIN) (05) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID) (06) FAMILY PRACTICE (07) GASTROENTEROLOGY (08) GENERAL PRACTICE (09) GENERAL SURGERY (10) GERIATRICS (ELDERLY) (11) GYNECOLOGY - OBSTETRICS (12) HEMATOLOGY (BLOOD) (13) HOSPITAL RESIDENCE (14) INTERNAL MEDICINE (INTERNIST) (15) NEPHROLOGY (KIDNEYS) (16) NEUROLOGY (17) NUCLEAR MEDICINE (18) ONCOLOGY (TUMORS, CANCER) (19) OPHTHALMOLOGY (EYES) (20) ORTHOPEDICS (21) OSTEOPATHY (DO) (22) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (23) PAIN MANAGEMENT SPECIALIST (24) PATHOLOGY (25) PHYS MED/REHAB (26) PHYSICIAN'S ASSISTANT (27) PLASTIC SURGERY (28) PODIATRIST (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (36) VASCULAR SURGEON/SPECIALIST (37) AUDIOLOGIST (38) CHIROPRACTOR (39) DENTIST (40) OPTOMETRIST (41) PHYSICAL THERAPIST (42) PSYCHOLOGIST (43) NURSE PRACTITIONER (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused
			OTHER DR SPECIALTY (SPECIFY)	(01) continuous answer
			What was the reason [you/(SP)] saw the doctor? [PROBE: 'What did you have done during the visit?' IF RESPONDENT DOES NOT UNDERSTAND WHAT IS BEING ASKED. PROBE: 'Any other reason?' TO OBTAIN ALL REASONS.] CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) continuous answer

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Did [you/(SP)] have an appointment for this visit with the doctor, or did [you/(SP)] just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused
			We are interested in knowing how the appointment was made for the visit to the doctor's office you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the doctor's office to set up the appointment?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (03) DOCTOR'S OFFICE CONTACTED SP TO SET UP APPOINTMENT (04) STANDING APPOINTMENT (-8) Don't Know (-9) Refused
			How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? WE ARE ASKING HOW MUCH TIME PASSED BETWEEN THE FIRST CONTACT FOR SETTING THE APPOINTMENT AND THE ACTUAL DATE OF THE APPOINTMENT	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused
			How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
			How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
			How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
			[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] during [your/(SP)'s] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
			[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] during [your/(SP)'s] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
			[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait [beyond [your/(SP's)] appointment time] during [your/(SP)'s] most recent visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD AC1 What kind of specialist or medical person was this? [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'.] [IF R INDICATES PRIMARY CARE, PROBE FOR GENERAL PRACTICE OR FAMILY PRACTICE.]	(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (04) DERMATOLOGY (SKIN) (05) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID) (06) FAMILY PRACTICE (07) GASTROENTEROLOGY (08) GENERAL PRACTICE (09) GENERAL SURGERY (10) GERIATRICS (ELDERLY) (11) GYNECOLOGY - OBSTETRICS (12) HEMATOLOGY (BLOOD) (13) HOSPITAL RESIDENCE (14) INTERNAL MEDICINE (INTERNIST) (15) NEPHROLOGY (KIDNEYS) (16) NEUROLOGY (17) NUCLEAR MEDICINE (18) ONCOLOGY (TUMORS, CANCER) (19) OPHTHALMOLOGY (EYES) (20) ORTHOPEDICS (21) OSTEOPATHY (DO) (22) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (23) PAIN MANAGEMENT SPECIALIST (24) PATHOLOGY (25) PHYS MED/REHAB (26) PHYSICIAN’S ASSISTANT (27) PLASTIC SURGERY (28) PODIATRIST (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (36) VASCULAR SURGEON/SPECIALIST (37) AUDIOLOGIST (38) CHIROPRACTOR (39) DENTIST (40) OPTOMETRIST (41) PHYSICAL THERAPIST (42) PSYCHOLOGIST (43) NURSE PRACTITIONER (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused
			OTHER (SPECIFY)	(01) continuous answer
			Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary? [‘EMERGENCY TREATMENT’ REFERS TO URGENTLY NEEDED MEDICAL CARE THAT IS REQUIRED WHEN THE BENEFICIARY IS OUTSIDE OF THE PLAN'S SERVICE AREA OR WHEN THE CARE IS REQUIRED DURING A TIME THAT IS OUTSIDE THE PLAN'S NORMAL OPERATING HOURS.]	(01) YES (02) NO (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT (-8) Don't Know (-9) Refused
Deletion: Cost of Vaccines	IMQ: Winter, Summer Rounds	Deletion of 0.7 minutes	Did [you/(SP)] get [your/their] Shingles vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did [you/(SP)] pay some or all of the cost of the Shingles vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did [you/(SP)] get [your/their] pneumonia vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did [you/(SP)] pay some or all of the cost of the pneumonia shot?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Did [you/(SP)] get [your/their] RSV vaccine since January 1, 2023?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did [you/(SP)] pay some or all of the cost of the RSV vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			Did [you/(SP)] pay some or all of the cost of the seasonal flu vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
Revision: Right to File an Appeal	KNQ: Winter Round	Deletion of 0.4 minutes	Everyone covered by Medicare has certain rights and protections under their Medicare coverage. These rights include the right to file a complaint or appeal any decision or action made by a medical provider if you think you are being unfairly denied coverage, or denied adequate and complete treatment of your condition. If [you/(SP)] had concerns about the quality of care [you were/(SP) was] receiving from a healthcare provider or facility, would [you/(SP)] know how to file a complaint or an appeal with Medicare? [PLEASE INCLUDE SCENARIOS WHERE A PROXY HELPS THE RESPONDENT MAKE DECISIONS ABOUT THEIR MEDICARE COVERAGE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
Revision: Collection of Knowledge and Use of the Low-Income Subsidy (LIS) and Medicare Savings Program (MSP)	IAQ: Summer Round	N/A	As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "Low-Income Subsidy" or "Extra Help". Before today, were you aware that Medicare offers a Low-Income Subsidy or Extra Help with prescription drug coverage?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			[As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "Low-Income Subsidy" or "Extra Help".] [Are you/Is (SP)] receiving this type of help to pay for [your/(SP's)] (CURRENT YEAR) Medicare prescription drug coverage? [EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			As you may know, the government has a set of programs, called Medicare Savings Programs (MSP), that help beneficiaries pay for the costs associated with Medicare, such as Part A (Hospital Insurance) or Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Unlike additional insurance plans that require a monthly premium, Medicare Savings Programs provide financial help at no cost to eligible beneficiaries who have limited income and resources. Before today, were you aware that Medicare offers these programs?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			[As you may know, the government has a set of programs, called Medicare Savings Programs (MSP), that help beneficiaries pay for the costs associated with Medicare, such as Part A (Hospital Insurance) or Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Unlike additional insurance plans that require a monthly premium, Medicare Savings Programs provide financial help at no cost to eligible beneficiaries who have limited income and resources.] [Are you/Is (SP)] receiving any assistance from a Medicare Savings Program (MSP) to help pay for [your/(SP)'s] (CURRENT YEAR) health care costs? [EXPLAIN IF NECESSARY: Medicare Savings Programs pay for remaining costs (premiums, deductibles, coinsurance, and copayments) not covered by Medicare. These programs are different from additional insurance plans, such as Medicare Supplement Insurance (Medigap) or private insurance plans, in that beneficiaries will not pay for this extra financial help. Instead, beneficiaries must be eligible (i.e., have limited resources or income) and some may need to apply to receive this financial assistance from an MSP.	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
Deletion: Religious Affiliation	DIQ: Fall Round	Decrease of 0.2 minutes	What [is/was] [your/(SP)'s] religious preference? [IF NEEDED: This is the religion/religious preference with which [you/(SP)] most closely [identify/identifies/identified]]	(01) PROTESTANT (02) CATHOLIC (03) EASTERN ORTHODOX, SUCH AS GREEK OR RUSSIAN ORTHODOX (04) JEWISH (05) BUDDHIST (06) HINDU (07) MUSLIM, ISLAM, SUFI, SUNNI, OR SHIA (91) SOME OTHER RELIGION (08) NO RELIGION (-8) DON'T KNOW (-9) REFUSED
			What [is/was] [your/(SP)'s] religious preference?	(01) continuous answer
Deletion: Household Members	ENS: Fall Round	Decrease of 0.2 minutes	Why [is/was] (HOUSEHOLD MEMBER NAME) no longer in the household [as of (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) DECEASED (02) INSTITUTIONALIZED, HEALTH CARE FACILITY (03) INSTITUTIONALIZED, OTHER (04) PERSON MOVED (05) SP MOVED (06) PERSON NOT IN HOUSEHOLD - PREVIOUS ROUND ERROR (91) OTHER REASON (-8) Don't Know (-9) Refused
			OTHER REASON (SPECIFY)	
Deletion: Diabetes Management, Urinary and Bowel Incontinence, Hypertension	HFQ: Fall Round	Decrease of 3.1 minutes	Did [you/(SP)] have diabetes only during a pregnancy?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… take prescription diabetes pills or oral diabetes medicine?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… take aspirin regularly for [your/(SP)'s] diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			How often [do you/does (SP)] take prescription diabetes pills or oral diabetes medicine?*	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (-8) Don't Know (-9) Refused
			How often [do you/does (SP)] check [your/(SP)'s] feet for sores or irritations?** [PROBE: Include times when they are checked by a family member or friend, but do not include times when they are checked by a health professional.]	(01) NUMBER OF TIMES PER DAY (02) NUMBER OF TIMES PER WEEK (03) NUMBER OF TIMES PER MONTH (04) NUMBER OF TIMES PER YEAR (-8) Don't Know (-9) Refused
			Please think about the most serious episode of hypoglycemia that [you have/(SP) has] experienced in the past year. [Were you/Was (SP)] able to treat [yourself/themselves] by taking some form of sugar, did [you/(SP)] require treatment from others, or did [you/(SP)] require treatment by a hospital? [EXPLAIN IF NECESSARY: Treatment by a hospital includes being treated in the emergency room or outpatient department of a hospital, or being admitted as an inpatient.]	(01) SELF TREATMENT (02) TREATMENT FROM OTHERS (03) HOSPITAL TREATMENT (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			When was the most recent time that [you/(SP)] participated in a diabetes self-management course or class or received special training on hhow [you/(SP)] can manage [your/(SP)'s] diabetes? [IF THE RESPONDENT HAS GONE TO MORE THAN ONE COURSE OR TRAINING, PROBE FOR THE MOST RECENT TIME.]	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED
			[I have recorded that [you have/(SP) has] never been told by a doctor or other health professional that [you have/(SP) has] diabetes.] [Have you/Has (SP)] ever had a blood test to see if [you have/(SP) has] diabetes? [IF NEEDED: This question is asking about whether [you have/(SP) has] ever had a blood test for diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			When was the most recent time [you were/(SP) was] tested for diabetes?	(01) LESS THAN 1 YEAR AGO (02) 1 YEAR TO LESS THAN 2 YEARS (03) 2 YEARS TO LESS THAN 3 YEARS (04) 3 YEARS TO LESS THAN 4 YEARS (05) 4 YEARS TO LESS THAN 5 YEARS (06) 5 YEARS TO LESS THAN 6 YEARS (07) 6 YEARS TO LESS THAN 7 YEARS (08) 7 YEARS TO LESS THAN 8 YEARS (09) 8 YEARS TO LESS THAN 9 YEARS (10) 9 YEARS TO LESS THAN 10 YEARS (11) 10 YEARS AGO OR MORE (12) 5 YEARS AGO OR MORE (996) NEVER HAD EXAM (-8) DON'T KNOW (-9) REFUSED
			Before today, were you aware that there is a blood test to determine if a person has diabetes?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Has [your/(SP's)] doctor or other health professional asked [you/(SP)] about how [you/(SP)] feel[s] about this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Has [your/(SP's)] doctor or other health professional examined [you/(SP)] to figure out why [you/(SP)] [lose/loses] urine?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			We are now going to ask you some questions about [your/(SP's)] ability to control [your/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), [have you/has (SP)] had any of the following problems? Leaking gas? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS.	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-8) Don't Know (-9) Refused
			We are now going to ask you some questions about [your/(SP's)] ability to control [your/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a small amount of stool? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS.]	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			We are now going to ask you some questions about [your/(SP's)] ability to control [your/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a moderate amount of stool, requiring a change of underwear? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS.]	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-8) Don't Know (-9) Refused
			We are now going to ask you some questions about [your/(SP's)] ability to control [your/(SP's)] bowel movements. Since (LAST HF MONTH YEAR), have [you/(SP)] had any of the following problems? Leaking a large amount of liquid stool, requiring a complete change of clothes? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS.	(01) YES (02) NO (03) N/A, SP has had a total colectomy (full removal of bowels) (-8) Don't Know (-9) Refused
			We have recorded that [you were/(SP) was] told by a doctor or other health professional that [you had/(SP) had] hypertension, also called high blood pressure. [Were you/Was (SP)] told on two or more different medical visits that [you/(SP)] had high blood pressure or hypertension? [EXPLAIN IF NECESSARY: We are interested in knowing whether [your/(SP's)] blood pressure was high for more than one reading.]	(01) YES (02) NO (03) SP NEVER HAD HIGH BLOOD PRESSURE/PREVIOUS RESPONSE ENTERED IN ERROR (-8) Don't Know (-9) Refused
			* In addition, this deletion includes the removal of 3 items capturing the frequency of administration (per day, per week, or per year).	
			** In addition, this deletion includes the removal of 4 items capturing the frequency of administration (per day, per week, per month, or per year).	
Revision: Diabetes Management, Urinary and Bowel Incontinence, Hypertension	HFQ: Fall Round	N/A	Please tell me whether [you use/(SP) uses] any of the following ways to manage [your/(SP)'s] diabetes. [Do you/Does (SP)]… check for sores or irritations on [your/(SP)'s] feet <u>at least once per day</u>?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			[I have recorded that [you have/(SP) has] never been told by a doctor or other health professional that [you/they] have diabetes.] In the past twelve months, [have you/has (SP)] had a blood test to see what [your/their] blood sugar is[, to determine [your/their] risk of diabetes]? [IF NEEDED: This question is asking about whether [you have/(SP) has] had a blood test in the past twelve months to determine [your/their] risk of diabetes, not whether [you have/(SP) has] diabetes.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Has [your/(SP's)] doctor or other health professional treated you [you/(SP)] with medicine or surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused
			SHOW CARD HF15 Now I'd like to ask about health problems related to bowel movements. How often, if at all, since (LAST HF MONTH YEAR) [you have/(SP) has] leaked stool that required a change of underwear [you/(SP)] because [you/(SP)] could not control [your/their] bowel movements? [IF NEEDED: Was that because [you/(SP)] [were/was] sick?] SELECT 'NO' IF THE RESPONDENT HAD ANY PROBLEMS DUE TO SHORT-TERM DIARRHEAL ILLNESSES SUCH AS THE FLU OR A VIRUS.]	(01) MORE THAN ONCE A WEEK (02) ABOUT ONCE A WEEK (03) 2-3 TIMES A MONTH (04) ABOUT ONCE A MONTH (05) EVERY 2-3 MONTHS (06) ONCE OR TWICE A YEAR (07) NOT AT ALL (08) SP HAS COLOSTOMY BAG (-8) Don't Know (-9) Refused
			Has [your/(SP)'s] doctor or other health professional treated [you/(SP)] with medicine or surgery for this problem?	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			We have recorded that [you were/(SP) was] told by a doctor or other health professional that [you had/(SP) had] hypertension, also called high blood pressure. How old [were you/was (SP)] when [you were/(SP) was] first told that [you/(SP)] had high blood pressure?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused
Revision: Healthcare Screening Information	PVQ: Fall, Winter Rounds	N/A	What is the reason that [you have/(SP) has] not had a mammogram since (SAMPLE_PERSON.DATE_FALLRND)? CHECK ALL THAT APPLY. IF R MENTIONS AGE AS A REASON, PROBE TO DETERMINE IF THEIR DOCTOR SAID THE TEST IS NOT NEEDED DUE TO AGE GUIDELINES.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A NOT YET DUE (DIFFERENT SCREENING SCHEDULE) (03) DIDN'T THINK IT WOULD PREVENT BREAST CANCER/COULD GET BREAST CANCER ANYWAY/TEST IS USELESS (04) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (05) DON'T LIKE MAMMOGRAMS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (06) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (07) APPOINTMENT SCHEDULED FOR FUTURE DATE (08) MASTECTOMY/BREASTS REMOVED (09) TOO ILL, PHYSICALLY/MENTALLY (10) DOESN'T GO TO DOCTOR/DOESN'T HAVE DOCTOR (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			[Have you/Has (SP)] had a gynecological exam by a health care professional since (LAST HF MONTH YEAR, sample_person.DATE_FALLRND)?	(01) YES (02) NO (03) QUESTION DOES NOT APPLY TO SP (-8) DON'T KNOW (-9) REFUSED
			What is the reason that [you have/(SP) has] not had a prostate blood test or PSA since (SAMPLE_PERSON.DATE_FALLRND)? CHECK ALL THAT APPLY. IF R MENTIONS AGE AS A REASON, PROBE TO DETERMINE IF THEIR DOCTOR SAID THE TEST IS NOT NEEDED DUE TO AGE GUIDELINES.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/NOT DUE YET (DIFFERENT SCREENING SCHEDULE) (03) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (04) DON'T LIKE BLOOD TESTS/PAIN, SORENESS, DISCOMFORT OR REACTIONS (05) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (06) APPOINTMENT SCHEDULED FOR FUTURE DATE/INTEND TO SCHEDULE (07) PROSTATECTOMY/PROSTATE REMOVED (08) TOO ILL, PHYSICALLY/MENTALLY (09) DOESN'T GO TO DOCTOR/DOESN'T HAVE DOCTOR (91) OTHER (-8) DON'T KNOW (-9) REFUSED
Deletion: Healthcare Screening Information	PVQ: Fall, Winter Rounds	Deletion of 1.2 minutes	[Have you/Has SP] ever had an exam for oral cancer in which the doctor or dentist pulls on [your/(SP)'s] tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
			When was [your/(SP)'s] most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?	(01) WITHIN THE PAST YEAR (02) BETWEEN 1 AND 3 YEARS AGO (03) OVER 3 YEARS AGO (-8) DON'T KNOW (-9) REFUSED

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD PV3 I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why [you have/(SP) has] not been tested?	(01) IT'S UNLIKELY YOU'VE BEEN EXPOSED TO HIV (02) YOU WERE AFRAID TO FIND OUT IF YOU WERE HIV POSITIVE (THAT YOU HAD HIV) (03) DR. DID NOT PRESCRIBE OR RECOMMEND IT (04) YOU DIDN'T WANT TO THINK ABOUT HIV OR ABOUT BEING HIV POSITIVE (05) YOU WERE WORRIED YOUR NAME WOULD BE REPORTED TO THE GOVERNMENT IF YOU TESTED POSITIVE (06) YOU DIDN'T KNOW WHERE TO GET TESTED (07) YOU DON'T LIKE NEEDLES (08) YOU WERE AFRAID OF LOSING JOB, INSURANCE, HOUSING, FRIENDS, FAMILY, IF PEOPLE KNEW YOU WERE POSITIVE FOR AIDS INFECTION (09) SOME OTHER REASON (10) NO PARTICULAR REASON (-8) REFUSED (-9) DON'T KNOW
			What is the reason that [you have/(SP) has] not had a Pap smear test since (SAMPLE_PERSON.DATE_FALLRND)? CHECK ALL THAT APPLY.	(01) DIDN'T KNOW IT WAS NEEDED/NO NEED/NOTHING WRONG (02) NOT RECOMMENDED EVERY YEAR/ON A DIFFERENT SCREENING SCHEDULE (03) DIDN'T THINK IT WOULD PREVENT CANCER/COULD GET CANCER ANYWAY/TEST IS USELESS (04) NOT AT RISK FOR CANCER (05) DOCTOR DID NOT PRESCRIBE OR RECOMMEND IT (06) DOCTOR RECOMMENDED AGAINST GETTING IT (07) DON'T LIKE PAP SMEAR/PAIN, SORENESS, DISCOMFORT OR REACTIONS (08) INCONVENIENT/UNABLE TO GET TO LOCATION/TRANSPORTATION DIFFICULTY (09) DIDN'T THINK ABOUT IT/FORGOT/MISSED IT/PROCRASTINATED (10) COST OF PAP SMEAR/INSURANCE DOESN'T COVER COST/NOT WORTH THE MONEY (11) AFRAID OF RESULTS/DON'T WANT TO KNOW (12) NEVER HEARD OF PAP SMEAR (13) APPOINTMENT SCHEDULED FOR FUTURE DATE (91) OTHER (-8) DON'T KNOW (-9) REFUSED
			OTHER (SPECIFY)	
Revision: Prescription Drug Purchasing Behavior	RXQ: Summer Round	N/A	SHOW CARD RX5 Please tell me how often in the past 12 months [you have/(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never… asked for generics instead of brand name drugs?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (06) AUTOMATICALLY RECEIVES GENERICS (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have/(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] purchased prescription drugs through the mail or on the Internet?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have/(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] taken smaller doses than prescribed of a medicine to make the medicine last longer?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] skipped doses to make the medicine last longer?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused

Community Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] delayed getting a prescription filled because the medicine cost too much?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] asked for or received free samples from (your/(SP's)) doctor or health professional?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] compared prices or shopped around for the best price?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] decided not to fill a prescription because it cost too much?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] spent less money on food, heat, or other basic needs so that [you/(SP)] would have money for medicine?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] talked with (your/(SP's)) doctor or other health professional about stopping a medicine to save money or substituting a medicine with one that is less expensive?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 [Please tell me how often in the past 12 months [you have /(SP) has] done any of the following things. [Have you/has (SP)] always, often, sometimes, rarely, or never…] used a credit card so that (you/(SP)) could pay for prescription drugs over time?	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
			SHOW CARD RX5 Please tell me how often in the past 12 months [you have/(SP) has] purchased discounted prescription drugs, without using any drug insurance? [IF NEEDED: [You/(SP)] may have purchased discounted prescription drugs without using drug insurance through services like GoodRx, RxSaver, and WellRx; through discount cards from a drug manufacturer; through TrumpRx; or through discounted prices offered by a pharmacy.]	(01) ALWAYS (02) OFTEN (03) SOMETIMES (04) RARELY (05) NEVER (-8) Don't Know (-9) Refused
Deletion: Satisfaction with Health Care Services	SCQ: Fall Round	Decrease of 1.2 minutes	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The availability of health care at night and on weekends.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (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 SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The ease and convenience of getting to a doctor or other health professional from where [you/(SP)] [live/lives].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The concern of doctors or other health professionals for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
			SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] Getting all [your/(SP's)] health care needs taken care of at the same location.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-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
Survey 1		Deletion of 0.6 minutes		
Deletion: Confirming Facility Administrator Information	Facility Questionnaire (FQ)		[Is (ADMINISTRATOR'S NAME)/Are you] (still) the current administrator of (FACILITY)?	(00) No (01) Yes (-8) Don't Know (-9) REFUSED
Deletion: Facility Structure Details	Residence History (RH)		Is (ADDED PLACE NAME) part of the larger facility (LARGER FACILITY NAME)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
Deletion: “Other” Relationship of Contact for SP	Residence History (RH)		OTHER MALE RELATIVE (SPECIFY)	(01) [Continuous answer.]
			OTHER NON-RELATIVE (SPECIFY)	(01) [Continuous answer.]
Survey 2		Deletion of 0.9 minutes		
Deletion: Billing & Payment Discrepancies	Expenditures (EX)		Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but any preceding hospital stays for (SP) have not been recorded. Why Medicare paid for (SP) during this billing period. If necessary, back up to correct. If this was because of a hospital stay, please enter the dates of that stay.	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid has been identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue
			There seems to be some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but Medicare has been identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue
			Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid has been identified as a source of payment. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue
			Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			Can you explain why the Medicare payment is so small?	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue
			There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue
			It was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue
			Can you explain this?	(01) [Continuous answer.]
			In a previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) Still pending (02) Denied (03) Approved (-8) Don't Know (-9) REFUSED
			Why is there a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)? Please select **all** that apply.	(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Earlier, it was reported that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (SP) was billed for (DAYS BILLED) days. Why is there this discrepancy? Please select **all** that apply.	(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT-RATE BILLING (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (SP). Please explain why Medicare paid for (SP) during this billing period. If this was because of a hospital stay, please enter the dates of that stay.	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid was idenfitied as a source of payment. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			Can you explain why the Medicare payment is so small? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier it was reported told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (SP's) care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			Can you please explain?	(01) [Continuous answer.]
			In a previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) Still pending (02) Denied (03) Approved (-8) Don't Know (-9) REFUSED

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Can explain why there is a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS IN BILLING PERIOD)? Please select **all** that apply.	(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Earlier, it was reported that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (SP) was billed for (DAYS BILLED) days. Can you explain why there is this discrepancy? Please select **all** that apply.	(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT-RATE BILLING (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but any preceding hospital stays for (SP) have not been recorded. Please explain why Medicare paid for (SP) during this billing period. If this was because of a hospital stay, please enter the dates of that stay.	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed Entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]
			Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid has been identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? If necessary, back up to correct payments.	(01) Yes (02) NO=o (-8) Don't Know (-9) REFUSED
			Can you explain why the Medicare payment is so small? RECORD VERBATIM BELOW.	(01) [Continuous answer.]
			There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED
			OTHER (SPECIFY)	(01) [Continuous answer.]

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			Earlier, It was recorded that (FACILITY) is not certified by Medicare but Medicare has been identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue
			Earlier it was reported that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (SP's) care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			Can you please explain this?	(01) [Continuous answer.]
			In the previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) STILL PENDING (02) DENIED (03) APPROVED (-8) Don't Know (-9) REFUSED
Survey 3		Deletion of 1.4 minutes		
Deletion: Procedures & Preventive Screenings	Heath Status (HS)		MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a Pap smear?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED
			Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED
Deletion: Medicare Eligibility	Heath Status (HS)		You told me that (SP) has had [READ CONDITIONS LISTED BELOW.] (Was this/Were any of these) the original cause of (SP)'s becoming eligible for Medicare?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED
			What was the original cause of (SP)'s becoming eligible for Medicare? RECORD VERBATIM	(01) Continuous
			Which of these conditions was a cause of (him/her) becoming eligible for Medicare?	(01) PLEASE SEE ITEM DISPLAY INSTRUCTIONS
Deletion: Vision	Heath Status (HS)		VISION [3.0, B1200] Does (SP) use a visual appliance such as glasses, contact lenses, or a magnifying glass?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED
			VISION NOT ON MDS Has (SP) ever had an operation for cataracts?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED
Deletion: General Health Status	Heath Status (HS)		GENERAL HEALTH NOT ON MDS Compared to one year ago, how would you rate (SP)'s health in general now? Would you say (SP)'s health is . . .	(00) much better now than one year ago, (01) somewhat better now than one year ago, (02) about the same, (03) somewhat worse now than one year ago, or (04) much worse now than one year ago? (-8) Don't Know (-9) Refused
Deletion: Functional Status IADLs & ADLs	Heath Status (HS)		ADLS/PHYSICAL FUNCTIONING The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (HS REF DATE). I will read you a list of activities and would like you to tell me if (SP)'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. [By self-performance I mean what (SP) actually did for (himself/herself) and how much help was required by staff members.] PRESS "1" TO CONTINUE.	(01) CONTINUE

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			ADLS/PHYSICAL FUNCTIONING [SHOW CARD HA1] Please tell me (SP)'s level of self-performance in… PRESS F1 KEY FOR COMPLETE DEFINITIONS. transferring (for example, in and out of bed).	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			ADLS/PHYSICAL FUNCTIONING [SHOW CARD HA1] locomotion on unit.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			ADLS/PHYSICAL FUNCTIONING [SHOW CARD HA1] dressing.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			ADLS/PHYSICAL FUNCTIONING [SHOW CARD HA1] eating.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			ADLS/PHYSICAL FUNCTIONING [SHOW CARD HA1] using the toilet.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			ADLS/PHYSICAL FUNCTIONING Again referring to the time on or around (HS REF DATE), what was (SP)'s level of self-performance when bathing: was (SP) independent, did (SP) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (SP) totally dependent, or did the activity not occur? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) INDEPENDENT (01) SUPERVISION (02)PHYSICAL HELP LIMITED TO TRANSFER ONLY (03) PHYSICAL HELP IN PART OF BATHING ACTIVITY (04) TOTAL DEPENDENCE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused
			IADLS NOT ON MDS Now I'm going to ask about how difficult it was, on the average, for (SP) to do certain kinds of activities on or around (HS REF DATE). Please tell me for each activity whether (SP) had no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or was not able to do it. PRESS "1" TO CONTINUE.	(01) CONTINUE
			IADLS NOT ON MDS SHOW CARD HA6 On or around (HS REF DATE), how much difficulty, if any, did (SP) have… stooping, crouching, or kneeling?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
			IADLS NOT ON MDS SHOW CARD HA6 lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused

Facility Interview Deletions and Revisions	Section	Effect on Annual Burden	Question Text	Response Options
			IADLS NOT ON MDS SHOW CARD HA6 reaching or extending arms above shoulder level?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
			IADLS NOT ON MDS SHOW CARD HA6 either writing or handling and grasping small objects?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
			IADLS NOT ON MDS SHOW CARD HA6 walking a quarter of a mile - that is, about 2 or 3 blocks?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused
Revision: Functional IADLs & ADLs	Heath Status (HS)		IADLS NOT ON MDS Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty on or around (HS REF DATE) using the telephone?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED
			IADLS NOT ON MDS You reported that using the telephone is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			IADLS NOT ON MDS Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED
			IADLS NOT ON MDS You reported that shopping is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED
			IADLS NOT ON MDS [Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty…] on or around (HS REF DATE) managing money (like keeping track of expenses or paying bills)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED
			IADLS NOT ON MDS You reported that managing money is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED